Nottinghamshire County Council

# Adult Social Care and Public Health Committee

## Monday, 09 December 2019 at 10:30

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

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## AGENDA


| | | |
|---|---|---|
| 1 | Minutes of the last meeting held on 11 November 2019 | 5 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Public Health Outcomes in Nottinghamshire | 9 - 26 |
| 5 | Funding for Support to Survivors of Domestic Abuse Within Safe Accommodation | 27 - 32 |
| 6 | Adult Social Care and Public Health Performance and Progress Update for Quarter 2 | 33 - 54 |
| 7 | Procurement of a new Framework Agreement for Equipment Based Major Adaptations in People's Homes | 55 - 64 |
| 8 | Market Management Position Statetment | 65 - 76 |
| 9 | Work Programme | 77 - 82 |

10 EXCLUSION OF THE PUBLIC

The Committee will be invited to resolve:-

"That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information."

**Note**

If this is agreed, the public will have to leave the meeting during consideration of the following item.

**EXEMPT INFORMATION ITEM**

11 Market Management Position Statement - Exempt Appendix to Item 8

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

**Notes**

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

# minutes

| | |
|---|---|
| Meeting | ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE |
| Date | 11 November 2019 (commencing at 10.30 am) |

**Membership**
Persons absent are marked with an 'A'

**COUNCILLORS**

Tony Harper (Chairman)
Boyd Elliott (Vice-Chairman)
Francis Purdue-Horan (Vice-Chairman)

Joyce Bosnjak
Dr. John Doddy
Sybil Fielding
David Martin
Andy Sissons
Steve Vickers
Liz Plant
Yvonne Woodhead

**ALSO IN ATTENDANCE**

Councillor John Longdon
Ian Bayne – Independent Person

**OFFICERS IN ATTENDANCE**

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's
Sue Batty, Service Director, Adult Social Care & Health
Melanie Brooks, Corporate Director, Adult Social Care & Health
Jonathan Gribbin, Director of Health, Adult Social Care & Health
Geoff Hamilton, Senior Public Health & Commissioning Manager, Adult Social Care & Health
Paul Johnson, Service Director, Adult Social Care & Health
Jennie Kennington, Senior Executive Officer, Adult Social Care & Health
Philippa Milbourne, Business Support Administrator, Adult Social Care & Health
Matthew Osborne, Health Improvement Principle, Adult Social Care & Health

## 1. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 7 October 2019 were confirmed and signed by the Chair.

## 2. APOLOGIES FOR ABSENCE

Councillor Yvonne Woodhead submitted apologies that she would be arriving late to the meeting.

## MEMBERSHIP CHANGES

The following membership change was made for the meeting of 11th November 2019 only:-

Councillor Liz Plant in place of Councillor Muriel Weisz

## AGENDA ORDER

The Chairman agreed to change the agenda order to take item 5 before item 4 due to the adjournment taking place at 10.45am.

The Chairman asked that the Committee's thanks to staff for their hard work during the flooding over the weekend be recorded, particular thanks for those staff involved with supporting Worksop Care Home, the meals on wheels services and generally that supporting vulnerable people was prioritised.

## 3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Councillor Steve Vickers declared a personal interest in item 5 – Brushing Buddies: A Supervised Tooth-brushing Scheme – Evaluation Report as he was governor for Nottinghamshire Healthcare Foundation Trust.

## 5. BRUSHING BUDDIES: A SUPERVISED TOOTH-BRUSHING SCHEME – EVALUATION REPORT

Councillor Tony Harper and Geoff Hamilton introduced the report, gave a presentation and responded to questions.

**RESOLVED 2019/079**

1) That there were no additional actions arising from the report.

2) That promotional activity to publicise the Brushing Buddies service and the results of the evaluation be approved.

The meeting adjourned from 10.46am to 11.15am to allow members to attend the Armistice Day service.

## 4. INTEGRATED WELLBEING SERVICE

Councillor Steve Vickers and Matthew Osborne introduced the report, gave a presentation and responded to questions.

Members requested that an additional update report be brought to committee following the completion of the mobilisation stage in April 2020.

**RESOLVED 2019/080**

1) That the launch and continued service promotion of the Integrated Wellbeing Service to Nottinghamshire residents for the duration of the contract be approved.

2) That the approval be given to support for the Alcohol Awareness Week from 11th to the 17th November and contribute towards ongoing substance misuse and alcohol communications.

## 6. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

Councillor Boyd Elliott and Sue Batty introduced the report and responded to questions.

**RESOLVED 2019/081**

That committee receives a further detailed report regarding the new Liberty Protection Safeguards within the next six months.

## 7. REVIEW OF THE STAFFING STRUCTURE WITHIN ADULT SOCIAL CARE

Councillor Francis Purdue-Horan and Sue Batty introduced the report, gave a presentation and responded to questions.

**RESOLVED 2019/082**

1) That the proposed permanent staffing structure for the Adult Social Care Department as attached at Appendix 1 of the report be approved.

2) That the extension or establishment of the proposed temporary posts from 1st April 2020 to 31st March 2021 as summarised below be approved:

| Area | Post Title | Grade | FTE | Cost p.a. £ | Extension or establishing |
|---|---|---|---|---|---|
| Data Input Team | Business Support | 4 | 5 | 147,347 | Extension |
| Ageing Well | Project Manager | D | 1 | 58,407 | Extension |
| Liberty Protection Safeguards Implementation | Project Manager | D | 1 | 58,407 | Establishing |
| Service Improvement for Process Review | Project Manager | D | 2 | 116,815 | Establishing |
| | Mosaic Technical Specialists | C | 2 | 108,892 | Establishing |
| | Business Change Analyst | C | 1 | 54,446 | Establishing |
| | Programme Officer | B | 1.5 | 71,787 | Establishing |
| | Programme Officer | B | 0.5 | 23,929 | Extension |
| | E support Worker | 5 | 1 | 34,731 | Establishing |
| **Total** | | | **15** | **674, 762** | |

3) That the extension of temporary posts to 31st March 2020 where current approval expires before that date as summarised below be approved:

| Post Title | FTE | Current end date | Cost of extension until 31st March 2020 £ |
|---|---|---|---|
| Commissioning Manager | 1 | 31st December 2019 | 17,282 |
| Strategic Development Officer | 2 | 31st December 2019 | 15,357 |

## 8. DEVELOPMENT OF A DEPARTMENTAL APPROACH TO CO-PRODUCTION

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

**RESOLVED 2019/083**

That the approach to develop a shared vision and methodology for co-production in adult social care be approved.

## 9. NATIONAL SAFEGUARDING ADULTS WEEK EVENTS AND COMMUNICATIONS

Councillor Boyd Elliott and Paul Johnson introduced the report, gave a presentation and responded to questions.

**RESOLVED 2019/084**

That the activities and communications planned for National Safeguarding Adults Week from 18th – 24th November 2019 be approved.

## 10. WORK PROGRAMME

Members had requested that the following additional item be added to the work programme:-

- Integrated Wellbeing Service - an additional update report be brought to committee following the completion of the mobilisation stage in April 2020.

**RESOLVED 2019/085**

That the work programme, with the additional item, be agreed.

The meeting closed at 12.44 pm.

**CHAIR**

Nottinghamshire County Council

**Report to Adult Social Care and Public Health Committee**

**09 December 2019**

**Agenda Item: 4**

**REPORT OF DIRECTOR OF PUBLIC HEALTH**

# PUBLIC HEALTH OUTCOMES IN NOTTINGHAMSHIRE

## Purpose of the Report

1. To review public health outcomes for residents of Nottinghamshire County and identify any additional work required by the authority or its partners to address where current outcomes or trends are unfavourable compared to England.

2. To agree to receive an update report in early 2021 and that this be included in the work programme.

## Information

### Public Health Outcomes Framework

3. The Public Health Outcomes Framework (PHOF) comprises a nationally determined set of indicators which help us to understand long term trends in the health of the population.

4. It reflects the vision "to improve and protect the health of the whole population, and to improve the health of the poorest fastest". It is based on two high-level outcomes that are a national focus: increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities. These outcomes involve a balance between how long we live (life expectancy) and how well we live (healthy life expectancy). The core of this vision is reflected locally in the Council Plan and in the Joint Health and Wellbeing Strategy.

5. The set of outcomes comprising the whole Public Health Outcomes Framework reflects the full spectrum of evidence-based action on public health and what can be realistically measured and collected centrally.

6. It should be noted that the information relates to population level based outcomes (in contrast to contract measures which focus only on outputs and quality for users of services). It represents the most up to date set of data for the whole of England (in some instances local data exist, which are more recent, but these are not available for other areas and so cannot be used for comparison).

7. This report covers changes to public health outcomes in the year since December 2018. In common with the report approved by Committee in December 2018, it gives examples of

recent work which has contributed to improvements and of ongoing work by the Public Health Division where outcomes in Nottinghamshire are less favourable compared to national average.

**Public health outcomes: Nottinghamshire compared to England**

8. The Public Health Division considers an overview of all PHOF outcomes twice each year. The most recent report is included as Appendix 1. Current data can be found at: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000004/ati/102/are/E1000002

9. The majority of indicators within PHOF show Nottinghamshire as 'better than' or 'similar to' England. These comparisons reflect factors including, amongst other things, the comparatively favourable influence of the social and economic environment, the role of a range of statutory agencies as well as the ongoing contribution of the authority and the Public Health Division.

10. Nevertheless, a minority of indicators show Nottinghamshire as 'worse than' England, and these provide a focus for action. Furthermore, county-level data often masks significant variation at more local level where communities do not experience the benefits of socio-economic environments which promote health. Consideration of the variations underlying the county-level data must also inform our action.

11. Therefore, alongside partnership working (through arrangements with Health and Wellbeing Board, Safer Nottinghamshire Board, and locality arrangements), the Director of Public Health also oversees work to identify indicators over which the Public Health Division can exert influence directly. A summary of these work areas is provided in Appendix 2.

12. Some PHOF indicators of concern are not the direct responsibility of Public Health or the authority. Most of these within Nottinghamshire relate to cancer screening coverage, and vaccination coverage. These issues are considered as part of the workplan for the Nottinghamshire Health Protection Strategy Group, which holds NHS England and Public Health England to account as appropriate.

13. There are currently sixteen indicators that are indicators of concern and for which the Public Health Division has a high level of influence in changing outcomes. These indicators are listed in Appendix 2. For each of these an action plan is in place, which is monitored by Public Health senior leadership team twice a year.

14. An example of such work which during the last year has started to yield improvements discernible at population level is that of chlamydia detection.

- The chlamydia detection rate for residents aged 15-24 in Nottinghamshire during 2018 was similar to the England average. This followed a period of three years where the detection rate was significantly worse that the England average.
- Chlamydia is the most commonly diagnosed sexually transmitted infection in the UK. It is caused by a bacterial infection and the majority of people who are infected will not have symptoms. It is easy to diagnose and treat, but if left untreated infections can persist for years and cause serious complications.
- Historically, like most authorities in the country, Nottinghamshire has struggled to meet the national benchmark rate. Over the last 10 years Public Health has worked closely with NHS

colleagues across primary and secondary care and other partners such as the Youth Service to increase take up of chlamydia screening. Since November 2017 the County Council has commissioned an online chlamydia testing service which has contributed substantially to the increase in young people accessing chlamydia tests and being treated.

15. An example where an outcome in Nottinghamshire is worse than England but shows sustained improvements is school readiness.

- Recent improvements in school readiness have been secured by focussing on early language development, joint working between Healthy Families Teams and early years providers, and ensuring only evidenced based programmes are used to support school readiness. This will be further strengthened through the introduction of a targeted child development review at age 3 for children not achieving a good level of development at 2 years, regular assessments of parent-child interaction by Health Visitors, and support of parents in attuning their caregiving required to enable their child to be ready for school.

16. Adult physical activity is an example of an outcome in Nottinghamshire which is better than England.

- Work with partners including Active Notts and all District Councils to undertake insight and engagement work with residents from the most inactive groups in each locality to change our approaches to enable them to be more active. For example, the pilot work in Bellamy Estate in Mansfield started in 2017 and has focused on developing assets in the community and nurturing key relationships. This is changing the way the District Council leisure service works with this community. Different exercise and fitness provision has been tested and the local school head teacher is now working collaboratively to engage the community in physical activity.

17. Over the last year, five sub-indicators have changed status when compared to England:

| **Indicator** | **Change from** | **Change to** |
|---|---|---|
| 0.1i - Healthy life expectancy at birth (females) | Similar to England | Worse than England |
| 0.1i - Healthy life expectancy at birth (males) | Worse than England | Similar to England |
| 1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs) | Similar to England | Worse than England |
| 4.12i - Preventable sight loss - age related macular degeneration (AMD) | Better than England | Similar to England |
| 4.12iv - Preventable sight loss - sight loss certifications | Better than England | Similar to England |

18. Indicator 1.18i is included in the action plan for indicators of concern for which the Public Health Division has a high level of influence in changing outcomes (appendix 2).

19. The reasons for changes in healthy life expectancy are not well understood. They will also be of interest to ICS partners with whom work will be undertaken to investigate them.

**Other information about variation in outcomes within Nottinghamshire**

20. There are two main sources of information about differences in health within the County:

- Public Health England is actively improving the publication of data for groups of people within local authority areas. These data are published as part of the PHOF and support understanding of inequalities across different communities within Nottinghamshire.

- Data published by electoral ward[1] is used by the Public Health Division to identify inequalities in health within the County and how these compare to other Local Authorities.

21. One example of disparities within the County is the gap in life expectancy between the most and least deprived communities in the County. The most recent data show that men living in the most deprived areas can expect to live for 9.3 years less than men who live in more affluent areas – but this gap has increased since 2010. The corresponding gap for women is 7.7 years – again the gap for women widened since 2010, but appears to have narrowed slightly in the latest data.

22. Analysis of data sources provides a rich picture of how health outcomes within the authority vary by different population groups (for example differences between men and women, or by different age groups) and by geography (for example by district or electoral ward). Together with outcomes data for the whole County, an understanding of inequalities will support targeted work to improve the health for all citizens.

**Future updates of the Public Health Outcomes Framework**

23. The schedule of Public Health England's updates to the PHOF suggests that it would be more timely to bring the next report in early 2021.

**Reason for Recommendations**

24. The Public Health Outcomes Framework and work to identify local health inequalities is a source of consistent data about the health of Nottinghamshire's population. These data are collected in a systematic and standardised way. As many issues are affected by the wider determinants of health, this information forms a useful tool across Council and system partners to assess long term health impact.

25. The suggested time period for a future update report (during the first three calendar months of 2021) allows a better timescale and fit with the PHOF update and publication schedule. This will allow inclusion of data published in December 2020.

## 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.

[1] http://www.localhealth.org.uk/

**Crime and Disorder Implications**

27. Where PHOF indicators include crime and disorder elements, these are included with other local intelligence in the Police and Crime Commissioner's Police and Crime Needs Assessment process.

**Data Protection and Information Governance**

28. No data protection implications: all data is published and publicly available at: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000024

**Implications in relation to the NHS Constitution**

29. No direct implications related to the NHS Constitution. The NHS duty to 'reduce inequalities in experience, access or outcomes between differing groups or sections of society requiring health care' has been considered where relevant.

## RECOMMENDATION

1) To review public health outcomes for residents of Nottinghamshire County and identify any additional work required by the authority or its partners to address where current outcomes or trends are unfavourable compared to England
2) That members agree to receive an update report in early 2021 and that this be included in the work programme.

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

**For any enquiries about this report please contact:**
David Gilding, Senior Manager, Public Health Intelligence
Tel.: 0115 977 2587

**Constitutional Comments (AK 27/11/2019)**

30. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

**Financial Comments (DG 27/11/19 )**

31. There are no financial implications arising directly from this report.

**Background Papers and Published Documents**

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

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

All

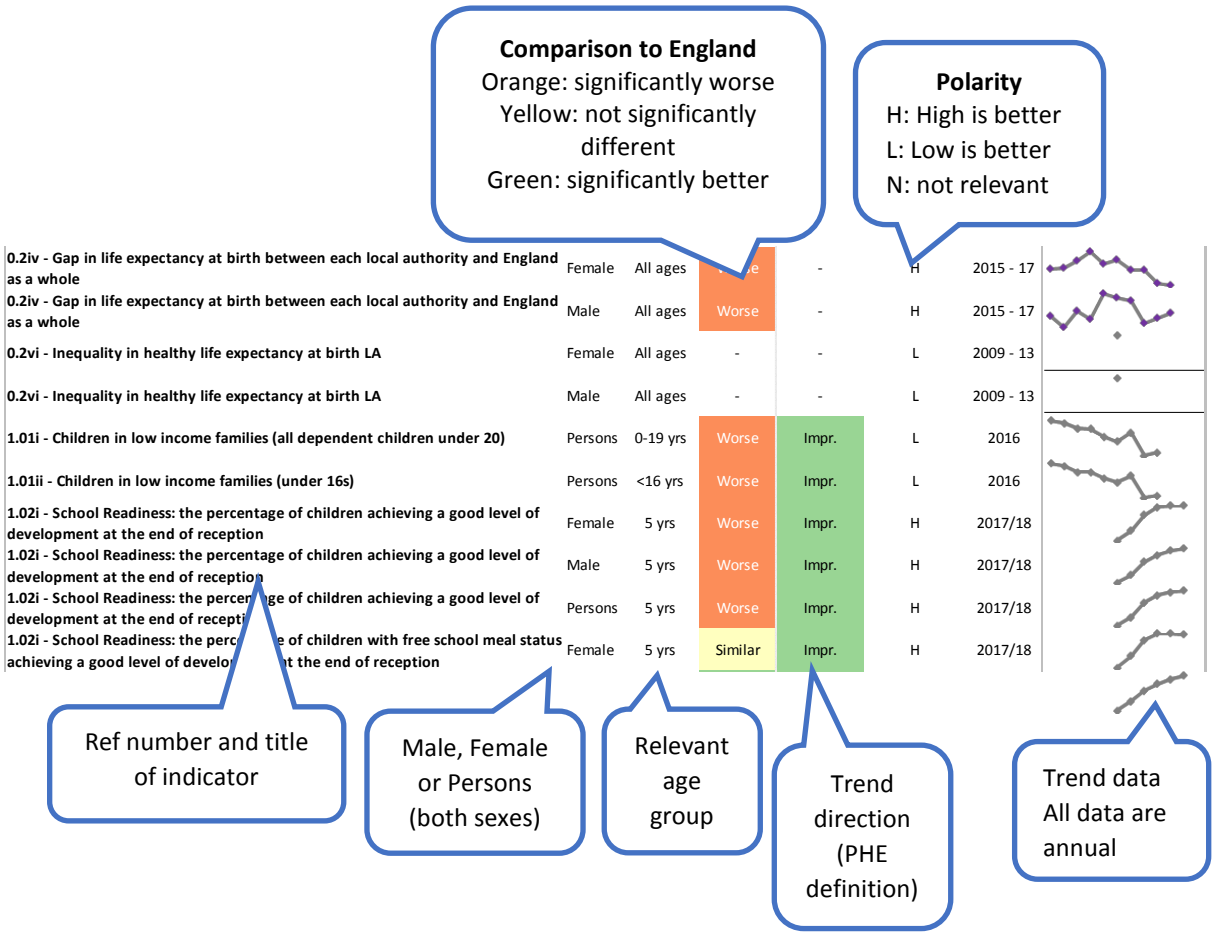
**PHOF review for Nottinghamshire: update October 2019**

The purpose of this document is to provide an overview of the Nottinghamshire County in relation to the Public Health Outcomes Framework (PHOF).

This is provided as tables on the following pages, grouped by indictors where Nottinghamshire outcomes are significantly worse than England (orange), where there is no significant difference (yellow) or significantly better (green). Some comparisons (including those related to screening, vaccinations and chlamydia detection rate) are based on target thresholds rather than a comparison to England.

The 'trend direction' column uses the PHE designation, which is based on the most recent 5 values. This is not calculated for all indicators.

Entries in different columns are explained below:




Data extract: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework October 2019

David Gilding, Public Health Intelligence Team

## 1. Indicators where Nottinghamshire is significantly better than England

| Indicator Name | Sex | Age | Compared to England | Trend direction | Polarity: H(igh) or L(ow) is better. | Latest time period | Trendline |
|---|---|---|---|---|---|---|---|
| **1.01i - Children in low income families (all dependent children under 20)** | Persons | 0-19 yrs | Better | Impr. | L | 2016 | |
| **1.01ii - Children in low income families (under 16s)** | Persons | <16 yrs | Better | Impr. | L | 2016 | |
| **1.03 - Pupil absence** | Persons | 5-15 yrs | Better | Impr. | L | 2017/18 | |
| **1.14i - The rate of complaints about noise** | Persons | All ages | Better | No trend | L | 2015/16 | |
| **1.15i - Statutory homelessness - Eligible homeless people not in priority need** | Persons | Not applicable | Better | - | L | 2017/18 | |
| **1.15ii - Statutory homelessness - households in temporary accommodation** | Persons | Not applicable | Better | - | L | 2017/18 | |
| **2.01 - Low birth weight of term babies** | Persons | >=37 weeks | Better | Impr. | L | 2017 | |
| **2.05ii - Proportion of children aged 2-2Â½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review** | Persons | 2-2.5 yrs | Better | - | H | 2017/18 | |
| **2.06ii - Year 6: Prevalence of overweight (including obesity)** | Persons | 10-11 yrs | Better | No trend | L | 2017/18 | |
| **2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)** | Persons | <15 yrs | Better | - | L | 2017/18 | |
| **2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)** | Persons | 0-4 yrs | Better | - | L | 2017/18 | |
| **2.13i - Percentage of physically active adults** | Persons | 19+ yrs | Better | - | H | 2017/18 | |
| **2.15iv - Deaths from drug misuse** | Persons | All ages | Better | - | L | 2015 - 17 | |
| **2.20i - Cancer screening coverage - breast cancer** | Female | 53-70 yrs | Better | Worsening | H | 2018 | |
| **2.20ii - Cancer screening coverage - cervical cancer** | Female | 25-64 yrs | Better | Worsening | H | 2018 | |
| **2.20iii - Cancer screening coverage - bowel cancer** | Persons | 60-74 yrs | Better | - | H | 2018 | |
| **2.20iv - Abdominal Aortic Aneurysm Screening - Coverage** | Male | 65 | Better | Impr. | H | 2017/18 | |
| **2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check** | Persons | 40-74 yrs | Better | - | H | 2014/15 - 18/19 | |

*continued …*

*... continued. Indicators where Nottinghamshire is significantly better than England*

| Indicator Name | Sex | Age | Compared to England | Trend direction | Polarity: H(igh) or L(ow) is better. | Latest time period | Trendline |
|---|---|---|---|---|---|---|---|
| **3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)** | Persons | 1 yr | Better | No trend | H | 2017/18 | |
| **3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)** | Persons | 2 yrs | Better | Worsening | H | 2017/18 | |
| **3.03ix - Population vaccination coverage - MMR for one dose (5 years old)** | Persons | 5 yrs | Better | Impr. | H | 2017/18 | |
| **3.03v - Population vaccination coverage - PCV** | Persons | 1 yr | Better | No trend | H | 2017/18 | |
| **3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)** | Persons | 2 yrs | Better | Worsening | H | 2017/18 | |
| **3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)** | Persons | 5 yrs | Better | Impr. | H | 2017/18 | |
| **3.03vii - Population vaccination coverage - PCV booster** | Persons | 2 yrs | Better | Impr. | H | 2017/18 | |
| **3.03viii - Population vaccination coverage - MMR for one dose (2 years old)** | Persons | 2 yrs | Better | Impr. | H | 2017/18 | |
| **3.03x - Population vaccination coverage - MMR for two doses (5 years old)** | Persons | 5 yrs | Better | Worsening | H | 2017/18 | |
| **3.03xii - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)** | Female | 12-13 yrs | Better | No trend | H | 2017/18 | |
| **3.03xiii - Population vaccination coverage - PPV** | Persons | 65+ yrs | Better | Impr. | H | 2017/18 | |
| **3.03xiv - Population vaccination coverage - Flu (aged 65+)** | Persons | 65+ yrs | Better | Worsening | H | 2017/18 | |
| **3.03xv - Population vaccination coverage - Flu (at risk individuals)** | Persons | 6 months-64 yrs | Better | Impr. | H | 2017/18 | |
| **3.03xvi - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)** | Female | 13-14 yrs | Better | - | H | 2017/18 | |
| **3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old)** | Persons | 70 | Better | - | H | 2017/18 | |
| **3.03xviii - Population vaccination coverage - Flu (2-3 years old) - current method** | Persons | 2-3 yrs | Better | - | H | 2017/18 | |
| **3.03xviii - Population vaccination coverage - Flu (2-4 years old) - historical method** | Persons | 2-4 yrs | Better | - | H | 2016/17 | |
| **3.05ii - TB incidence (three year average)** | Persons | All ages | Better | - | L | 2016 - 18 | |
| **4.02 - Proportion of five year old children free from dental decay** | Persons | 5 yrs | Better | - | H | 2016/17 | |
| **4.04i - Under 75 mortality rate from all cardiovascular diseases** | Persons | <75 yrs | Better | - | L | 2015 - 17 | |
| **4.07ii - Under 75 mortality rate from respiratory disease considered preventable** | Persons | <75 yrs | Better | - | L | 2015 - 17 | |
| **4.09ii - Proportion of adults in the population in contact with secondary mental health services** | Persons | 18-74 yrs | Better | - | L | 2014/15 | |
| **4.10 - Suicide rate** | Persons | 10+ yrs | Better | - | L | 2016 - 18 | |
| **4.12ii - Preventable sight loss - glaucoma** | Persons | 40+ yrs | Better | No trend | L | 2017/18 | |

## 2. Indicators where Nottinghamshire is similar to England

| Indicator Name | Sex | Age | Compared to England | Trend direction | Polarity: H(igh) or L(ow) is better. | Latest time period | Trendline |
|---|---|---|---|---|---|---|---|
| 0.1i - Healthy life expectancy at birth | Male | All ages | Similar | - | H | 2015 - 17 | |
| 0.1ii - Life expectancy at birth | Male | All ages | Similar | - | H | 2015 - 17 | |
| 0.2iv - Gap in life expectancy at birth between each local authority and England as a whole | Male | All ages | Similar | - | H | 2015 - 17 | |
| 1.05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known | Persons | 16-17 yrs | Similar | - | L | 2017 | |
| 1.06i - Adults with a learning disability who live in stable and appropriate accommodation | Persons | 18-64 yrs | Similar | Impr. | H | 2017/18 | |
| 1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate | Persons | 16-64 yrs | Similar | - | L | 2017/18 | |
| 1.08iv - Percentage of people aged 16-64 in employment | Persons | 16-64 yrs | Similar | Impr. | H | 2017/18 | |
| 1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week | Persons | 16+ yrs | Similar | - | L | 2015 - 17 | |
| 1.09ii - Sickness absence - the percentage of working days lost due to sickness absence | Persons | 16+ yrs | Similar | - | L | 2015 - 17 | |
| 1.10 - Killed and seriously injured (KSI) casualties on England's roads | Persons | All ages | Similar | - | L | 2015 - 17 | |
| 1.16 - Utilisation of outdoor space for exercise/health reasons | Persons | 16+ yrs | Similar | - | H | Mar 2015 - Feb 2016 | |
| 2.04 - Under 18s conception rate / 1,000 | Female | <18 yrs | Similar | Impr. | L | 2017 | |
| 2.04 - Under 16s conception rate / 1,000 | Female | <16 yrs | Similar | Impr. | L | 2017 | |
| 2.06i - Reception: Prevalence of overweight (including obesity) | Persons | 4-5 yrs | Similar | Worsening | L | 2017/18 | |
| 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) | Persons | 15-24 yrs | Similar | - | L | 2017/18 | |
| 2.09i - Smoking prevalence at age 15 - current smokers (WAY survey) | Persons | 15 yrs | Similar | - | L | 2014/15 | |
| 2.09ii - Smoking prevalence at age 15 - regular smokers (WAY survey) | Persons | 15 yrs | Similar | - | L | 2014/15 | |
| 2.09iii - Smoking prevalence at age 15 - occasional smokers (WAY survey) | Persons | 15 yrs | Similar | - | L | 2014/15 | |
| 2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) | Persons | 16+ yrs | Similar | - | H | 2017/18 | |
| 2.11ii - Average number of portions of fruit consumed daily (adults) | Persons | 16+ yrs | Similar | - | H | 2017/18 | |
| 2.11iii - Average number of portions of vegetables consumed daily (adults) | Persons | 16+ yrs | Similar | - | H | 2017/18 | |
| 2.11iv - Percentage who eat 5 portions or more of fruit and veg per day at age 15 | Persons | 15 yrs | Similar | - | H | 2014/15 | |
| 2.11vi - Average number of portions of vegetables consumed daily at age 15 (WAY survey) | Persons | 15 yrs | Similar | - | H | 2014/15 | |
| 2.13ii - Percentage of physically inactive adults | Persons | 19+ yrs | Similar | - | L | 2017/18 | |
| 2.14 - Smoking Prevalence in adults (18+) - current smokers (APS) | Persons | 18+ yrs | Similar | - | L | 2018 | |
| 2.15i - Successful completion of drug treatment - opiate users | Persons | 18+ yrs | Similar | Worsening | H | 2017 | |
| 2.15ii - Successful completion of drug treatment - non-opiate users | Persons | 18+ yrs | Similar | Worsening | H | 2017 | |
| 2.17 - Estimated diabetes diagnosis rate | Persons | 17+ yrs | Similar | - | H | 2018 | |
| 2.20xii - Newborn Hearing Screening - Coverage | Persons | <1 yr | Similar | - | H | 2017/18 | |
| 2.23iii - Self-reported wellbeing - people with a low happiness score | Persons | 16+ yrs | Similar | - | L | 2017/18 | |
| 2.23iv - Self-reported wellbeing - people with a high anxiety score | Persons | 16+ yrs | Similar | - | L | 2017/18 | |
| 2.24i - Emergency hospital admissions due to falls in people aged 65 and over | Persons | 65+ yrs | Similar | - | L | 2017/18 | |
| 2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79 | Persons | 65-79 yrs | Similar | - | L | 2017/18 | |

*Continued ...*

*... continued: Indicators where Nottinghamshire is similar to England*

| Indicator Name | Sex | Age | Compared to England | Trend direction | Polarity: H(igh) or L(ow) is better. | Latest time period | Trendline |
|---|---|---|---|---|---|---|---|
| **3.02 - Chlamydia detection rate / 100,000 aged 15-24** | Persons | 15-24 yrs | Similar | Worsening | H | 2018 | |
| **3.04 - HIV late diagnosis (%)** | Persons | 15+ yrs | Similar | - | L | 2016 - 18 | |
| **3.05i - Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months** | Persons | All ages | Similar | Impr. | H | 2017 | |
| **3.06 - NHS organisations with a board approved sustainable development management plan** | Not appl | Not applicable | Similar | No trend | H | 2015/16 | |
| **4.01 - Infant mortality** | Persons | <1 yr | Similar | - | L | 2015 - 17 | |
| **4.03 - Mortality rate from causes considered preventable** | Persons | All ages | Similar | - | L | 2015 - 17 | |
| **4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable** | Persons | <75 yrs | Similar | - | L | 2015 - 17 | |
| **4.05i - Under 75 mortality rate from cancer** | Persons | <75 yrs | Similar | - | L | 2015 - 17 | |
| **4.07i - Under 75 mortality rate from respiratory disease** | Persons | <75 yrs | Similar | - | L | 2015 - 17 | |
| **4.08 - Mortality rate from a range of specified communicable diseases, including influenza** | Persons | All ages | Similar | - | L | 2015 - 17 | |
| **4.12i - Preventable sight loss - age related macular degeneration (AMD)** | Persons | 65+ yrs | Similar | Impr. | L | 2017/18 | |
| **4.12iii - Preventable sight loss - diabetic eye disease** | Persons | 12+ yrs | Similar | No trend | L | 2017/18 | |
| **4.12iv - Preventable sight loss - sight loss certifications** | Persons | All ages | Similar | Impr. | L | 2017/18 | |
| **4.14i - Hip fractures in people aged 65 and over** | Persons | 65+ yrs | Similar | - | L | 2017/18 | |
| **4.14ii - Hip fractures in people aged 65 and over - aged 65-79** | Persons | 65-79 yrs | Similar | - | L | 2017/18 | |
| **4.14iii - Hip fractures in people aged 65 and over - aged 80+** | Persons | 80+ yrs | Similar | - | L | 2017/18 | |
| **4.15i - Excess winter deaths index (single year, all ages)** | Persons | All ages | Similar | - | L | Aug 2016 - Jul 2017 | |
| **4.15ii - Excess winter deaths index (single year, age 85+)** | Persons | 85+ yrs | Similar | - | L | Aug 2016 - Jul 2017 | |
| **4.16 - Estimated dementia diagnosis rate (aged 65 and over)** | Persons | 65+ yrs | Similar | - | H | 2019 | |

## 3. Indicators where Nottinghamshire is significantly worse than England

| Indicator Name | Sex | Age | Compared to England | Trend direction | Polarity: H(igh) or L(ow) is better. | Latest time period | Trendline |
|---|---|---|---|---|---|---|---|
| 0.1i - Healthy life expectancy at birth | Female | All ages | Worse | - | H | 2015 - 17 | |
| 0.1ii - Life expectancy at birth | Female | All ages | Worse | - | H | 2015 - 17 | |
| 0.1ii - Life expectancy at 65 | Female | 65 | Worse | - | H | 2015 - 17 | |
| 0.1ii - Life expectancy at 65 | Male | 65 | Worse | - | H | 2015 - 17 | |
| 0.2iv - Gap in life expectancy at birth between each local authority and England as a whole | Female | All ages | Worse | - | H | 2015 - 17 | |
| 1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception | Persons | 5 yrs | Worse | Impr. | H | 2017/18 | |
| 1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception | Persons | 5 yrs | Worse | Impr. | H | 2017/18 | |
| 1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check | Persons | 6 yrs | Worse | Impr. | H | 2017/18 | |
| 1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check | Persons | 6 yrs | Worse | Impr. | H | 2017/18 | |
| 1.04 - First time entrants to the youth justice system | Persons | 10-17 yrs | Worse | Impr. | L | 2018 | |
| 1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation | Persons | 18-69 yrs | Worse | - | H | 2017/18 | |
| 1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate | Persons | 18-64 yrs | Worse | - | L | 2017/18 | |
| 1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate | Persons | 18-69 yrs | Worse | - | L | 2017/18 | |
| 1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like | Persons | 18+ yrs | Worse | - | H | 2017/18 | |
| 1.18ii - Social Isolation: percentage of adult carers who have as much social contact as they would like | Persons | All ages | Worse | - | H | 2012/13 | |
| 2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method | Persons | 6-8 weeks | Worse | - | H | 2017/18 | |
| 2.03 - Smoking status at time of delivery | Female | All ages | Worse | Impr. | L | 2017/18 | |
| 2.08ii - Percentage of children where there is a cause for concern | Persons | 5-16 yrs | Worse | - | L | 2017/18 | |
| 2.10ii - Emergency Hospital Admissions for Intentional Self-Harm | Persons | All ages | Worse | - | L | 2017/18 | |
| 2.11v - Average number of portions of fruit consumed daily at age 15 (WAY survey) | Persons | 15 yrs | Worse | - | H | 2014/15 | |
| 2.12 - Percentage of adults (aged 18+) classified as overweight or obese | Persons | 18+ yrs | Worse | - | L | 2017/18 | |
| 2.15iii - Successful completion of alcohol treatment | Persons | 18+ yrs | Worse | Worsening | H | 2017 | |
| 2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison | Persons | 18+ yrs | Worse | - | H | 2017/18 | |
| 2.18 - Admission episodes for alcohol-related conditions (Narrow) | Persons | All ages | Worse | - | L | 2017/18 | |
| 2.22iii - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check | Persons | 40-74 yrs | Worse | - | H | 2014/15 - 18/19 | |
| 2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check | Persons | 40-74 yrs | Worse | - | H | 2014/15 - 18/19 | |
| 2.24iii - Emergency hospital admissions due to falls in people aged 65 and over - aged 80+ | Persons | 80+ yrs | Worse | - | L | 2017/18 | |

*continued …*

*... continued; Indicators significantly worse than England*

| Indicator Name | Sex | Age | Compared to England | Trend direction | Polarity: H(igh) or L(ow) is better. | Latest time period | Trendline |
|---|---|---|---|---|---|---|---|
| **3.08 - Adjusted antibiotic prescribing in primary care by the NHS** | Persons | All ages | Worse | - | L | 2018 | |
| **4.05ii - Under 75 mortality rate from cancer considered preventable** | Persons | <75 yrs | Worse | - | L | 2015 - 17 | |
| **4.06i - Under 75 mortality rate from liver disease** | Persons | <75 yrs | Worse | - | L | 2015 - 17 | |
| **4.06ii - Under 75 mortality rate from liver disease considered preventable** | Persons | <75 yrs | Worse | - | L | 2015 - 17 | |
| **4.13 - Health related quality of life for older people** | Persons | 65+ yrs | Worse | - | H | 2016/17 | |
| **4.15iii - Excess winter deaths index (3 years, all ages)** | Persons | All ages | Worse | - | L | Aug 2014 - Jul 2017 | |
| **4.15iv - Excess winter deaths index (3 years, age 85+)** | Persons | 85+ yrs | Worse | - | L | Aug 2014 - Jul 2017 | |

## 4 Other indicators – no statistical comparison

| Indicator Name | Sex | Age | Compared to England | Trend direction | Polarity: H(igh) or L(ow) is better. | Latest time period | Trendline |
|---|---|---|---|---|---|---|---|
| 0.2iii - Inequality in life expectancy at birth | Female | All ages | - | - | L | 2015 - 17 | |
| 0.2iii - Inequality in life expectancy at birth | Male | All ages | - | - | L | 2015 - 17 | |
| 0.2iii - Inequality in life expectancy at 65 | Female | 65 | - | - | L | 2015 - 17 | |
| 0.2iii - Inequality in life expectancy at 65 | Male | 65 | - | - | L | 2015 - 17 | |
| 0.2vi - Inequality in healthy life expectancy at birth LA | Female | All ages | - | - | L | 2009 - 13 | |
| 0.2vi - Inequality in healthy life expectancy at birth LA | Male | All ages | - | - | L | 2009 - 13 | |
| 1.07 - People in prison who have a mental illness or a significant mental illness | Persons | 18+ yrs | - | - | L | 2018/19 | |
| 1.11 - Domestic abuse-related incidents and crimes - current method | Persons | 16+ yrs | - | - | N | 2017/18 | |
| 1.11 - Domestic abuse - historic method | Persons | 16+ yrs | - | - | N | 2014/15 | |
| 1.12i - Violent crime (including sexual violence) - hospital admissions for violence | Persons | All ages | - | - | L | 2015/16 - 17/18 | |
| 1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population | Persons | All ages | - | Getting higher | N | 2017/18 | |
| 1.12iii - Violent crime (including sexual violence) - rate of sexual offences per 1,000 population | Persons | All ages | - | Getting higher | N | 2017/18 | |
| 1.13i - Re-offending levels - percentage of offenders who re-offend - current method | Persons | All ages | - | - | N | 2016/17 | |
| 1.13i - Re-offending levels - percentage of offenders who re-offend - historic method | Persons | All ages | - | Getting lower | N | 2014 | |
| 1.13ii - Re-offending levels - average number of re-offences per offender - current method | Persons | All ages | - | - | N | 2016/17 | |
| 1.13ii - Re-offending levels - average number of re-offences per offender - historic method | Persons | All ages | - | Getting higher | N | 2014 | |
| 1.13iii - First time offenders | Persons | All ages | - | Getting lower | N | 2017 | |
| 1.14ii - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime | Persons | All ages | - | - | N | 2016 | |
| 1.14iii - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time | Persons | All ages | - | - | N | 2016 | |
| 1.17 - Fuel poverty | Persons | All ages | - | Worsening | L | 2016 | |
| 2.02i - Breastfeeding initiation | Female | All ages | - | - | H | 2016/17 | |
| 2.08i - Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March | Persons | 5-16 yrs | - | - | N | 2017/18 | |
| 2.19 - Cancer diagnosed at early stage (experimental statistics) | Persons | All ages | - | No trend | N | 2017 | |
| 2.20v - Diabetic eye screening - uptake | Persons | 12+ yrs | - | - | H | 2017/18 | |
| 2.20vii - Infectious Diseases in Pregnancy Screening - HIV Coverage | Female | All ages | - | - | H | 2017/18 | |
| 2.20xi - Newborn Blood Spot Screening - Coverage | Persons | <1 yr | - | - | H | 2017/18 | |
| 2.20xiii - Newborn and Infant Physical Examination Screening - Coverage | Persons | <1 yr | - | - | H | 2017/18 | |
| 2.23i - Self-reported wellbeing - people with a low satisfaction score | Persons | 16+ yrs | - | - | L | 2017/18 | |
| 2.23ii - Self-reported wellbeing - people with a low worthwhile score | Persons | 16+ yrs | - | - | L | 2017/18 | |
| 3.01 - Fraction of mortality attributable to particulate air pollution | Persons | 30+ yrs | - | - | L | 2017 | |
| 3.02 - Chlamydia detection rate / 100,000 aged 15-24 | Female | 15-24 yrs | - | Getting lower | N | 2018 | |
| 3.02 - Chlamydia detection rate / 100,000 aged 15-24 | Male | 15-24 yrs | - | Getting lower | N | 2018 | |
| 3.03i - Population vaccination coverage - Hepatitis B (1 year old) | Persons | 1 yr | - | - | N | 2017/18 | |
| 3.03i - Population vaccination coverage - Hepatitis B (2 years old) | Persons | 2 yrs | - | - | N | 2017/18 | |
| 3.03ii - Population vaccination coverage - BCG - areas offering universal BCG only | Persons | 1 yr | - | - | H | 2017/18 | |
| 3.03iv - Population vaccination coverage - MenC | Persons | 1 yr | - | - | H | 2015/16 | |
| 4.09i - Excess under 75 mortality rate in adults with serious mental illness | Persons | 18-74 yrs | - | - | L | 2014/15 | |
| 4.11 - Emergency readmissions within 30 days of discharge from hospital | Persons | All ages | - | - | L | 2017/18 | |

Appendix 2: Action plan for PHOF indicators of concern, where Public Health has high level of influence in changing outcomes

| Identified PHOF Indicator | PHOF Status compared to England / trend direction | Actions undertaken / progress in Q1 & Q2 2019/20 | Forward plan of planned actions 2019/20 |
|---|---|---|---|
| 1.02 School readiness | WORSE / Improving | Agreement reached with Clinical Commissioning Group to review interface between specialist Speech and Language Therapy (SLT) and children's centre SLT in Q4 2019/20 and Q1 2020/21<br>Supporting re-procurement of children's centre SLT by writing new service specification<br>Criteria for 3 year targeted review agreed with Healthy Families Programme provider<br>1001 days Joint Strategic Needs Assessment signed off by Health and Wellbeing Board<br>Children & Young People committee approval to develop NCC Best Start Strategy and Best Start Board to oversee and co-ordinate a partnership approach to school readiness: Strategy will be cross departmental (Public Health and Children's)<br>Ongoing contract extension negotiations for Healthy Families Programme<br>Implementation of Ages and Stages Questionnaires Third Edition (ASQ-3) Social and emotional as part of mandated reviews ages 0-2 | Review interface between specialist Speech and Language Therapy (SLT) and children's centre SLT in Q4 2019/20 and Q1 2020/21<br>Continue to contribute to children's centre project board to maintain Public Health focus<br>Support procurement process for Children's Centres SLT provision<br>Implement targeted 3 year review for children not achieving good level of development at 2 years<br>Health & Wellbeing Board Best Start workshop planned for February 2020<br>Implement revised prei-natal care pathway with support from Local Maternity System<br>Commence contract extension of Healthy Families Programme April 2020-March 2024<br>Increase referrals for evidence based parenting programmes and level one interventions provided by children's centres<br>Formalise recording of assessment of parent/child interaction within children & young people clinical records<br>Formalise care model for mandated reviews ensuring ante-natal to one year review are delivered by qualified Health Visitor |
| 1.04 First time entrants to the youth justice system | WORSE / Improving | The reported rate of first time entrants (FTE) to the youth justice system(YJS) on Public Heath Outcomes Framework (PHOF) has been decreasing but not keeping pace with the England and East Mids decrease (237).<br><br>There is a discrepancy with the data held by Youth Justice and data reported on PHOF.<br><br>Youth Justice -More recent data shows that 2018/19 Nottinghamshire YJS had 251 FTE's which was a fall of 22% upon the previous year and falls below the national average.<br>The focus on reducing FTEs within YJS is believed to be partly responsible for this decline and there continues to be a strong focus on closer working with the police to enable Nottinghamshire to provide YJ interventions to young people prior to them entering the criminal justice system. | Monitored and reviewed by Nottinghamshire Youth Justice Board.<br>•YJ to work with the police and others to offer crime prevention/diversionary intervention at the earliest opportunity.<br>•YJ to continue to target crime prevention resources; areas of concern (ASB) are prioritised as part of detached outreach work.<br>•To quality assure the out of court disposals assessment/decision making processes to ensure that outcomes are proportionate and there is a consistent approach to decision making.<br>The work also forms part of the Violence Reduction Unit (VRU).<br><br>Public Health have provided £120K to deliver diversionary activities.<br><br>Public Health and Early Help to review the numbers as there seems to be discrepancies, leading to a difference in reporting. |
| 1.06ii<br>Adults in contact with secondary mental health services who live in stable and appropriate | WORSE / No change or trend | Supported accommodation hostel and move on for single homeless people contract with Framework live since Oct 2018<br>Completed a Joint Strategic Needs Assessment on Health and Housing making strategic recommendations to how partner organisation plan for and commission service to meet the needs of homeless people | Utilise the option to extend the Framework contract until March 2021<br>Review the provision of supported accommodation for single homeless people in light of the recommendations in the Health and Homeless Joint Strategic Needs Assessment<br>Commence the process for re-commissioning Public Health's investment in homelessness |
| 1.08ii<br>Gap in the employment rate between those with a learning disability<br>and the overall employment rate | WORSE / No change or trend | The Corporate Director for Adult Social Care and Health is leading a project to improve the Council's performance with regard to employment opportunities for people with disabilities and long-term health conditions. This work involves colleagues from Public Health, Children and Families' services and the Place department. There are a number of workstreams including economic development and working with potential employers, and promoting the Council as a good employer, which will also include the organisations that provide services on behalf of the Council. The I-work team and the Notts Enabling Service have continued to work with people with disabilities to increase independence wherever possible, and to prepare and support people with opportunities for paid and voluntary work. With regard to the redevelopment of the County Horticulture Service, work continues to make improvements to the site, including redesign of the employment hub to improve the commercial elements at Brooke Farm and increase employment readiness for paid outcomes outside of the hub for people with disabilities. | See adjacent |
| 1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate | WORSE / No change or trend | Public Health have now completed a rapid review of the evidence base with the Individual Placement Support (IPS) service the intervention with the greatest evidence base for this cohort. Finances have now been secured by all Nottinghamshire Clinical Commissioning Groups to enable an IPS provision (in Mid Notts and Bassetlaw via IPS grow, South Notts service is historical). Public Health are represented on the IPS Steering Group for the Mid/South service and have a developing relationship with the Bassetlaw IPS/Provider. Both IPS providers and the responsible commissioners attended the Health and Wellbeing Board's Improving Lives in Nottinghamshire: Work and Health & Wellbeing - Workshop for Action on the 18th September. This enabled them to make relationships, influence national strategy and understand the wider context in which they work | Ongoing Public Health input into the Individual Placement Support (IPS) Steering Group includes facilitating relationships between providers of expert care and looking at the step down and waiting list options for previous/potential IPS clients. The increase in places on the IPS scheme should ensure that the number of people in secondary mental health services in employment increases over the coming year. However, the investment in IPS has been across the country and therefore we cannot be sure of the impact on the indicator as a percentage. Once data flow begins later in the year we will be able to understand more information about the commissioning level of the service |

| | | | |
|---|---|---|---|
| 1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs) | WORSE / No change or trend | Current performance in relation to this outcome is shown in the performance and progress update report contained in the agenda of the December 2019 Adult Social Caren & Public Health Committee. Performance reported against the Adult Social Care and Public Health departmental strategy between April and September 2019 shows that 3660 people were supported through a range of prevention services to promote their independence and to connect with community resources to address and reduce social isolation. A new contract has been developed with the Carers' Hub which will put a greater focus on identifying carers at the earliest opportunity so appropriate support can be offered, including opportunities for more social contact. There is also work taking place across Public Health and Adult Social Care to develop a strategic approach to prevention support in the county, and community asset-based development; both of these approaches are based on keeping people healthy and engaged in what is available in their local communities. Performance in this area continues to be closely monitored through the performance monitoring governance in Adult Social Care | See adjacent |
| 1.18ii<br>Social Isolation: percentage of adult carers who have as much social<br>contact as they would like | WORSE / No change or trend | Community Friendly Nottinghamshire has commenced the second phase of roll out following initial pilot in two localities. Legacy continues with in these two communities and training is taking place across 5 areas in County with initiatives and groups being establish within communities led by community organisers<br><br>NCC Connect service commissioned by Adult Social Care - support in finding information about local services, activities and opportunities | Continue to establish Community Friendly Nottinghamshire's Community Organising approach and training of front line staff and residents in 5 areas across Notts<br>Risk - in relation to this Public Health Outcomes Framework measure it is not clear how many residents accessing this training or delivering /accessing community initiatives are adult carers |
| 2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method | WORSE / No change or trend | Increased breastfeeding prevalence rates in each district to meet an overall county increase of 2.0% to date.<br>Healthy Family Teams and Children's Centres continued to maintain UNICEF Baby Friendly Initiative (BFI) accreditation.<br>•Notts County reaccredited June 2017<br>•Bassetlaw reaccredited Jan 2019<br>Increased number of inclusive and family friendly community venues that welcome breastfeeding via an accreditation process.<br>Women supporting women to breast feed – normalising breastfeeding and building community capacity to support and promote breastfeeding - video and online resources developed to record and share women's stories of their breastfeeding journeys.<br>An integrated breastfeeding support pathway in accordance with BFI standards exists to ensure a coordinated and consistent approach to breastfeeding support across Midwifery, Healthy Family Teams and Children Centre's services.<br>Staff offered training, giving accurate and consistent information to support mothers in their decisions.<br>BFI accredited 2day Infant Feeding Management training course continues for all new staff to attend within 6 months of commencing in post across Health Family Teams, Family Nurse Partnership and Nottinghamshire Children and Families Partnership.<br>Band 3 Healthy Child assistants continue to offer breastfeeding support as appropriate in the home or within BABES groups.<br><br>Increased access to the standalone Baby and Breastfeeding Encouragement Groups (BABES) in all districts and areas for support. | Increase Breastfeeding prevalence rates in each district to meet an overall county increase of 1.5% in 2019/20<br>Trust to continue to work towards Sustainability Gold award during 2019.<br><br>Work in partnership with the Nottinghamshire Local Maternity & Neonatal System (LMNS).<br>Continue to establish/reaccredit breastfeeding friendly venues across the County.<br>To deliver best practice education and support for pregnant women and new mothers and their families, including targeted interventions to reach those least likely to breastfeed.<br><br>All agencies to maintain a consistent approach with up to date specialist information, advice and training available as needed including annual update training sessions offered to all.<br><br>To develop the service review meeting to include a wider input from the breastfeeding workforce and widen the discussion from ante-natal, birth transition to the community and 6 week visit. Also consider implementation of broader breastfeeding strategy group including strategic provider leads<br>Continue to develop new stories and build on existing resources to keep stories relevant and up-to-date. |
| 2.03 Smoking At The Time of Delivery (SATOD) | WORSE / Improving | Work in partnership with the Nottinghamshire Local Maternity & Neonatal System (LMNS):<br>- member of quarterly maternal health workstream of LMNS.<br>- ongoing work with maternity services.<br>- rolled out campaign: Love Bump across Nottinghamshire.<br><br>Nottingham University Hospitals: procured new Carbon Monoxide monitors. Training for midwives. Referral pathway to smoking cessation services identified as a barrier.<br><br>Sherwood Forest Hospital: recruited additional midwives - to be trained in risk perception intervention as part of their role. Robust referral process to Solutions4Health. | Work in partnership with the Nottinghamshire Local Maternity & Neonatal System (LMNS) :<br>- Maternal health workstream of LMNS is now monthly: on alternate months the meeting will be dedicated to smoking in pregnancy.<br>- Public Health England regional team are developing guideline to support local areas to reduce smoking in pregnancy. Notts LMNS will benchmark delivery against this and action plan as appropriate.<br>- Transition referral pathways to new Integrated Wellbeing Service provider: explore co-location in maternity service for advice and product.<br>- Both Trusts to implement Saving Babies Lives Care Bundle v2 by March 2020.<br><br>Nottingham University Hospitals: establishing a SmokeFree pregnancy taskforce which public health will be members of, developing a bid for Commissioning for Quality and Innovation (CQUIN) monies to support delivery of smoking cessation interventions, to explore introduction of data clerk role to assist referrals to smoking cessation services, to explore co-location of smoking cessation services.<br><br>Sherwood Forest Hospital: training additional midwives to ensure risk perception model is delivered consistently, exploring Nicotine Replacement Therapy / Very Brief Advice training for maternity ward and wider maternity workforce.<br><br>Work in partnership the South Yorkshire & Bassetlaw LMS:<br>- Recently established links: now member of the LMS prevention sub-group<br>- To work with colleagues in Doncaster and Bassetlaw to complete smoking in pregnancy deep dive tool and action plan as appropriate. |

| | | | |
|---|---|---|---|
| 2.08ii Percentage of children where there is a cause for concern<br>(This indicates the proportion of looked after children in the area who are affected by poor emotional wellbeing.) | WORSE / No change or trend | A dedicated Child and Adolescent Mental Health Service (CAMHS) supports the mental health needs of children in care. It is a multi-disciplinary, multi-agency team which comprises of social workers and health professionals whose purpose is to assess mental health needs and promote the psychological wellbeing and placement stability of children and young people who are in care or adopted. In 2019 the service has received additional funding by the Clinical Commissioning Group to ensure it is resourced to meet the needs of this group.<br><br>In addition to this The 'You Know Your Mind' Project has been active in Nottingham and Nottinghamshire since April 2018, adopting a person-centred approach to supporting Looked After Children (LAC) and care leavers (aged 0-25) with mental health needs. Via a model known as "integrated personal commissioning", the You Know Your Mind Project seeks to improve mental health outcomes by allowing the child or young person to identify what support arrangements that will work for them. Through the use of a small personal health budget and support from social workers, personal advisors, youth workers and supported accommodation providers, personalised support arrangements can then be put in place. The project is currently funded by health partners until 31 March 2020.<br><br>-Since the project launched in April 2018, 272 LAC and care leavers across Nottinghamshire County have been allocated a personal health budget and supported to self-identify their support arrangement. Support plans have ranged from physical activities (such as gym memberships, boxing clubs, dance classes) to creative pursuits (photography, guitar lessons, floristry) and community engagement (fishing, brownies, cadets).<br><br>-General data / presenting needs of young people in the project include:<br><br>•57% present with anxiety, depression, stress or other mood disorders<br>•27% are reported as self-harming<br>•40% are reported as being socially isolated. | •CAMHS re specification process to concentrate on LAC and Care leavers and their transition<br>•Evaluation of You Know Your Mind project to be published in Spring 2020.<br>•Health Service Improvement Forum<br>•Paper on health of LAC to be taken to Children and Young People committee in December 2019 |
| | | -To date, 65 (24%) of Nottinghamshire's LAC and care leavers have been evaluated to ascertain the impact of this approach on mental health outcomes. This has included face-to-face discussions with the young person, their carer and their keyworker to understand how the personalised support plan has impacted on various areas of the young person's life. The evaluations have told us:<br><br>o90% of young people feel better or a lot better about their quality of life<br>o81% of young people felt that their health & wellbeing has improved<br>o71% of young people reported feeling more confident<br>o77% of young people felt that it gave them something to look forward to or focus on<br>There is a LAC board in the council which the health Service Improvement Forum reports into. This group ensures improvements to system/commissioning are made in health (including emotional menta health) | |
| 2.12 Percentage of adults (aged 18+) classified as overweight or obese - current method | WORSE / No change or trend | Obesity Prevention & Weight Management –Agreed service focus in year 5. Work with service and Public Health to collate lessons learnt from qualitative evaluation and quantitative weight management evaluation from service .<br>Integrated Wellbeing Service - Contributed to final specification to ensure it covered required aspects for addressing obesity.<br>Food Environment - Engaged stakeholders on draft food charter. Business cases agreed and grants awarded to District led place based food initiatives.<br>Physical Activity Insight - Grant awarded to active Notts. Project approach agreed. Supporting district work on each priority of focus. Evaluation approach agreed.<br>Planning & Health – Framework published. Workshops held with Gedling and Rushcliffe.<br>Child obesity trailblazer - Bid submitted. Awarded and project initiated with school meals and early years partners.<br>Bassetlaw Integrated Care Partnership (ICP) - Advice given to ICP Board on obesity. | Commissioning –transition obesity prevention and weight management priority workstreams to IWS<br>Food Environment - Further engagement on food charter. Support to district initiatives.<br>Physical Activity Insight - Grant awarded to Active Notts. Project approach agreed. Supporting district work on each priority of focus. Evaluation approach agreed.<br>Planning & Health – Offer workshops to other districts.<br>Child obesity trailblazer - Implement plans for year 1.<br>Bassetlaw Integrated Care Partnership - Support call to action on childhood obesity. |
| 2.15iii Successful completion of alcohol treatment | WORSE / Worsening | Change Grow Live (CGL) are currently performing at 43.2% successful completions for alcohol which is above the England average, Public Health England average (38.9%) and CGL average 39.8%. There has been an upward trajectory of alcohol completions locally | See adjacent |
| 2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison | WORSE / No change or trend | The data for this Public Health Outcomes Framework (PHOF) indicator is currently been looked at. A recent substance misuse strategy group meeting was themed around this PHOF and both Change Grow Live (CGL) and local Prison Substance Misuse services both articulated that the data was not accurate. A task and finish group meeting is taking place in November to look further at the data to try and get the true picture for Nottinghamshire. | See adjacent |

| | | | |
|---|---|---|---|
| 2.22 Cumulative percentage of NHS Health Checks offered and/or were taken up | WORSE / No change or trend | Performance monitoring and management in liaison with Clinical Commissioning Groups to target under-performing practices; support for targeted GP practices through practice liaison; development of performance and quality framework to identify areas for development e.g. patient feedback; drive to increase outreach service activity; analysis of SystmOne template compliance and corrective action undertaken | Communications activity planned for November onwards with GP surgeries, including updated resources with new branding, as well as public/community initiative; implementation of performance and quality framework action plan, including development of performance dashboard; procurement of new outreach service with increased capacity; and transfer of Bassetlaw practices to eHealthscope |
| 2.24iii Emergency hospital admissions due to falls in people aged 65 and over - aged 80+ | WORSE / No change or trend | The Public Health funded Adult Social Care falls prevention has improved the knowledge and skills of 153 NCC and voluntary sector staff through training and enabled 116 NCC staff to access e-learning. 8000 Get up and Go guides have been circulated to frontline services. It has also developed evidence based ENGAGE falls prevention exercise in 9 care homes, 6 day services and 1 lunch club.<br>ENGAGE in the community in community settings are coordinated by the commissioned Everyone Health service working with Public Health commissioners and the above project. There are now 22 active groups across the county with 62 new participants during this period.<br>Work has taken place to embed falls prevention in the Notts Integrated Care System Frailty plan working with NHS partners. | Transition the coordination of the ENGAGE falls prevention exercise programme into the new Integrated Wellbeing Service for April 2020. Work with the integrated care systems to ensure falls prevention is embedded in developments to prevent and support people at risk of frailty. |
| 4.15 Excess winter deaths index (3years, 85+ and all ages) | WORSE / No change or trend | Nottinghamshire Energy Partnership (NEP) contract is currently live until end 2019/20 when it is due to end.<br>NEP work has extended into Bassetlaw and is focused on contributing to meeting needs across the whole county now. NEP is very small scale but is meeting its Key Performance Indicators around training, brief interventions and advice to target groups<br>An interdependency exists with Warm Homes on Prescription (WHOP) which is funded by the Better Care Fund but WHOP future format is unclear. | The intention is that Public Health funding ends to NEP contract at the end of 2019/20 there is a risk that this decision will negatively impact on this PHOF indicator although to what magnitude is unclear. The current system across Nottinghamshire is fragmented and subjected to a variety of funding streams<br>Winter warmth advice leaflet joint funded by Adult Social Care and Public Health budgets will be distributed to vulnerable groups |

Please note that although PHOF indicator 2.11v (average number of portions of fruit consumed daily at age 15) is marked as worse for Nottinghamshire, The WAY survey data was last updated in 2016 and the survey will not be repeated. All indicators from this survey are due to be retired from PHOF in the near future. The indicator has therefore not been included in this action plan.

Nottinghamshire County Council

**Report to Adult Social Care and Public Health Committee**

**9 December 2019**

**Agenda Item: 5**

**REPORT OF DIRECTOR OF PUBLIC HEALTH**

# FUNDING FOR SUPPORT TO SURVIVORS OF DOMESTIC ABUSE WITHIN SAFE ACCOMMODATION

## Purpose of the Report

1. To inform Committee of funding from the Ministry of Housing, Communities and Local Government (MHCLG) for support within safe accommodation for survivors of domestic abuse

2. To seek approval for the County Council to lead a bid on behalf of a County partnership

3. To seek approval for the County Council to manage a successful grant in 2020/21

4. To seek Committee approval to complete a selection process to identify local delivery partners in December 2019

5. To seek Committee approval for the Chief Executive to commit the authority to lead the bid and to sign the submission

## Information

6. Refuges and other forms of specialist safe accommodation-based services play a vital role in providing safe places and support for survivors and their children to rebuild their lives away from the threat of abuse. In some cases this requires survivors to move areas and rebuild their lives in a new community.

7. Safe accommodation comprises a range of possible services including:
   - Refuge accommodation
   - Specialist safe dispersed accommodation:
   - Safe, self-contained accommodation with the same level of specialist domestic abuse support as provided within a refuge
   - Safe, self-contained 'semi-independent' accommodation which is not within a refuge but with floating support for victims who do not require the intense support offered through refuge.
   - Sanctuary Schemes – increased security in survivors own homes
   - Move-on and / or second stage accommodation

- Other forms of domestic abuse emergency accommodation

8. Safe accommodation is not only about having a roof over your head. It is about ensuring that survivors and their children receive *support* to deal with their change in accommodation and rebuild their emotional health and wellbeing away from the threat of abuse.

9. MHCLG has stated its intent to introduce a new statutory duty which will require local authorities "to assess the need for and commission support for victims and their children within safe-accommodation". The duty will be funded from April 2021, subject to future spending review discussions.

10. Ahead of this new duty coming into force in 2021, the government announced £15 million in funding to run essential services in 2020/21. Funding of support in many refuges ends on 31 March 2020. Therefore this funding is intended to fill the gap.

11. Whereas bids for MHCLG funds were previously coordinated by Gedling Borough Council and managed by Ashfield District Council, MHCLG now require bids to be submitted by upper tier local authorities.

12. Bids to fund services in 2020/21 must be submitted on behalf of partners by 17 January 2020 and signed by the Chief Executive Officer.

13. The complex nature of domestic abuse means that no single agency on its own is likely to be able to address the needs of all survivors. For example, many survivors and their children have additional needs, often relating to their abuse, which requires additional support.

**Current funding of support in refuges within Nottinghamshire County**

14. People who experience domestic violence in Nottinghamshire may access safe accommodation in other counties, and people from elsewhere access accommodation and support in Nottinghamshire County. Approximately two thirds of people accessing refuge may be from outside Nottinghamshire.

15. In the 18 months ending in 2018, 277 women and 489 children accessed safe accommodation of this sort in Nottinghamshire.

16. The accommodation costs associated with refuges are funded through housing benefit/universal credit. The cost of providing the support which service users require are funded variously by the County Council, the Ministry of Housing, Communities and Local Government and voluntary sector fund-raising. 62% of all the refuge accommodation beds in the County are funded through MHCLG.

17. Using the public health grant, Nottinghamshire County Council commissions Nottinghamshire Women's Aid to provide support in its two refuge sites.

18. Officers know of three *other* organisations in Nottinghamshire who provide a mix of refuge and other safe accommodation arrangements (e.g. dispersed units with support). Nottinghamshire previously secured £700,000 from MHCLG which enabled three women's aid organisations to provide accommodation support costs for 18 months (2018-20). It is the *support* provision in these refuges which is funded by MHCLG and which is the primary focus of this initiative.

19. The previous joint bid coordinated by borough and district councils included the following partners:

- Nottinghamshire Women's Aid, Newark Women's Aid, Midlands Women's Aid and Juno Women's Aid (who were formerly known as WAIS),
- Nottinghamshire Office of Police & Crime Commissioner,
- Nottingham University Hospitals Trust
- The seven district and borough councils in Nottinghamshire County
- Nottinghamshire County Council

20. The current MHCLG funding of £700,000 expires on 31 March 2020 which leaves an accommodation support funding gap of 25 units and 128 beds. These units are hosted by four separate Women's Aid organisations, three organisations are fully funded by MHCLG, highlighted in bold.

*Table 1 showing refuge provision across the County*

| Refuge Accommodation | Units | Beds |
|---|---|---|
| Nottinghamshire Women's Aid Ltd<br>(15 units commissioned refuge by County Council and 2 units funded by MHCLG) | 17 | 87 |
| **Midlands Women's Aid** | **10** | 53 |
| **Newark Women's Aid** | **7** | 32 |
| **Juno Women's Aid** (formerly known as WAIS) | **6** | 34 |

21. In early conversations with stakeholders it was identified that there may be other organisations which would be interested in being part of a future bid. Advice from legal and procurement colleagues is that the authority should undertake a light touch selection process to ensure that we identify delivery partners using an open and transparent process.

**Grant available and service length**

22. There is £15million available for upper tier local authorities to bid for. This will be for one year (2020/21). MHCLG has said that new duties will take effect in April 2021 which will be accompanied by funding arrangements which will be announced in due course.

**Challenges**

23. These service users represent a vulnerable group of adults and children. Leaving their needs unmet would also risk exacerbating pressures on other services. There is no obvious alternative way to replace the MHCLG funding which will expire in March 2020. The submission date leaves the authority with little time to coordinate the necessary work. The authority will be expected to manage the funding and grant award process. This process needs to allow for the possibility that there are previously undiscovered providers who may wish to participate in a bid.

24. For organisations which are dependent on MHCLG grants to fund the support they provide in refuge accommodation, there is a risk to the continuation of their services after April 2020 if the bid is unsuccessful. Organisations have already started to develop contingency plans

which include fundraising. It is unclear how much of any possible shortfall could be met by such fundraising.

**Other Options Considered**

25. The authority does not submit a bid leaving a gap in suitably supported refuge accommodation.

26. The authority completes the bid working with the existing providers leaving the authority open to challenge from any other potential providers.

**Reasons for Recommendations**

27. The authority will need to establish a partnership steering group to develop a bid.

28. It would be damaging to the interests of service users and to those of our partners if there is any reduction in the capacity of provision in Nottinghamshire.

29. There are significant crime and disorder implications to not providing safe accommodation for survivors across the County. Accommodation with support is one tool to enable survivors to leave violent perpetrators.

30. The authority will be required to manage and monitor the grant funded services alongside the refuge services funded by the Public Health grant.

## Statutory and Policy Implications

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

**Financial Implications**

32. The bid prospectus indicates that the allocation of funds to successful bids may be after April 2020, i.e. after the current MHCLG funding of these providers is due to run out. Furthermore it is possible that the funding awarded to Nottinghamshire could be less than the funding currently provided. Alongside developing the bid, officers in the Public Health Division will work with existing providers to assess the implications and to understand their contingency plans.

33. Development of the bid with partners will divert some resource in the Public Health Division. Ashfield District Council advise that ongoing management of the grant and submission of returns to MHCLG requires 0.2 Fulltime Equivalent of resource. It is not possible to include allowance for this resource within the bid submission. Therefore it will need to be identified from within other resources within the Council.

**Human Resource implications**

34. A rapid selection process will be undertaken by Public Health with support from procurement. The proposed selection process will ensure that the authority is being open and transparent when developing its partnership arrangements. A light touch selection process will be swiftly undertaken in December 2019. This will allow all potential partners to come forwards, for the authority to assess their eligibility and experience before accepting them as a delivery partner in the bid.

35. Following the selection process Public Health will work with partners and wider stakeholders, including districts to complete and submit the bid by 17 January 2020.

**Implications for Service Users**

36. Survivors of domestic abuse and their children will benefit from funds awarded as a result of a successful submission. Failure to secure funding will impact on the wellbeing of service users.

**Implications in relation to the NHS Constitution**

37. Further conversations are taking place with NHS stakeholders across the County.

**Implications for Sustainability and the Environment**

38. The service model requires additional funding to ensure that survivors and their children are supported to safely flee domestic abuse and rebuild their lives. This service will never be sustainable and will always require funding from statutory services. The current services add value through fund raising to make the experiences as comfortable as possible for survivors who often arrive with nothing.

## RECOMMENDATIONS

It is recommended that the Committee give approval for

1) The authority to lead the bid on behalf of a partnership of county organisations

2) The authority to manage a successful grant in 2020/21

3) A rapid selection process to be undertaken identify local delivery partners in December 2019

4) The Chief Executive to sign off the bid submission on behalf of the Council

5) A short update to be brought to Committee after MHCLG has made known the result of the bid

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

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**Constitutional Comments (EP 25/11/19)**

39. The recommendations fall within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference. Any grant agreement to be entered into and any contract to be awarded must be in a form approved by the Group Manager Legal, Democratic and Complaints.

**Financial Comments (DG 25/11/19)**

40. There may be financial implications for the County Council if the funding is not secured as refuge provision may be lost. If the funding is secured, it is estimated that a 0.2FTE will be required to manage the grant at a cost of £11,638, which will need to be met from the Public Health Grant or existing resources.

**Background Papers and Published Documents**

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

- ‘Commissioning Domestic Abuse Support Services (1 April 2019) – references the support to the Refuge provision across the County

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

- All

Nottinghamshire County Council

**Report to Adult Social Care and Public Health Committee**

**9th December 2019**

**Agenda Item: 6**

**REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH**

# ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE AND PROGRESS UPDATE FOR QUARTER 2

## Purpose of the Report

1. To provide the Committee with a summary of performance for Adult Social Care and Health for quarter 2 (1 April 2019 to 30 September 2019) and seek comments on any actions required (Part One of this report).

2. To provide the Committee with an update against the Adult Social Care and Public Health Departmental Strategy at the end of quarter 2 (1 April 2019 to 30 September 2019) and seek comments on any actions required (Part Two of this report).

## Information

3. The Council's Planning and Performance Framework establishes the approach that the Council takes to planning and managing its performance to deliver effective and responsive services to service users and their carers.

4. The Council has agreed that the key measures of its performance will be defined through a number of core data sets which are detailed in its Council Plan and each of its Departmental Strategies.

5. Performance against these core data sets is reported to Committee every three months (quarterly) to support the performance management of the delivery of services

6. The refreshed Adult Social Care and Public Health Departmental Strategy was approved by Policy Committee in May 2019 and this is the mid-year update on progress against that refreshed document.

7. This report provides a summary of the quarter 2 position for the Adult Social Care and Health Core Data Set performance measures that fall within the responsibility of the Adult Social Care and Public Health Committee. The full Core Data Set is attached as **Appendix A**.

8. The complete update of actions and indicators contained within the Departmental Strategy is attached at **Appendix B**.

## Part One - Department Core Data Set
## Adult Social Care and Health Performance for Quarter 2

### Reviews

9. The Council has a statutory duty under the Care Act to ensure that everyone receiving social care services is offered a minimum annual review to be sure that their care and support remains appropriate to meet their needs. In addition to this, in order to actively set goals and work towards maximising people's independence, the Department has internal targets to ensure that some people's reviews happen more frequently.

10. In the six months from April to September 2019, 3,619 service users with a long-term service have been reviewed. This equates to 50% and is an improvement on performance over the same period last year. Positively, the increased level of reviewing activity means that it is estimated that the 80% target will be achieved by year end. Reviews happening at the right time are important to people's wellbeing and a new strategy is being developed for April 2020 based on evidence and learning to date.

### Reablement

11. Reablement services support people to regain their independent living skills and confidence following a period of ill-health, which often has required a stay in hospital. This is good for people's health and wellbeing and in turn reduces the need for health and social care and support services. The indicator captures the joint work of social services and health staff, as well as adult social care reablement. This is a two-part indicator and monitors the effectiveness (part one) and the availability (part two) of the services delivered.

12. Included in this indicator are reablement type services such as:

- START – short term assessment and reablement service provided in a person's own home, for example to help them regain their independence following a stay in hospital
- Home First Response Service - a short-term, rapid-response service which can support people to remain at home in a crisis or return home from hospital as quickly as possible
- intermediate care – may be provided in a person's own home or in a residential setting and can be used either as a short-term intensive service to avoid a hospital admission, for example where a service user is suffering from a temporary illness, or can also be used to help someone regain their independence following a stay in hospital
- social care assessment and re-ablement beds – assessment and reablement service delivered in an accommodation-based setting following a stay in hospital.

13. This indicator is produced on a rolling three-month snapshot basis. Results to date include people discharged from hospital into reablement services in February, March and April and checks if these people were still at home during the months to July. Reasons for people not remaining at home include being admitted to long-term residential or nursing care or being re-admitted to hospital or having deceased.

14. At quarter 2, part one of this indicator was better than target at 86% against a revised target of 83%. In this period, out of the 682 older adults who received a reablement service on discharge from hospital, 587 people were still at home 91 days after. Figures show Nottinghamshire benchmarks as having a higher than average number of people not completing their reablement due to being re-admitted to hospital very soon after our Re-ablement team starts to work with them. Work has started with our health colleagues in hospitals to understand the reasons for this and to develop an improvement action plan.

15. Part two of this indicator measures how many people were offered reablement services over the number of hospital discharges (hospital discharges data provided by the NHS). In this period, in line with targets in our plans, the number of people offered reablement has increased over the course of this year and performance is positive at 2.6%.

16. Reablement is a core service - essential to ensuring older adults can remain independent at home. Currently there is not enough capacity in the service to be able to offer it to everyone who could potentially benefit. One of the aims of the new workforce restructure that was approved by Committee at its meeting in November is therefore to shift resources to set higher targets to increase the number of people able to access these services from April 2020 onwards.

**Delayed Transfers of Care**

17. Excellent social care performance continues to be sustained on this indicator. Delays attributed to social care are showing consistently good performance and continue to be better than target. Latest data available shows delays due to social care at a rate of 0.1 (per day per 100,000 population) compared to a target of 0.7. Joint delays (where responsibility is shared with Health) are also performing better than target at a rate of 0.3 against a target of 0.55.

18. A Delayed Transfer of Care (DToC) from an acute or non-acute hospital setting occurs when "a patient is ready to depart from such care and is still occupying a bed". Any patients falling within this definition are classified as a reportable delay.

19. As part of measuring DToC, the total number of days delayed per month per 100,000 population is monitored nationally. Nottinghamshire was ranked fifth (out of 151 local authorities) for having low numbers of delays attributed to social care in August 2019 (having only a total of 12 days delay for social care).

20. As part of the improved Better Care Fund, a rate of DToC bed days is now being monitored monthly. Good performance here not only supports NHS hospital flow but is also important to people because there is good national evidence that delays in leaving hospital for older adults can have a significant long lasting negative impact on their muscle tone, mobility and confidence.

**Service User and Carer Direct Payments**

21. Research has indicated that personal budgets provided to service users impact positively on wellbeing, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that Direct Payments (DPs) increase satisfaction with services.

22. At the end of quarter 2, 2,609 service users were in receipt of a Direct Payment which equates to 42% of all service users with a long term service. This indicator is therefore on target.

23. Carers are provided with a range of support, including respite and information, advice and support services. Some carers are assessed as eligible for Local Authority support and are offered a Direct Payment to support their wellbeing, usually a small payment of £150 or £200. This equates to 100% of carers receiving a Direct Payment which has remained consistent in recent years. It is recognised that this is not the best measure of support to carers and as the department develops the approach to strengthening carers' support, it will also review how success is measured.

**Long term residential and nursing care (younger adults aged 18 – 64 years)**

24. The Council monitors admissions as a **rate** per 100,000 population, as defined by the national Adult Social Care Outcomes Framework (ASCOF) definition. This allows for effective comparison (benchmarking) with other councils. The annual target rate has been set at 19.9 per 100,000 population for 2019/20 and at the end of quarter 2 the admissions rate was on target at 8.6 per 100,000.

25. In **numbers** there have been 49 new admissions of younger adults into long term residential or nursing care in the period April to September 2019.

26. The overall number of younger adults being supported by the Council in long-term residential or nursing care placements is slightly over target at 642 at the end of quarter 2.

27. Each new admission to long-term care continues to be scrutinised and an admission to long-term care is only made where there are no suitable alternative services or accommodation available to meet the person's needs.

**Long term residential and nursing care (older adults aged 65 years and over)**

28. Currently the indicators relating to older adults residential care are on track - admissions being on target and the number of older adults supported in long term care reducing. Moving into the winter period means the situation potentially becomes more volatile as an increased number of people present with more critical needs, meaning results for these indicators may change.

29. Admissions for older adults are also monitored as a **rate** per 100,000 population in line with the ASCOF definition. The annual target rate has been set at 583.5 per 100,000 population for 2019/20 and at the end of quarter 2 the admissions rate was on target at 254.9 per 100,000.

30. The **number** of new admissions is monitored against a monthly target of 80 per month. Admissions into long-term care are avoided where possible through scrutiny of all requests for placements by Team Managers and Group Managers to ensure that all alternative options to promote the person's independence have been explored. The **number** of new admissions is on target for the year to date at 434 (an average of 72 per month).

31. The number of older adults supported by the Council in long-term residential or nursing care placements was 2,350 at the end of quarter 2. The annual target for this figure is 2,309 and it is expected that the number of people supported will fluctuate month on month but will reduce over the year to meet target at year end.

32. A local admissions indicator measures the number of admissions to long-term residential or nursing care direct from a hospital setting where the service user did not have access to any reablement type activity beforehand. The target for this indicator has been set at a challenging 11% for 2019/20 to build on last year's positive performance. At the end of quarter 2, however, 18% of admissions came direct from hospital. Work is underway to check the data and reasons for performance deteriorating so that an improvement action plan can be put in place.

33. A Strategic Commissioning Programme is underway to develop alternative services that have an evidence base for reducing the use of residential care. This includes work with partners to develop an implementation plan to deliver the Housing with Care Strategy and housing option pathways with partners.

**Employment and Accommodation (younger adults aged 18-64)**

34. This year in addition to the ASCOF indicator for adults with a learning disability in employment, locally employment for younger adults with a physical disability and with mental health issues is being monitored in the same way. A multi-disciplinary group, led by the Corporate Director for Adult Social Care and Health, is working to improve employment opportunities for people across Nottinghamshire and is currently developing action plans to address issues specific to younger adults being supported by the Council.

35. The department will be submitting a joint bid in November 2019 to the European Social Fund with Futures Nottingham to develop employment opportunities for people with disabilities.

36. These measures are intended to improve the quality of life for younger adults, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life.

37. For adults with a learning disability there is a revised target of 2.9% for 2019/20. This indicator has remained static and is off target at 2.6% at the end of quarter 2. As monitoring of employment for adults with a physical disability or mental health issue is new, this year targets have not been set and these indicators are being monitored with a view to developing action plans and setting targets to improve.

38. The figure for learning disability service users in settled accommodation positively remains consistent at 76% against a revised target of 77%. This performance is in line with the national average. The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life.

**Safeguarding**

39. Under Section 42 of the Care Act, where a local authority has reasonable cause to suspect that an adult:

a) has needs for care and support and
b) is experiencing, or is at risk of, abuse or neglect and
c) is unable to protect himself or herself against the abuse or neglect or the risk of it

the local authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

40. This year four safeguarding indicators are being monitored and cover areas around risk reduction, outcomes and support for adults who lack mental capacity. Targets to improve performance have been set against all these targets and as such the indicators are falling just short of target.

41. A range of activities is in place to improve performance in this area:

- a governance structure is in place which oversees and mitigates risks on a six weekly meeting cycle
- there are a range of internal and external training opportunities available to staff relating to safeguarding as well as the issuing of regular bulletins
- three weeks of consultation on the updated multi-agency procedures and guidance relating to safeguarding commences in November 2019. The procedures will be launched in January 2020 and will enhance practice and help meet targets.
- Nottinghamshire will be party to an agreement from December 2019 to share intelligence on registered care providers 'at risk' across the East Midlands. This will reduce safeguarding risks in provision that is of concern to commissioners and the Care Quality Commission.
- the Designated Adult Safeguarding Manager produces practice guidance for individual teams following the outcome of the regular departmental audits. This process of quality assurance is contributing to continuous improvement.
- the Department will be participating in multi-agency quality audits in the New Year. Feedback from these will be shared widely and at partnership events.

**Deprivation of Liberty Safeguards (DoLS)**

42. The Deprivation of Liberty Safeguards (DoLS) apply to people living in hospital or care homes who are assessed as not having the mental capacity to consent to their care and/or treatment. The assessment involves having the arrangements independently assessed to ensure they are proportionate and in the best interests of the individual concerned.

43. Performance in completing DoLS assessments so far this year remains positive. The Council receives approximately 5,000 referrals a year and for April to September 2019, 75% of assessments received have been completed. An annual target of 90% has been set for this indicator and it is expected that the percentage completed will increase as the year progresses to achieve target at year-end. The aim is to maintain this strong performance as the Council plans for the change from DoLS to Liberty Protection Safeguards as set out in a report to Committee in November 2019.

## Part Two - Your Nottinghamshire, Your Future – Departmental Strategy: Annual Review of Progress (April 2019 – September 2019)

44. Progress has been made against the Adult Social Care and Public Health Departmental Strategy, with the actions contributing across the range of Council Plan Commitments. **Appendix B** provides an overview of performance for the key activities and measures set out at part 3 of the Adult Social Care and Public Health Departmental Strategy. This is focused on the 12 Council Plan commitments and covers the period April 2019 – September 2019. Some of the highlights are presented below.

**Commitment 1 - Families prosper and achieve their potential**
**Success means: Young people will have improved physical and mental health**

45. **Appendix B** highlights the efforts of Public Health to lead commissioning to promote healthy lifestyles. A new integrated wellbeing service has been procured and will commence next year in order to promote and support the development of healthy lifestyles for families and young people. Reviews of other services are also underway, such as the service offer for physical and mental health needs for children and young people.

**Commitment 4 - Nottinghamshire has a thriving jobs market**
**Success means: We will work with partners and the wider community to improve the number of adults with disabilities in meaningful employment and seek to reduce the gap in the employment rate for people with long-term health conditions.**

46. To engage more widely with partners across public services, a Health and Wellbeing Board workshop was held in September which explored the relationship between good health and employment, with over 50 stakeholders in attendance, including the NHS, the Department for Work and Pensions and the D2N2 Local Enterprise Partnership. The workshop identified a list of actions and next steps to address barriers faced by people with health and complex social issues.

**Commitment 6 - People are healthier**
**Success means: Healthy life expectancy increases and life expectancy rises fastest in those areas where outcomes have previously been poor**

47. Public Health has worked with residents, partners, and potential providers to procure A Better Life (ABL) to deliver an integrated wellbeing service and an improved all-age substance misuse service. These are on track to be launched in April 2020 and will deliver better outcomes and value for money for residents.

**Commitment 7 – People live in vibrant and supportive communities**
**Success means: Older people are treated with dignity and independence is respected and vulnerable residents will be protected and kept safe from harm**

48. The Shared Lives Service, which has a team of 63 carer households around the County who provide long-term support, respite care and outreach services, was rated as outstanding by the Care Quality Commission following an inspection in June. Connect, Brighter Futures and the Notts Enabling Service continue to work very effectively with people to maximise their independence and keep them connected and supported within their local communities.

**Case study**
Following a referral for a man who required a full benefit check and support to address isolation issues, the Connect worker visited and found the man to be a bit reluctant to engage at first. He was still affected by the loss of his wife four years before and, although he had brothers that visited from time to time, he had limited social contact.

Initially he found it very hard to open up but after a cup of tea and a chat he realised the worker was there to assist him. Support was provided over several visits. Initially the benefit check was carried out. He had difficulty with personal hygiene (showering), dressing and applying prescribed creams for his skin condition and, on this basis, the Connect worker concluded that he was a candidate for Attendance Allowance. The form was requested and completed, and he subsequently received the benefit at the enhanced level – a good outcome.

The service user had poor mobility although he did still drive. Most weeks he would drive to local shops but that was the limit of his social activities. The Connect worker introduced and accompanied him to two local luncheon clubs and a Men in Sheds group. He loved all three activities and chose to continue to attend the luncheon clubs where he has made new friends.

The Connect worker also provided support to access delivered meals and provided information on local sources of help at home.

Overall, the support provided was really appreciated and enabled the man to open up about his needs. He has come back to Connect on several occasions for general advice which the service has been able to provide either over the phone or through a follow up visit**.**

**Commitment 8 - People live independently for as long as possible**
**Success means: Carers receive the support they need**

49. A new Carers Hub service contract has been established and will start on 1st December. The Hub service will continue to provide advice, guidance and information to carers of all ages, but with the new contract there will also be carer assessments, one-to-one support and clearer links with specialist services to identify carers at the earliest opportunity.

**Commitment 9 - People can access the right care and support**
**Success means: Services improve as a result of a better integration of health and social care**

50. Social Care Occupational Therapy (OT) practitioners are working with hospital OTs to share knowledge with the aim of better managing packages of care required and reducing delays in hospital discharge. Nearly 900 frontline staff have access to the Health and Care Portal which means they can see health information for known service users; this improves information-sharing and makes it easier for staff to respond promptly and appropriately to a service user's needs.

### Other Options Considered

51. This report is provided as part of the Committee's constitutional requirement to consider performance of all areas within its terms of reference on a quarterly basis. The departmental strategy was agreed on 24 January 2018 and the format and frequency of performance reporting were agreed by Improvement and Change Sub-Committee on 12 March 2018. Due to the nature of the report no other options were considered appropriate.

### Reason/s for Recommendation/s

52. This report is provided as part of the Committee's constitutional requirement to consider performance of areas within its terms of reference on a quarterly basis.

## Statutory and Policy Implications

53. 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

54. There are no financial implications arising from the report.

## RECOMMENDATION/S

1) That Committee considers whether there are any actions it requires in relation to the performance information for Adult Social Care and Health for the period 1st April to 30th September 2019.

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

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### Constitutional Comments (EP 14/11/19)

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

**Financial Comments (DG 27/11/19)**

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

**Background Papers and Published Documents**

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

The Adult Social Care Outcomes Framework (ASCOF) Handbook of definitions:
https://digital.nhs.uk/data-and-information/publications/ci-hub/social-care

The revised Delayed Transfers of Care guidance document 'Monthly Delayed Transfers of Care Situation Report: Principles, Definitions and Guidance – November 2018:
https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

Deprivation of Liberty Safeguards (DoLS) – report to Adult Social Care and Public Health Committee on 11th November 2019

Review of the staffing structure within Adult Social Care – report to Adult Social Care and Public Health Committee on 11th November 2019

Departmental Strategies – report to Policy Committee on 24th January 2018

Council Plan and Departmental Strategies – process for monitoring performance – report to Improvement and Change Sub-Committee on 12th March 2018

Departmental Strategies and Council Plan Level Data Set – report to Policy Committee on 22nd May 2019

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

All.

ASCPH691 final

Nottinghamshire County Council

**Appendix A: Department Core Data Set**
**Adult Social Care and Health Performance for Quarter Two**

| | Nottinghamshire | | | | | | | | Comparator Data |
|---|---|---|---|---|---|---|---|---|---|
| | Current Value | Best to be | Target | Reporting Period | Number of service users | Out of how many | Previous Value | Previous Annual | National Average |
| **Assessments and Reviews** | | | | | | | | | |
| Percentage of reviews of Long Term Service Users completed in year | 50.4% | high | **80%** | Sep-19 | 3619 | 7175 | 27.9% | 68.6% | LOCAL |
| **Reablement type services** | | | | | | | | | |
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) | 86.0% | high | **83%** | Aug-19 | 587 | 682 | 82.4% | 77.9% | 82.9% |
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service) | 2.6% | high | **2.5%** | Aug-19 | 682 | 26,125 | 2.6% | 1.9% | 2.9 |
| **Delayed Transfers of Care** | | | | | | | | | |
| Delayed Transfers of Care per day per 100,000 popn NHS (iBCF) | 10.3 | low | **5.5** | Aug-19 | n/a | n/a | 7.4 | 7.7 | 12.3 |
| Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF) | 0.1 | low | **0.7** | Aug-19 | n/a | n/a | 0.0 | 0.3 | 4.3 |
| Delayed Transfers of Care per day per 100,000 popn Joint (iBCF) | 0.3 | low | **0.55** | Aug-19 | n/a | n/a | 0.3 | 0.4 | 0.9 |
| **Direct Payments** | | | | | | | | | |
| Proportion of adults receiving direct payments | 41.6% | high | **42%** | Sep-19 | 2609 | 6277 | 41.3% | 42.8% | 28.50% |
| Proportion of carers receiving direct payments for support direct to carer | 100% | high | **90%** | Sep-19 | 1971 | 1971 | 100% | 100% | 74.00% |
| **Long Term Care** | | | | | | | | | |
| Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population | 8.6 | low | **19.9** | Sep-19 | 49 | 486,354 | 3.1 | 17 | 14 |
| Number of Younger Adults supported in residential or nursing placements (Stat return) | 642 | low | **635** | Sep-19 | 642 | n/a | 633 | 635 | n/a |
| Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population | 254.9 | low | **583.5** | Sep-19 | 434 | 170,230 | 121.6 | 595.1 | 585.6 |
| Percentage of older adults admissions to LTC direct from hospital (BCF) | 18.0% | low | **11%** | Sep-19 | 77 | 434 | 17.0% | 14.0% | LOCAL |
| Number of Older Adults supported in residential or nursing placements (Stat return) | 2350 | low | **2309** | Sep-19 | 2350 | n/a | 2362 | 2349 | n/a |
| **Employment and accommodation** | | | | | | | | | |
| Proportion of adults with Learning Disabilities in paid employment | 2.6% | high | **2.9%** | Sep-19 | 54 | 2053 | 2.6% | 2.7% | 6.0% |
| Proportion of adults with learning disabilities who live in their own home or with their family | 75.7% | high | **77%** | Sep-19 | 1554 | 2053 | 75.5% | 75.4% | 77.2% |
| Proportion of adults with a Mental Health problem in paid employment | 5.0% | high | new | Sep-19 | 32 | 637 | 5.2% | 5.3% | LOCAL |

| | Nottinghamshire | | | | | | | | Comparator Data |
|---|---|---|---|---|---|---|---|---|---|
| | Current Value | Best to be | Target | Reporting Period | Number of service users | Out of how many | Previous Value | Previous Annual | National Average |
| Proportion of adults with a Physical Disability in paid employment | 3.7% | high | new | Sep-19 | 45 | 1205 | 3.9% | n/a | LOCAL |
| **Safeguarding** | | | | | | | | | |
| Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return) | 66.9% | high | **70%** | Sep-19 | 569 | 851 | 65.1% | 67.9% | 67.0% |
| Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return) | 84.9% | high | **85%** | Sep-19 | 276 | 325 | 82.4% | 84.8% | 78.6% |
| Percentage of safeguarding service users who were asked what outcomes they wanted (stat return) | 83.4% | high | **85%** | Sep-19 | 710 | 851 | 81.9% | 81.7% | LOCAL |
| Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved (stat return) | 75.4% | high | **80%** | Sep-19 | 362 | 480 | 77.3% | 77.6% | LOCAL |
| **DoLS** | | | | | | | | | |
| Percentage of DoLS assessments received and completed in year | 75.0% | high | **90%** | Sep-19 | n/a | n/a | 56.0% | 87.0% | LOCAL |

| National Key Performance Indicator | Monitoring rationale | Target rationale |
|---|---|---|
| Admissions of Younger Adults per 100,000 popn (ASCOF 2A)<br><br>Admissions of Older Adults per 100,000 popn (ASCOF 2A) | This is a national ASCOF indicator. Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. | The target for the number of YA admissions to LTC has been increased from 60 to 96 for 2019/20 (8 per month). This is based on a desire to improve on current performance and maintain the number of YA supported at 635.<br><br>The target for OA admissions to LTC has been increased from 948 to 960 for the 2019/20. This equates to 80 per month. This target is based on a desire to improve current performance. |
| Number of Younger Adults supported in residential or nursing placements<br><br>Number of Older Adults supported in residential or nursing placements | The overall number of adults supported in long term care is important for the department not only because this is a key area of spend but also because along with admissions monitoring it is an indicator of the effective development of available alternatives to residential care. This information is collected on the SALT return. | The target for the number of YA supported in LTC has been maintained at 635 for 2019/20.<br><br>The target for the number of older adults supported in LTC has been increased from 2275 to 2309 for 2019/20. This is based on a desire to improve on current performance. |
| Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)<br><br>Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)<br><br>Delayed Transfers of Care per day per 100,000 popn Joint (iBCF) | These indicators are the Imprvoed Better care Fund indicators for Delayed Transfers of Care. This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. | Targets have been set at a national level for the iBCF DToC indicators |
| Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)<br><br>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service) | These are national ASCOF indicators and forms part of our BCF submission. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement. This is a two part indicator and measures both the availability and the effectiveness of services. | The target for this indicator has been set at 83% based on a desire to im prove current performance and to bring the result in line with the national average. |
| Percentage of adults with Learning Disability in paid employment (ASCOF 1E) | This is a national ASCOF indicator. The measure is intended to improve the employment outcomes and quality of life for adults with a LD, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life. | Target set at 2.9%. If achieved this will be an improvement on current performance and will bring us closer to the national average. |
| Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G) | This is a national ASCOF indicator. The measure is intended to improve the outcomes and quality of life for adults with a LD. The nature of accommodation for people with a LD has a strong impact on their safety and overall quality of life and the risk of social exclusion. | Target set at 77%. If achieved this will be an improvement on current performance and willmaintain performance in line with the national average. |
| Proportion of service users receiving a direct payment (ASCOF 1C part 2a) | This is a national ASCOF indicator. Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with | The target for the percentage of service users receiving a direct payment has decreased from 46% to 42% for 2019/20. This is seen as moving in a positive direction as it is evidence of the success of our actively shifting the balance from driving up DPs, to placing far greater emphasis on the appropriateness of the SU to be a DP recipient. |

| | | |
|---|---|---|
| Proportion of carers receiving a direct payment (ASCOF 1C part 2b) | services. | The target has been maintained at 90% as the percentage is expected to reduce once carers breaks, currently provided by the NHS, are transferred to the local authority in December 2019. |
| Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return) | This information is collected on the annual SAC return. This is a measure of the effectiveness of the safeguarding process and could help prevent repeat enquiries for individuals. | This target has been maintained at 70%. Performance at 70% is thought to be the best level for this indicator. |

| Local Key Performance Indicator | Monitoring rationale | Target rationale |
|---|---|---|
| Percentage of reviews of Long Term Service Users completed in year | It is important that service users receving a long term service are reviewed to ensure that their package of care still meets their needs. | Target maintained at 80%. Achievement of target will be challenging. |
| Percentage Older Adults admissions direct from hospital | This indicator forms part of our BCF submission. It is accepted that hospital is not the best place to make an assessment or decision about a persons long term care needs and wherever possible people should be given the opportunity to regain their independence following a hospital stay. It is also an indicator of effective joint working with health colleagues. | The target for the percentage of admissions direct from hospital has decreased from 18% to 11% for 2019/20. This is based on a desire to keep improving performance in this area, increased START capacity and alternatives that have been put in place following closure of some services. |
| Percentage of safeguarding service users who were asked what outcomes they wanted | These indicators are key to the 'Making Safeguarding Personal' agenda, a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice. | This target has been increased to reflect positive performance last year and the desire to improve further. |
| Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved (stat return) | | The target for this indicator has been set at 80% in order to build on already positive performance. |
| Percentage of completed DoLS assessments | There has been an increase in the number of DoLS referrals received and this indicator monitors how effectively resources allocated are at dealing with the increased demand | Target set at 90%. Achievement of target remains challenging. |

# Your Nottinghamshire Your Future Council Plan
## Adult Social Care and Public Health Department

## Key activities that support delivery of the council plan

### Priority 1 - A great place to bring up your family
Commitment 1 - Families prosper and achieve their potential

| Success means | Activities to progress the outcome | Progress |
|---|---|---|
| Young people will have improved physical and mental health | We will lead the commissioning of services to promote healthy lifestyles and address ill-health amongst all children, young people and families | We are continuing to plan for the extension to the NCC commissioned Healthy Families Programme contract to ensure that all CYP and families in Nottinghamshire have access to high quality care as directed within the Department of Health Healthy Child Programme. It is a statutory responsibility placed on LA's to ensure delivery of the Healthy Child Programme.<br>In Nottinghamshire, the performance of the service provided by Nottinghamshire Healthcare NHS Foundation Trust compares favourably within the England average.<br>New all age Integrated Wellbeing Service has been procured and will promote and support the development of healthy lifestyles for families and young people. The service is currently in the mobilisation phase and delivery will commence from 1 April 2020.<br>We are currently reviewing the service offer for both physical and mental health needs for children & young people as commissioned by the Integrated Commissioning Hub on behalf of Nottinghamshire CCGs<br>A full review of CCG commissioned community nursing, speech and language therapy, physiotherapy, occupational therapy, training and end of life care is currently underway with a view to define an improved care pathway for children and families. |

| Commitment 4<br>Nottinghamshire has a thriving jobs market | | |
|---|---|---|
| More people are in higher paid and skilled jobs<br><br>More apprenticeships available for people of all ages | We will promote careers and career progression in social care and public health for people of all ages. | Following the success of the local recruitment campaign early in 2019, which was linked to the national adult social care campaign, the department has set up rolling recruitment events and introduced a supply register that interested people can be added to so vacancies can be filled from this list. The department is also considering how to get involved in the next phase of the national recruitment campaign from October to April with a focus on recruiting home care staff. The department has continued to support the Change 100 programme, run by Leonard Cheshire, which brings together employers and talented disabled students and graduates to offer 3 months paid work experience, and the graduate development programme overseen by the Council's workforce development team.<br><br>Public Health provides placements as part of rotational training programmes for Public Health Consultants and for doctors. In the first half of 2019/20 the division hosted three FY2 doctors and four Public Health Registrars. Public Health also provides shorter work experience placements for local students. During the same period it provided a placement for one student on the Masters of Public Health course at Nottingham University. The division has recently formed an agreement with the University of Nottingham to enable members of staff to attend Masters of Public Health modules free of charge in return for the division contributing to teaching days for university students. |
| | We will work with partners and the wider community to improve the number of adults with disabilities in meaningful employment and seek to reduce the gap in the employment rate for people with long term health conditions. | The Improvement and Change sub-committee received an overview of the Employment and Health programme and its ambitions in September. The preliminary evidence review of this area of work has been undertaken by Public Health and shared with key stakeholders within the Council. An external partner has started work to review the Council's existing employment support offer for people with disabilities, long-term health conditions and care leavers. They will produce a report with their findings and recommendations by the end of the year. The intention is to have a draft employment strategy for consideration by Members early next year. The I-work team and the Notts Enabling Service have continued to work with people with disabilities to increase independence wherever possible, and to prepare and support people with opportunities for paid and voluntary work. Development work at Brooke Farm has continued , and the appointment of a retail manager has allowed the Farm shop to focus on commercial development. In relation to the redevelopment of the site, the required surveys have been completed and the Farm is working with the neighbours on issues required before work can commence. Project development details are being finalised.<br>To engage with wider system partners a Health and Wellbeing Board workshop was held in September. The aims of this workshop were to: Explore the relationship between good work and health in Nottinghamshire; Understand the gaps in employment for those with health and complex social issues, and the barriers they face to employment; and Identify and commit to actions to improve opportunities for employment for these groups. Over 50 stakeholders from across the landscape attended including representation from local authorities, the NHS, providers, the Department for Work & Pensions, and the D2N2 Local Enterprise Partnership. NHS England, NHS Improvement, and Public Health England's clinical champion also attended as participants and to gain an insight into local practice. Approval will be sought for the identified actions and next steps. |

| Priority 2 - A great place to fulfil your ambition<br>Commitment 5 - Nottinghamshire is a great place to live, work, visit and relax | | |
|---|---|---|
| **Success means** | **Council Plan Key Measures of Success** | **Progress** |
| People live in communities supported by good housing and infrastructure | We will work with partners to develop housing, built environment and transport which supports healthy lifestyles and reduces exposure to poor air quality. | The Nottinghamshire air quality strategy has been endorsed by the Health & Wellbeing Board. This has strategic objectives relating to the Planning system, transport planning, domestic and commercial emissions and engaging and raising awareness in the public. Public Health regularly engages with Environmental Health Officers from all Districts and the City to discuss collaborative action such as the social media campaign for Clean Air Day 2019. Gedling Borough Council has an air quality policy which has influenced regional guidance and this approach is being advocated by Public Health to districts that do not have such a policy. The county council as transport authority have a range of initiatives to encourage zero and low emissions transport such as the evidence based personal travel planning. |
| | We will work with partners to develop housing that will meet the needs of an ageing population and increasing numbers of people with disabilities. | The Housing with Support Strategy for adults aged 18-64 years was approved at Policy Committee in June 2019. The strategy provides a framework which ensures that people with an assessed need are provided with housing options that are proportionate and appropriate to need and make the best use of the Council's available resources. It provides clarity to service users, their families and carers as to what housing options might be offered to meet the assessed needs. In relation to the provision of housing with care for older adults, the council has been receiving support from external consultants to better understand the national and regional picture, and how this is reflected in the Council's offer. Further to this work has been undertaken within the department to outline a way forward for delivery of a comprehensive portfolio of Housing with Care schemes, as well as identifying the potential for achieving savings. Priory Court in Worksop, developed in partnership with Bassetlaw District Council, is now completed and will start to accommodate residents within the next month. The Council has invested almost £3m into the scheme to provide extra care housing and 10 assessment beds, alongside the general housing flats. |
| Commitment 6 - People are healthier | | |
| Healthy life expectancy increases<br><br>Life expectancy rises fastest in those areas where outcomes have previously been poor | We will commission services which provide support for residents seeking a healthier life-style including reducing their exposure to substance misuse, tobacco, excess weight and low physical activity, and sexually transmitted infections. | Change, Grow, Live have been procured to deliver the All Age Substance Misuse service from April 2020. Mobilisation is taking place between October 2019 and April 2020 with an event planned for December 2019 to inform stakeholders of the new model.<br><br>In Quarter 1, 507 people were supported to stop smoking. The quit rate for service users is above the national average, reflecting the quality of the service provision. The ASSIST programme continued to work in schools across the county to offer a peer led programme to prevent the uptake of smoking by young people and the Trading Standards commissioned service continued to disrupt the supply of illegal tobacco across the county taking cheap, illegal tobacco off the streets.<br><br>The commissioned obesity prevention and weight management service continues to support residents of all ages in targeted obesity prevention and weight management. For example, 1200 adults, 54 children, 111 pregnant women have been supported in weight management. A Better Life (ABL) has been contracted to deliver the new Integrated Wellbeing Service from April 2020 which will replace the current stop smoking and obesity prevention and weight management contracts.<br><br>Three Integrated Sexual Health Services are commissioned which provide a comprehensive open access sexual health service. All three services perform well against established targets and two services recently had positive quality assurance visits. Young people carried out mystery shopper visits and made recommendations to the services. There has been an increase in the take up of online chlamydia screening amongst the target audience younger people aged 16-24 years which has resulted in an increase in our chlamydia detection rate in 2018. |

## Priority 3 - A great place to enjoy later life

Commitment 7 - People live in vibrant and supportive communities

| Success means | Council Plan Key Measures of Success | Progress |
|---|---|---|
| Older people are treated with dignity and their independence is respected<br><br>Our most vulnerable residents will be protected and kept safe from harm | We will work with people to connect them to their community and local networks in order to remain as independent as possible. | Shared Lives, which is run by the Council's ASCH Direct Services has a team of 63 carer households around the county who offer a mixture of long-term support – where the service user lives in the carer's home full time – respite care and outreach services. The main benefit of Shared Lives is that the person lives as part of the carer's family and can become involved in activities in their local community. Shared Lives matches vulnerable people with carers in Nottinghamshire was rated as outstanding by the Care Quality Commission (CQC) following an inspection of the scheme over three days in June this year. Of the five key inspection areas the scheme was judged to be outstanding in three areas and good in the other two. The CQC report stated that 'People received a remarkable service from extremely compassionate carers, who were fully supported and exceptionally well-liked by the management team. The registered manager and care co-ordinators were very passionate about people receiving a personal service in the comfort and security of a family setting.'<br>Connect, Brighter Futures and the Notts Enabling Service continue to work with people to maximise their independence and keep them connected and supported within their local communities. *For example, S.N. is a woman who sustained a head injury following a road traffic accident. This had a profound impact on her memory and capacity to be independent in certain areas of her life. She was referred to the Notts Enabling Service with the specific goal of enabling her to use technology to manage shopping. The Promoting Independence Worker (PIW) supported her to install an internet shopping app on her mobile phone and her laptop, and helped her to set up on line shopping including payment and arranging delivery. Following a relatively short term and task focused intervention SN now orders her groceries online independently on a weekly basis. The PIW enabled her to regain independence with her shopping which was very important to her. This simple piece of work helped SN to make choices for herself and regain independence. This has had a significant impact on her emotional wellbeing and prevented a paid service being commissioned to manage this task. In supporting service users to become more socially engaged, Brighter Futures facilitates the development of a range of social groups. Some examples are a coffee group in Hucknall which now meets fortnightly in a community venue and is largely run by service users; a monthly cinema group in Worksop; an allotment group in Newark; and a pool group now run by 2 service users in the south of the county.* |
| | We will work with people to ensure they feel safe in their homes and communities. Where people experience abuse and neglect, we will provide support that is responsive to their needs and personalised.<br><br>We will commission services to address the needs of people who experience domestic violence. | The department has developed a Prevention Strategy underpinned by a multi-agency action plan to support adults at risk. Prevention is one of the core principles of safeguarding and as such now forms a fundamental part of the Board's work. A project with Healthwatch was designed to independently collect the views of people who have experienced safeguarding interventions to learn and inform practice. The report recognised high levels of satisfaction by surveyed adults, families and advocates (31 in total). The project confirmed that 84% felt listened to in the process, 81% felt involved professionals were responsive and 83% felt safer because of the support they received.<br>In terms of Safeguarding Quality Assurance the data over the last year shows a constantly high level of performance with an increase of 19% in good standards of work being recognised since January 2018 peer audits. The September 2019 audit evidenced 79% of safeguarding cases were categorised as a good or exemplary standard. Focussed work with teams to raise the standard of practice has been effective in 100% of cases, and this collaborative approach will be mirrored with wider partners through the newly developed Multi Agency Audit Tool.<br>We have developed a framework contract to procure support services for all people who experience domestic abuse (women, men, young people and children). This has been completed in partnership with the Office of the Police and Crime Commissioner (OPCC). The procurement will be completed in December 2019 and the new services will commence from 1 April 2020. |

| Commitment 8 - People live independently for as long as possible | | |
|---|---|---|
| Carers receive the support they need<br><br>People will have the opportunity to live independently in their local community<br><br>Better access to financial advice so that older people can make more informed decisions | We will provide support for carers of all ages | During this period work has been undertaken to establish the new Carers Hub service contract which will commence 1st December 2019. The Carers Hub service provides advice, guidance, information and support to carers of all ages. The new contract will provide more of this including carer assessments, one-to-one support and clearer links with specialist and diagnostic services to identify carers at the earliest opportunity. The Young Carers Support Service provides support to young carers aged between 7 and 18 years old with local support groups, activities and peer support for young carers. The Council carries out assessments of young carers needs and provides outcomes based support where eligible needs are determined.<br>The new Carers Engagement and Support Service will work with employers in supporting working carers, identify and support carers in GP practices and young carers in schools; this is also due to commence on 1st December 2019. An updated version of the carers information booklet - Do you look after someone? - has also been distributed across the county. |
| | We will provide information, advice and guidance to support people to live independently | The Benefits Team within the Adult Access Service have advised and supported a total of 1504 service users and carers during this period, and have helped them to apply for a total of £1.65m in additional benefits; this can be essential in maintaining people's independence in the community for as long as possible. The team has attended meetings of all the carer groups organised by the Carers Hub East Midlands and this has proved to be a good way of disseminating information to people who may not ordinarily contact the Council. As shown in the measures, the Handy Person Adaptations Service (HPAS) continues to provide support to people over 60 and/or with disabilities with help and support to keep safe and secure at home with free or low cost but high quality essential adaptations and small practical jobs. During this period there has also been a successful social media campaign to raise awareness of this service. |
| | We will provide effective short term interventions for people with care and support needs and invest in rapid response services to enable people to return home from hospital as quickly as possible. | A departmental workforce review has been underway over the summer. A new senior management structure is now in place and the rest of the departmental structure will be presented for approval to consult with staff at December's committee. Within the proposed structure and linked to a Home First ethos, the new Maximising Independence Service (MIS) will provide the right framework, functions, staff roles and skills to assist older adults to retain and regain their independence. The service will include adult access, Notts Enabling Service, START and reablement and the single-handed care workstream - which aims to promote people's independence by maximising the use of 1 carer and the appropriate equipment rather than requiring several carers.<br>There will be further development to bring closer together the functions of the START Reablement service and Home First Response Service, to ensure on hospital discharge the person will receive the right intervention in the right place at the right time, reducing hospital re-admission. |

| Commitment 9 - People can access the right care and support | | |
|---|---|---|
| People's needs are met in a quick and responsive way<br><br>Services improve as a result of a better integration of health and social care | We will provide good quality advice, information and support to people with disabilities and long term health conditions to enable them to lead productive and independent lives for as long as possible | Teams at the Customer Service Centre and Adult Access Service continue to support people to resolve their care needs as early as possible through the provision of information, advice, guidance; or the use of community resources and short-term interventions that help people regain their skills and confidence after an illness or crisis. Demand in terms of new enquiries continues to increase and is being closely monitored. The Early Resolution project which is leading on the delivery of this work exceeded its performance targets for the first full year in 2018/19 and for the year to date (April – Sept 2019) the project remains on target. The Adult Access team has resolved 84% of enquiries without referring the case to a district team. This means they resolve the needs of 5 out of 6 situations presented to them allowing the district teams to concentrate on people with more complex needs. |
| | We will provide intensive support at times of crisis and care needs will be reviewed once the immediate crisis has passed. | The Short-Term Assessment and Reablement Team (START) is 19 months into a 2-year programme of transformation. Criteria for access to the service has been updated to increase the number and type of people able to benefit from the service. The target for the number of people completing START in 2019/20 is 2157. So far 1113 people have completed reablement with START in quarters 1 and 2, and this is ahead of target. 79% of people who completed START in quarter one and two of 2019/20 needed no ongoing package of homecare, compared to 74% in 17/18. An Occupational Therapist is working in each area to improve the quality of referrals received into the service. Discharge planning has improved, and this has led to a reduction in the average length of stay in the service. Weekly capacity meetings have been introduced to assist with timely discharges. |
| | We will work with the health service colleagues to provide more seamless services (where there is a benefit), with people at the centre of the care and support provided. | Nottinghamshire has maintained its good performance in relation to low numbers of delayed transfers of care from hospital. The most recent national reports showed the Council in 5th place nationally, and colleagues across the department continue to work hard to maintain this good performance. Social Care Occupational Therapy (OT) staff are working with hospital OT staff sharing knowledge to reduce packages of care and delays. Length of stay and joint health and social care weekly meetings continue across the 3 planning areas, to support health colleagues to manage reductions in length of stay and facilitate timely hospital discharges. Nearly 900 frontline adult social care staff have been given access to the Health and Care Portal so that they can see health information about known service users from within Mosaic, with the aim of improving information sharing and making it easier for social care staff to respond to situations promptly. Support continues to ensure that staff are able to use this new functionality successfully in their work.<br>Work continues to roll out the best conditions needed for integrated health and social care frontline older adults' teams and pilot new approaches including joined up assessments. |
| | We will provide statutory specialist advice to NHS commissioners and co-ordinate joint strategic needs assessment across health and social care. | A new JSNA chapter titled 1001 days: From conception to age 2 was completed and signed off by the HWB in September. This chapter explores the factors from conception to the age of 2, 'the critical 1001 days' that influence a child's development, helping us to identify which children will be at greater risk of poorer development, school readiness, and life chances.<br>Nottinghamshire County public health colleagues have been working with their respective City colleagues to align their JSNAs with the emerging Nottingham and Nottinghamshire Integrated Care System functions and geography. Work in progress includes collaborating on the production of a suite of sample ICS JSNA type products, to include the Emotional and Mental Health of Children and Young People and other population health management products such as Primary Care Network Health and Care Profiles. |
| | We will promote the use of technology, equipment and adaptations that supports people to stay in their own homes and in their community (such as sensors which can alert a monitoring centre if a person leaves their chair, bed or house). | The department continues to make increased use of technology enabled care as an intervention to prevent the need for long term care support, and to maximise independence for people who do need long term care support to remain in their own home. In April 2019, 2090 people were using technology to support them in their home; by September this had increased to 2652. In the first 6 months of 2019/20 technology enabled care has had the following impact on improved outcomes for people: 254 situations where admission to residential care has been delayed or avoided for people at high risk of admission; 248 situations where a high risk of carer breakdown has been delayed or avoided, and 246 situations where technology enabled care has allowed risks to be managed at home and avoided a delayed discharge from hospital. As well as improving outcomes for people, use of technology has avoided cost pressures of £1.5m for the department during this period. |

| Commitment | Council Plan Key Measures of Success | Latest | Target | Good is | Previous | National Average |
|---|---|---|---|---|---|---|
| Families prosper and achieve their potential | - Proportion of children who received a 2-2½ year review<br>NOTE: Indicator has been changed as there is not a single mandated review, but 5 | 81% | 85% | High | 78% | 78% |
| | - Percentage of children in Nottinghamshire who achieve a good level of development at ages 2-2 ½ (measured via Ages and Stages Questionnaire) | 84% | n/a | High | 86% | 84% |
| | .- Proportion of children aged 2-2½ offered Ages and Stages Questionnaire-3 (PHOF 2.05) | 98% | 95% | High | 91% | 90% |
| Nottinghamshire has a thriving jobs market | - Number of people supported by the Council in apprenticeships and placements related to social care and public health | 40 | n/a | Maintain at same level | 77 (year-end figure) | N/K |
| | - Percentage of adults with Learning Disability in paid employment (ASCOF 1E) | 2.6 | 2.9 | High | 2.7 | 6% |
| | - Number of adults with disabilities supported into employment by the Council | 390 people currently supported in work | n/a | High | 386 (year-end figure) | n/a |
| | - Reduction in the gap in employment rate for people with long term health conditions | 11.4 | n/a | Low | 11.9 | 11.5 |
| Nottinghamshire is a great place to live, work, visit and relax | - Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G) | 75.7 | 77 | High | 75.4 | 77% |
| | - Number of under 65s in settled accommodation | 633 | n/a | High | n/a | n/a |
| | - Number of people who have received support from the Handy Persons Adaptations Service (HPAS) | 1082 | n/a | High | n/a | n/a |
| | - Number of new housing with care units in development | 27 (+ 10 assessment flats) | n/a | High | n/a | n/a |
| | - Social care-related quality of life | 19.1 | n/a | High | 18.8 | 18.9 |
| | - Proportion of people who use services who have control over their daily life | 78 | n/a | High | 75.5 | 77.7 |
| | - Carer-reported quality of life | 7.1 | n/a | High | 7.3 | n/a |
| | - Proportion of people who use services who reported that they had as much social contact as they would like | 39.8 | n/a | High | 40.8 | 46 |
| | - Proportion of carers who reported that they had as much social contact as they would like | 23.6 | n/a | High | 28 | n/a |
| | - Overall satisfaction of people who use services with their care and support | 64.8 | n/a | High | 64.9 | 65 |
| | - Overall satisfaction of carers with social services | 33.2 | n/a | High | 39.4 | n/a |
| | - Proportion of carers who report that they have been included or consulted in discussion about the person they care for | 66.3 | n/a | High | 67.6 | n/a |
| | - Proportion of people who use services who find it easy to find information about services | 60.7 | n/a | High | 73.1 | 73.3 |
| | - Proportion of carers who find it easy to find information about services | 2.2 | n/a | High | 62.6 | n/a |
| | - Proportion of people who use services who feel safe | 70 | n/a | High | 65.5 | 69.9 |
| | - Proportion of people who use services who say that those services have made them feel safe and secure | 92.4 | n/a | High | 90.1 | 86.3 |

| Commitment | Council Plan Key Measures of Success | Latest | Target | Good is | Previous | National Average |
|---|---|---|---|---|---|---|
| People are healthier | - Healthy Life Expectancy (PHOF 0.1, male and female) | 62.5 (m) 61.6 (f) | n/a | High | 61.7 (male) | 63.4 (m) 63.8 (f) |
| | - Reduction in the proportion of adults who: | | | | | |
| | - Smoke (pPHOF 2.14) | 15.4 | n/a | Low | 15.1 | 14.4 |
| | - are overweight or obese (PHOF 2.12) | 67.5 | n/a | Low | 64.4 | 62 |
| | - are physically inactive (PHOF 2.13) | 20.9 | n/a | Low | 23.2 | 20.4 |
| | - Cumulative percentage of population offered health check (PHOF 2.22) | 68.7 | n/a | High | 64 | 90 |
| | - The rate of life-years lost in Notts due to poor air quality (Global Burden of Disease data) | 826 | n/a | Low | 813 | 727 |
| | - Proportion of dependent drinkers not in treatment (Public Health Dashboard) | 78 | n/a | High | 78.4 | 81.7 |
| | - Chlamydia detection rate in 15-24 year olds (PHOF 3.02) | 1908 | n/a | High | 1807 | 1975 |
| People live in vibrant and supportive communities | - Number of adults supported through prevention services to promote their independence, connect with community resources and address social isolation | 3660.00 | n/a | High | n/a | n/a |
| | - Percentage of safeguarding service users who were asked what outcomes they wanted | 83.40% | 80% | High | 81.70% | n/a |
| | - Percentage of safeguarding service users (of above) who were satisfied that their outcomes were achieved | 75.40% | 80% | High | n/a | n/a |
| | - Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return) | 84.90% | 85% | High | 84.8 | 78.6 |
| | - Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return) | 66.90% | 70.00% | High | 67.90% | 67 |
| | - Percentage of reviews of long term service users completed in year | 50.40% | 80 | High | 68.6 | n/a |
| People live independently for as long as possible | - Admissions of younger adults per 100,000 popn (ASCOF 2A) | 8.60 | 19.9 | Low | 17.1 | 14 |
| | - Admissions of older adults per 100,000 popn (ASCOF 2A) | 254.9 | 583.5 | Low | 595.1 | 585.6 |
| | - Number of younger adults supported in residential or nursing placements (Stat return) | 642 | 635 | Low | 635 | n/a |
| | - Number of older adults supported in residential or nursing placements (Stat return) | 2350 | 2309 | Low | 2349 | n/a |
| | - Delayed transfers of care attributable to adult social care (and joint) (ASCOF 2C) | 0.4 | 1.3 | Low | 0.7 | 5.2 |
| | - Delayed transfers of care (all) (ASCOF 2C) | 10.7 | 6.8 | Low | 8.4 | 17.5 |
| | - Percentage of older adults' admissions direct from hospital | 18% | 11% | Low | 14% | n/a |
| | - Percentage of completed Deprivation of Liberty Safeguards (DoLS) assessments | 75.00% | 90 | High | 87% | n/a |
| | - Number of people who use assistive technology to support them in their own home | 2652 | | High | n/a | n/a |
| People can access the right care and support | - Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B) | 86% | 83% | High | 78% | 82.9 |
| | - Proportion of service users receiving a direct payment (ASCOF 1C part 2a) | 41.6% | 42% | High | 42.80% | 28.5 |
| | - Proportion of carers receiving a direct payment (ASCOF 1C part 2b) | 100% | 90% | High | 100% | 74 |
| | - Number of carers given advice, information or support | 153 | n/a | | 286 | n/a |
| | - Number of young carers given advice, information or support | 98 | n/a | | 178 | n/a |

Nottinghamshire County Council

**Report to Adult Social Care and Public Health Committee**

**9th December 2019**

**Agenda Item: 7**

**REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING AND INTEGRATION**

# PROCUREMENT OF A NEW FRAMEWORK AGREEMENT FOR EQUIPMENT BASED MAJOR ADAPTATIONS IN PEOPLE'S HOMES

## Purpose of the Report

1. To seek approval for the procurement of a new Single Provider Framework Agreement for a period of four years for equipment-based major adaptations in people's homes.

2. To seek approval for the Framework Agreement to be made available to each of the seven District Councils in Nottinghamshire to utilise as public bodies, using Disabled Facilities Grant funding.

## Information

3. One of the Council's key strategic intentions is to support people to live independently in their community for as long as possible, whether that is in their own home or within Housing with Care. The use of Disabled Facilities Grants (DFGs) to fund major adaptations that can enable a person to live independently and prevent the need for care supports this strategic intention.

4. An Occupational Therapist undertakes a statutory assessment and makes recommendations to improve a person's independence and wellbeing. This can involve recommendations for environmental adaptations to enable people to access their home safely. Depending on tenure these can be funded via a Disabled Facilities Grant.

5. The provision of Stairlifts, Ceiling Track Hoists, Step Lifts and Through Floor Lifts is a cost-effective method of adapting the home environment to make it more accessible. The alternative would be re-housing to more suitable accommodation, a one room existence that impacts on wellbeing, or admission to residential care.

6. The District Councils administer the means tested Disabled Facilities Grants on behalf of the person, who usually (but not always) lives in an owner occupied or privately rented accommodation.

7. Not everyone is entitled to the means tested Disabled Facilities Grant; sometimes due to risk or significant impact on a person's wellbeing, Health or Social Care agree to fund equipment-based solutions or charitable funding is sought.

8. Regardless of funding source, an Occupational Therapist will gather at least two quotes for procurement for equipment-based solutions. This means people are inconvenienced by two different company surveyors calling at their home to "measure up" for feasibility. In turn, due to people's vulnerability, an Occupational Therapist will also attend these surveyor visits, an operational time resource that could be managed more efficiently.

9. Consultation with District Councils, at both Chief Executive and operational Grant Officer levels has indicated that there is a strong commitment from all 7 District Councils for the County Council to progress a Single Provider Framework Agreement for equipment based major adaptation solutions that would give best value. A procurement timetable has been agreed with the District Councils subject to Adult Social Care & Public Health Committee approval, with a proposed April 2020 contract start date (further details are contained in **Appendix 2**).

10. Contract monitoring with key performance indicators would establish quality assurance in the company's abilities to conduct surveyor visits independently, saving on valuable occupational therapy resource.

11. It is established practice to recycle stairlifts and ceiling track hoists, reducing the environmental impact of production. The contract specification would require the provider to store and recycle products.

12. The average costs of equipment-based solutions funded via DFG in 2018-19 are shown in **Appendix 1**. To illustrate the savings a Single Provider Framework can offer, the following cost benefit analysis focuses on stairlifts only. There are likely to be similar savings with other equipment solutions.

13. There were 146 DFG funded stairlift installations county wide, costing a total of £396,086. 84 were straight stairlifts costing on average £1,743 each, 62 were curved stairlifts costing on average £4,027 each. The cost of an additional three-year warranty is £350, funded from individual grants, totaling a further £51,100. This brings the total countywide stairlift costs to **£447,186**.

14. Using a Single Provider Framework Agreement would allow a cost-effective supply and fit of stairlifts across the County. Soft market testing has shown that an average framework contract price including a two-year warranty as standard for curved stairlifts is around £3,400, saving £626. For straight stairlifts, the average cost is £1,400, saving £343 per installation. The costs of additional warranty and minor building works are likely to remain consistent regardless of provider.

15. Overall, a Single Provider Framework Agreement would give an annual saving of:

| | |
|---|---|
| Curved stairlift | £38,812 |
| Straight stairlift | £28,812 |
| Total countywide saving | **£67,624** |

16. A recycled stairlift model, that includes the removal and resite of stairlifts, less than five years old and in good working order, would reduce the costs further once a stock of Council stairlifts is established. Soft market testing evidences that Single Provider Framework Agreement removal costs are around £150 and resite costs around £400, a total cost of around £550, including a two-year warranty.

17. Assuming, that over a 10-year period enough Council stock is available to resite 50% of the 84 straight stairlifts installed each year, 42 installations would cost £23,100 rather than £58,800, a saving of £35,700 based on average Framework Agreement pricings and £123,352 based on existing costings. It is anticipated that the savings will grow year on year using a recycled stairlift model and environmental impact will reduce. The stairlift is maintained through the DFG funded five-year warranty package.

18. The aim is to procure a cost effective Single Provider Framework Agreement to cover the service, providing Stairlifts, Ceiling Track Hoist, Step Lifts and Through Floor Lifts in people's homes. The provider will also be required to provide a two year warranty in order that the equipment meets the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and use allocated Council recycled products when possible.

19. The objective of the Single Provider Framework Agreement is to ensure that the equipment-based major adaptation solutions are installed cost effectively, quickly and with minimum disruption to the customer.

20. The Framework Agreement will be established by the County Council, and the District Councils will be able to utilise this contract as public bodies, using the Disabled Facilities Grant on behalf of the customer.

21. This will be a Nottinghamshire-wide service for people of all ages, including children.

**Other Options Considered**

22. Continue with the existing two quote operating model that is not entirely transparent in terms of procurement standards – this is a drain on Occupational Therapists' time and an inconvenience to the customer.

23. Individual District Councils procure their own Framework Agreement - this could lead to multiple providers across the County, and whilst competitive it would not allow the countywide recycling model or facilitate integrated Disabled Facilities Grant service delivery models.

**Reason/s for Recommendation/s**

24. Without the provision of a responsive service, people will be at a much higher risk of injuries and falls within their homes and therefore require more expensive forms of care, including residential establishments.

25. The proposed Framework Agreement will establish a specification that ensures a cost effective and quality assured service, for less money, saving the Council financially long term and ensuring procurement transparency.

26. This will lead to development of practice guidance that will give clarity and accountability for the process, with the intention of quality service improvement.

27. The new Framework Agreement will deliver a more coordinated service for people in their own home, with better communication between Adult Social Care and the provider, reducing the number of complaints about the service provided.

## Statutory and Policy Implications

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

### Data Protection and Information Governance

29. A summary Data Protection Impact Assessment is in place.

### Financial Implications

30. A cost effective Framework Agreement is procured that saves the Council and District Council partners money, with an estimated **£67,624** more Disabled Facilities Grant being available each year for other environmental adaptations that can prevent the need for care and support.

31. The cost and financial benefit of the work is to the Disabled Facilities Grant. Benefit to the Council will be to efficiency within Occupational Therapy roles and an improved experience to residents through a more efficient service. Currently the work is a proposal and it is not clear which District and Borough Councils wish to be part of the framework and the framework will be designed to ensure there is no financial risk to the County Council.

### Implications for Service Users

32. Children and adults of all ages will benefit from quality assurance and rapid response to recommendations for equipment-based major adaptations.

### Implications for Sustainability and the Environment

33. The Framework Agreement ensures that equipment is maintained over a five year warranty period, is recycled when cost effective to do so and does not need replacing for new equipment when viable to repair, ensuring lower impact on the environment.

## RECOMMENDATION/S

That the Committee:

1) gives approval for the procurement of a new Single Provider Framework Agreement for equipment-based major adaptation solutions in people's homes.

2) gives approval for the Framework Agreement to be made available to each of the seven District Councils in Nottinghamshire to utilise as public bodies, using Disabled Facilities Grant funding.

**Paul Johnson**
**Service Director, Strategic Commissioning and Integration**

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**Constitutional Comments (EP 14/11/19)**

34. The recommendations fall within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference. Any framework agreement awarded must be in a form approved by the Group Manager, Legal, Democratic and Complaints.

**Financial Comments (DG 15/11/19)**

35. Estimated minimal savings based on reduced costs for Stairlifts is £67,624 which would increase once the recycled stock is established over time. There are likely to be similar savings with other equipment solutions.

**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.

Data Protection Impact Assessment

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

All.

ASCPH688 final

**Appendix 1**

**Average costings 2018-19 for equipment-based major adaptation solutions**

| **Work Type** | **Ashfield** | **Bassetlaw** | **Broxtowe** | **Gedling** | **Newark** | **Mansfield** | **Rushcliffe** | **Ave Cost per item of equipment £** | **Total Cost per item of equipment £** |
|---|---|---|---|---|---|---|---|---|---|
| Ceiling Track Hoist | 7 | 5 | 0 | 1 | 4 | 6 | 4 | 1,937 | £52,299 |
| Through Floor Lift | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 16,450 | 131,600 |
| Wash/Dry Toilet | 2 | 4 | 2 | 7 | 7 | 1 | 8 | 4,000 | 124,000 |
| Curved Stairlift | 18 | 10 | 6 | 11 | 7 | 8 | 2 | 4,309 (inc warranty)<br>4,027 (exc warranty) | 267,151<br>249,674 |
| Straight Stairlift | 8 | 10 | 10 | 11 | 12 | 13 | 20 | 2,084 (inc warranty)<br>1,743 (exc warranty) | 175,028<br>146,412 |
| Total Stairlifts | 26 | 20 | 16 | 22 | 19 | 21 | 22 | - | 442,179 |
| **Total equipment solutions** | | | | | | | | | **£750,078** **(inc. warranty)** |

**APPENDIX 2**

## Procurement Stages and Decision Timeline

| | |
|---|---|
| 1. Written approval from the 7 District Councils to agree to the proposed Single Provider Framework Agreement | October 2019 |
| 2. ASCPH Committee approval | November - December 2019<br>ASCPH Committee 9/12/19<br>deadline for report 4/11/19 |
| 3. Write Contract Specification, identify the estimated spend value for the life of the Contract, establish the weighting of financial to quality questions | October - November 2019 |
| 4. Full DPIA for GPDR completed by County Council on behalf of the 7 District Councils | October - November 2019 |
| 5. Legal agreement of contract drawn up by County Council and approved by 7 District Councils | December 2019 |
| 6. Identification of Appraisers and Moderators | October 2019 |
| 7. Quality and financial questions agreed | January 2020 |
| 8. Procurement process timetabled and bidding opened | January 2020 |
| 9. Appraisal and Moderation process | February to March 2020 |
| 10. Contract start | April 2020 |

Nottinghamshire County Council

**Report to Adult Social Care and Public Health Committee**

**9th December 2019**

**Agenda Item: 8**

**REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING AND INTEGRATION**

# MARKET MANAGEMENT POSITION STATEMENT

## Purpose of the Report

1. The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality and Market Management Team (QMMT) including:

   - the quality monitoring, market management and market shaping activity for both residential and community care services across the County. This also includes ensuring that there is a sustainable workforce available not only for people whose care is funded by the Council but also for people that fund their own care.

   - advising the Committee about the services that currently have their contracts suspended by the Council so that the Committee can consider any issues raised and how it may wish to monitor progress.

## Information

2. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).

3. One of the key roles of the team is to complete annual audits of externally provided care and support services and to undertake quality assurance and monitoring activities where concerns are raised about the quality of care. QMMT officers work closely with the Council's district teams, safeguarding team, local Clinical Commissioning Groups, Healthwatch and the Care Quality Commission to share intelligence and work in a co-ordinated way to address concerns regarding the quality of care provision in the County.

**QMMT activity and performance information**

4. The QMMT has responsibility for monitoring both residential and nursing care homes and community care services across the County for adults over the age of 18 years. In total there are over 360 providers delivering a range of services in Nottinghamshire including:

- Nursing and residential care homes
- Home care
- Day care services
- Care support and enablement services (supported living)
- Extra Care/Housing with Care services.

5. Regulated services are inspected and rated by the Care Quality Commission (CQC). A comparison of Nottinghamshire services against other East Midlands authorities as at August 2019 is set out below:

| | Current overall ratings for active services | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Nursing homes ratings as a % of rated | | | | Of all services % not yet rated | Res homes ratings as a % of rated | | | | Of all services % not yet rated | Domiciliary care agency ratings as a % of rated | | | | Of all services % not yet rated |
| Local Authority | IA | RI | GO | OU | | IA | RI | GO | OU | | IA | RI | GO | OU | |
| Derby | 0 | 12 | 88 | 0 | 0 | 0 | 13 | 87 | 0 | 4 | 0 | 16 | 79 | 5 | 31 |
| Derbyshire | 1 | 14 | 82 | 2 | 1 | 4 | 16 | 79 | 2 | 3 | 1 | 9 | 90 | 0 | 25 |
| Leicester | 0 | 33 | 62 | 5 | 5 | 0 | 9 | 87 | 4 | 8 | 0 | 12 | 87 | 1 | 28 |
| Leicestershire | 0 | 20 | 80 | 0 | 0 | 0 | 16 | 82 | 2 | 3 | 0 | 15 | 82 | 4 | 17 |
| Lincolnshire | 3 | 17 | 80 | 0 | 6 | 2 | 14 | 80 | 3 | 4 | 2 | 12 | 78 | 8 | 29 |
| Northamptonshire | 5 | 18 | 73 | 3 | 3 | 1 | 12 | 78 | 10 | 5 | 0 | 12 | 85 | 3 | 33 |
| Nottingham | 0 | 38 | 62 | 0 | 5 | 2 | 12 | 82 | 4 | 14 | 0 | 27 | 67 | 6 | 32 |
| Nottinghamshire | 10 | 23 | 60 | 7 | 3 | 3 | 15 | 77 | 6 | 9 | 1 | 7 | 86 | 6 | 17 |
| Rutland | 0 | 0 | 100 | 0 | 0 | 0 | 22 | 78 | 0 | 0 | 0 | 0 | 100 | 0 | 11 |

| | |
|---|---|
| IA: Inadequate | GD: Good |
| RI: Requires Improvement | OU: Outstanding |

6. Nottinghamshire has the highest number of CQC rated services in the East Midlands and maintains its proactive approach to quality monitoring encouraging partners and stakeholders to adopt a similar approach so that there is a transparent picture about the quality of care and support provided to people living in Nottinghamshire. Within the region Nottinghamshire has:

- the highest % of Outstanding nursing home services (7%)
- the second highest % of Outstanding residential home services (6%)
- the second highest % of Outstanding domiciliary care agencies (6%).

7. Although the picture changes regularly, in terms of current challenges, the Council has the highest % of Inadequate nursing homes (10%). The number of Inadequate residential homes has reduced and Nottinghamshire now has the second highest % of Inadequate residential homes (3%).

8. The QMMT continues with the plans in place to support services that repeat Requires Improvement or Inadequate. Examples of the success of this are included in the **Exempt Appendix**.

9. Since the data in the above chart was reported more services have been awarded Outstanding from the CQC. They are:

- Baily House – Older Adult Residential Home – Mansfield
- Bridle Lodge – Younger Adults Residential Home – Gedling.

10. The QMMT is now utilising the quality audit visits to celebrate where services are being innovative in how they provide their services and in improving the lives of the people living/using their services and is also sharing best practice with other providers. Examples of this are as follows:

**Fosse – Home Based Services Provider**

A care worker who visits a service user who had lots of family support had picked up that the daughter was feeling stressed with her caring role which included cooking meals, domestic and laundry. The care worker proactively started to help with doing extra tasks to help reduce the stress to the daughter such as changing the bed and popping the laundry in. The daughter has reported back to the office how much she appreciates the extra support and how much it has helped them as a family

**Comfort Call – Home Based Services Provider**

A care worker was supporting a lady whose family support network had broken down. The lady was extremely dependent on this support for her personal care and for running the household. In 2017 the care worker was aware of the support needed by this lady to keep her safe in her own home that they changed the way they worked with them in starting to provide support in a more flexible way to meet their specific needs. The care worker supported the lady to manage her own finances and together they started a filing system for all the bills. This has progressed in that the care worker now supports the lady to go out into the community to pay bills, go shopping and with this look at ways to save money as managing finances was a major issue. The care worker has received a 'Changing Lives' award for what they have done to support this lady.

**Cherry Holt Care Home – Older Person Nursing Home – Bassetlaw**

Cherry Holt nursing home is pro-actively working with a local primary school in that children from the school visit the home and they do craft sessions together. Some of the residents also visit the school to meet the children and spend time together. Some of the residents also attend a weekly 'Lets Sing' event in the local community. The group sees children, families and people with dementia spending quality time together, singing and having fun. For people with dementia these are valuable times where people can join in and spend time with people in their local community.

**Hazlegrove Care Home – Older Person Residential Home – Ashfield**

Hazlegrove has made links with a local community dementia choir and some of the residents and staff attend on a monthly basis. The outcome of this has seen residents go out into the community with the main benefit of increased socialisation with those residents' confidence and skills boosted. The residents walk to the choir and acknowledge friends and

acquaintances made. The home has purchased the choir shirts so the residents feel fully a part of the choir and this has built links with a local memory café. Recently the residents have taken part in a joint Christmas charity CD along with the choir and a local infant school to raise money for the local memory café.

**The Digital agenda in the Social Care market**

11. The team has been working with care providers to ensure robust and resilient data security.

12. During August the team were successfully awarded a share of national grant funding to complete a time limited project looking at safe use of technology in care services. Nottinghamshire's is one of 7 projects funded nationally and will explore system resilience and the ability of care providers to 'respond and recover' if there is a problem with digital systems.

13. The project has support from the Institute of Public Care (IPC) and The Local Government Association (LGA) and is linked to the Digital Social Care initiative.

14. The project will work with a small number of local care providers and will include testing to mimic local/national disasters and cyber-attack scenarios, exploring existing back up and contingency arrangements. The outcomes of this testing will be reviewed with providers and further testing will then be undertaken to assess how effective any changes that have been made have been.

15. Overall learning from the project will be captured and legacy resources will be developed for use across the whole sector both locally and nationally.

16. The project formally launched in September 2019 and 11 local providers have agreed to work alongside the team to undertake testing of their systems. Part of the project will also include supporting these providers to meet the requirements of the Digital Security Protection Toolkit (DSPT) at 'standards met' level (this is the second level of compliance).

17. The DSPT is an NHS on line self assessment tool that allows organisations to measure their performance against 10 security standards. The toolkit helps to provide assurance that organisations are practicing good data security and that personal information is handled correctly. It is a requirement for any organisations using or accessing NHS data or systems and will support providers in joint working across health and social care services.

18. A key element, however, will be to develop legacy learning and improvement that can be applied sector wide. A further benefit of the project is that it will help to ensure local care providers are practicing good data security and that personal information is handled correctly at all times. The project will work alongside other successful projects as part of a national network.

**Home based care services update**

<u>Overview</u>

19. The team continues to work closely with home based care providers to embed the new service model and monitor quality and performance on an ongoing basis. While the

homecare market clearly still faces challenges both nationally and locally, the position in Nottinghamshire has improved greatly since the new model and contracts were introduced, with fewer people now waiting for a home based care service.

20. Home based care providers in Bassetlaw, Newark and Sherwood and Broxtowe areas are regularly picking up the vast majority of referrals made and, more generally, providers continue to take some positive steps towards building a sustainable social care workforce. For example, one provider has doubled the number of workers employed on salaried contracts from 8 in April to 16 in August. Other examples include small but meaningful changes to demonstrate how staff are valued, such as managers sending birthday cards to care workers and recognising those that have 'gone the extra mile' with flowers and cakes and paying for the care team to go out for a meal together. The retention of care staff both locally and nationally remains a challenge and so using different ways to support staff can really make a difference.

21. In areas of the County where there are particular challenges and providers are not meeting contractual requirements, for example they may not be picking up the numbers of referrals that they have agreed to, the Community Partnership Officers are working to support and address this, including considering contractual sanctions where necessary.

22. Plans to run a further tendering exercise to increase the number of Additional Providers in all areas are progressing well and the latest tender is due to be opened in the next month. In preparation for this sessions at Provider Forums have given information, advice and support to providers about how to submit a tender. This is particularly helpful to smaller organisations that do not have the infrastructure of larger organisations. This will support resilience in the overall market for commissioned home based care services and help sustain and improve the overall number of care packages accepted by providers.

23. Work to develop and introduce an electronic portal for commissioning home based care services continues. The timescale for implementing the portal is December 2019. A full training programme is currently being rolled out to all staff who may need to use the portal, together with 'top tips' and other written resources for staff to refer to on an ongoing basis. The training has received positive feedback, particularly because the portal will simplify the current process for staff and ultimately will save them valuable time.

<u>Home based care services making a difference</u>

24. The vision for home based care services is to *"Support people to live in their own home as independently as possible and with dignity through the delivery of good quality individual care".* Community Partnership Officers work with providers to embed this vision and the Council's model of home based care within day to day service delivery. Some recent examples include:

- a provider has developed one page profiles of staff so service users can identify the regular staff and have a better understanding about them

- a provider working with one individual to flex the commissioned support time around family support and involvement in order to use the time more effectively. The service user has been supported to re-engage with the local community

- a provider working with an individual who was relying on ready meals to develop a menu plan and prepare and cook more nutritious meals. This also involved the provider supporting the care worker to develop their cooking skills in order to provide the personalised support

- a manager cancelling weekend engagements to help transport a service user's pet to the emergency vet. The individual was unable to do this independently and had no-one else to help

- a provider helping an individual plan changes to a part of their home they had been unable to access by taking photographs and starting a scrap book

- an extra care service provider supporting an individual to prepare and cook a meal that the individual then shared with another resident.

25. Work continues with the Lead and Additional Providers to ensure that we are supporting the sector wherever possible. The 'Optimum' team collate Adult Social Care Workforce Data Set (ASWDS), and can check to see if providers have claimed through the Workforce Development Fund. This is another way of supporting providers in enabling them to access training free of charge which in turn can assist with financial viability and having an appropriately trained staff group.

26. The team is working with colleagues from Skills for Care and their Regional Conference is taking place on 21st November in Nottinghamshire. The agenda for the event includes a workshop which will showcase some of the initiatives being implemented by one of our Lead Providers and will go in to detail about how the new home based care model is working. It is important to share this learning as the provision of home care is both a local and national challenge.

**Provider Forums and Events**

27. Throughout the year there are ongoing forums for providers to meet which is an opportunity to share information, best practice and to problem solve.

28. At the end of last year (March 2019) there was a small award ceremony entitled 'Proud to Care' which celebrated excellent practice, acknowledged improvement and said thank you to both individuals and teams in the sector. Nominations were invited from both providers, families, individuals, colleagues etc.

29. It is anticipated that this will be repeated at the end of this financial year and nominations will be asked for the following categories:

- Proud to deliver Excellent Person Centred Care
- Proud to Care Team Award
- Proud to be a Learning and Development Champion
- Proud to be Engaging with the Community
- Proud to be Delivering Innovative Care Services
- Proud to Lead a Successful Caring Service
- Proud to Support Excellent Care Delivery.

**Experts by Experience Engagement Group**

30. The team continues to work alongside the 'Experts by Experience' Engagement Group for home based care and the Group is represented on the Joint Health and Social Care Programme Board that meets monthly.

31. The team has been working with the Group to develop and test an Expert by Experience Quality Standard that can sit alongside the existing Quality Audit for home based care services. The Standard will focus on communication between provider offices and service users and carers as this has been a key issue raised through the home based care Service User and Carer Satisfaction Survey as well as by the Group itself.

32. The Standard is to be used by Quality Monitoring Officers as part of the overall quality audit process for home based care services to look at areas such as:

- providers are able to ensure that all office staff understand the importance of keeping care staff and the person and the families they support informed of changes that impact upon the provision of care

- everyone involved has up to date contact details, so they know who to get in touch with and calls are answered and actioned

- individuals and families receiving care can expect to be told in advance if there are changes to the time, personnel or how their support will be provided

- any concerns or issues regarding communication with individuals and their families are centrally recorded**,** dealt with promptly and effectively to achieve a satisfactory outcome.

33. The QMMT will continue to work with the Experts by Experience Group to pilot the Standard and work with providers to address any themes and trends to come from this.

**Brexit Contingency Planning**

34. The QMMT has been working with providers for some time to identify and manage potential market risks associated with Brexit, particularly a 'no deal' scenario. The team already holds a Risk Register and Action Log which is reviewed and updated on a regular basis and maintains links with local and regional colleagues to share information and ensure a co-ordinated approach. This includes links with local NHS colleagues.

35. An overview of possible risks for social care providers includes:

- food distribution and availability
- medicines distribution and availability
- fuel distribution and availability
- potential inflationary pressures
- workforce stability
- possible delays or difficulties in processing Disclosure and Barring Service checks.

36. Specific actions and activities to address this locally include:

- regularly circulating information to social care providers in Nottinghamshire, including information from the Department of Health and Social Care
- ensuring providers have contingency plans in place that cover Brexit risks
- regular discussion with contracted providers regarding Brexit contingency planning, utilising existing meetings, forums and networks
- a weekly regional call for social care colleagues to share information and intelligence
- working with CCG colleagues to highlight any risk around the supply of medication
- setting up a 'Brexit information' page for providers on Notts Help Yourself
- planning a joint Nottinghamshire/Nottingham provider event with a focus on Brexit scenario planning.

37. This work has provided a reasonable level of confidence that risks can be managed and that, locally, providers are generally well prepared.

**A Regional Approach to Information Sharing and Heat Mapping**

38. The East Midlands Market Shaping and Commissioning Network, a group comprising social care commissioners from East Midlands authorities, has been working for some time on a project to assess the risk of market failure in the East Midlands.

39. The purpose of the latest stage of the project is to develop an overarching information sharing protocol and processes for the ADASS (Association of Directors of Adult Social Services) East Midlands region for sharing and escalating key areas of risk in relation to market failure. Similar protocols and processes are in place in other regions.

40. The Care Act 2014 regulations and guidance have provided local authorities with powers to discharge their duties where services users are at risk due to an unplanned or planned closure or interruption of service. This is particularly the case where there has been a business failure. The development of a regional approach supports local authorities in responding to this duty.

41. As well as providing a regional framework for escalating and managing the risk of market failure, this work will provide authorities with additional market intelligence in the form of 'heat mapping'. Heat maps will bring information together from across the region to provide an overall picture of risk. This will help authorities to identify and target work to respond to possible market failure at the earliest opportunity

**Apprenticeship scheme**

42. Two members of the QMMT team are currently undertaking in-post Apprenticeship training at Level 5 (leadership and management), through the Council's Apprenticeship Scheme.

An Apprenticeship is a nationally recognised training programme combining work with learning and training, both on and off the job.

43. As well as supporting personal development, this will provide an opportunity to build on the skills and competencies available within the team. Typically, this type of Apprenticeship will take around 2½ years to complete and will be undertaken in conjunction with the current job role.

**External recruitment**

44. The work supporting recruitment in the sector is ongoing and remains a challenge. However, it is important to maintain a positive approach. The recruitment video which was made with participation with local providers is now live, available on YouTube, and has been shared with all homebased care providers in Nottinghamshire.

45. The survey to collate baseline information of the recruitment methods and processes currently used by residential, homecare, nursing and supported living providers has been completed and is being analysed. The information collected looks at:

- main reasons for vacancies
- most popular advertising methods
- the percentage of people invited for interview who attend
- the percentage of people who attend for interview who are appointable
- length of service within an organisation
- the most effective retention methods.

46. At a recent recruitment network event providers shared what they were doing that was working well to support their recruitment and aid retention. These were:

- retention / attendance bonus paid after a set period
- involving expert by experience, and/ or residents in the interview process
- engaging with people who apply for a post as soon as application is received
- following the values-based recruitment model and offering 'taster days' so that there is a clear understanding of the role
- different interview options so potential applicants can choose date and time
- psychometric testing
- showing potential employees around the care setting prior to or at interview
- investing in staff training and development after probation period in areas of interest.

47. The work has also included linking with the Council's i-Work Team. The team finds paid employment for people with learning disabilities and autism and was recently invited to a Managers Networking Forum. Following this meeting one nursing home manager came forward to discuss 2/3 newly created part-time posts to assist with the lunch service at the home. The i-Work team is progressing this work to match potential candidates on the i-Works register. Further managers have expressed an interest and this opportunity will continue to be promoted to care providers.

### Support for services that are Inadequate and Requires Improvement

48. The work continues in earnest to support providers whose services have been deemed Inadequate or Requires Improvement with support packages of Learning and Development having been made available for both Moving and Handling and Medicines Management. A Leadership and Management package is currently under development as this is a key area of concern and often leads to poor quality within a service.

### Other Options Considered

49. No other options have been considered.

### Reason/s for Recommendation/s

50. The report provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

## Statutory and Policy Implications

51. 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

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

### Implications for Service Users

53. The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they are funded by the Council or fund their own care either fully or in part. The market shaping duty also requires that the Council works collaboratively with relevant partners including people that use services and their families. The proactive approach of quality monitoring undertaken in Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service.

## RECOMMENDATION/S

That:

1) Members consider whether there are any actions they require in relation to the issues contained within the report.

2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

**Paul Johnson**
**Service Director, Strategic Commissioning and Integration**

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

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**Constitutional Comments (AK 14/11/19)**

54. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under its terms of reference

**Financial Comments (DG 15/11/19)**

55. There are no specific financial implications arising from this report.

**Background Papers and Published Documents**

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

None.

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

All.

ASCPH689 final

Nottinghamshire County Council

**Report to Adult Social Care and Public Health Committee**

**9 December 2019**

**Agenda Item: 9**

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

**WORK PROGRAMME**

## Purpose of the Report

1. To consider the Committee's work programme.

## Information

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

### Other Options Considered

5. None

### Reason/s for Recommendation/s

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

## Statutory and Policy Implications

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

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

## RECOMMENDATION/S

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

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

For any enquiries about this report please contact: Sara Allmond – sara.allmond@nottscc.gov.uk

**Constitutional Comments (HD)**

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

**Financial Comments (NS)**

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

**Background Papers and Published Documents**

- None

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

- All

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

| Report Title | Brief Summary of Agenda Item | Lead Officer | Report Author |
|---|---|---|---|
| **6 January 2020** | | | |
| Public Health Services Performance and Quality Report for Funded Contracts | Regular performance report on services funded with ring fenced Public Health Grant (quarterly) | Consultant in Public Health | Nathalie Birkett |
| Adult Social Care Culture Change programme | | Corporate Director, Adult Social Care and Health | Melanie Brooks/Jennie Kennington |
| Living Well Strategy | To update committee on the strategic direction for the Living Well service area. | Service Director, Living Well Services | Ainsley MacDonnell |
| Establishment of additional hospital social worker posts funded by Health in Mid Nottinghamshire | | Service Director, Ageing Well Services | Wendy Lippmann |
| National Children and Adult Services Conference 2019 | Report back on attendance at the conference | Corporate Director, Adult Social Care and Health | Melanie Brooks/ Paul Johnson |
| **3 February 2020** | | | |
| Update on Domestic Abuse Support Services | To inform committee of the outcome of procurement | Director of Public Health | Rebecca Atchinson |
| Development of Shared Lives Service | Progress report on work to develop and expand the service. | Service Director, Living Well Services | Ian Masson |
| Summary of the Violence Against Women and Girls (VAWG) Project Evaluation | To inform committee of the outcome of the Violence Against Women and Girls (VAWG) Project Evaluation | Director of Public Health | Rebecca Atchinson |
| Progress with development of County Enterprise Foods service | | Service Director, Living Well Services | Jane McKay |
| **16 March 2020** | | | |
| Market management position statement | Regular report on contract suspensions and auditing activity | Service Director, Strategic Commissioning and Integration | Cherry Dunk |

| Report Title | Brief Summary of Agenda Item | Lead Officer | Report Author |
|---|---|---|---|
| Fees and charges annual report | | Service Director, Strategic Commissioning and Integration | Paul Johnson/Cherry Dunk |
| Self-assessment and sector-led improvement in Adult Social Care and Health and Public Health | Progress update on outcomes of annual sector led improvement process in Adult Social Care and Health, including regional challenge and introduction of process in PH. | Corporate Director, Adult Social Care and Health/ Director of Public Health | Jennie Kennington/Will Brealy |
| All Age Substance Misuse Service | To inform committee of key performance indicators | Director of Public Health | Sarah Quilty |
| Performance in Adult Social Care and Health | Quarterly update report to committee on performance, progress with savings projects and the Improving Lives portfolio and the departmental budget. | Corporate Director, Adult Social Care and Health | Vicky Myers/Stacey Roe/Kath Sargent |
| **20 April 2020** | | | |
| Spend and outcomes review for Adult Social Care and Public Health | | Corporate Director, Adult Social Care and Health/ Director of Public Health | Melanie Brooks/Jonathan Gribbin |
| Progress update on Liberty Protection Safeguards | Update on the introduction and implementation of the new approach. | Service Director, Ageing Well Services | Annie Greer |
| **11 May 2020** | | | |
| | | | |
| **8 June 2020** | | | |
| Performance in Adult Social Care and Health | Quarterly update report to committee on performance, progress with savings projects and the Improving Lives portfolio and the departmental budget. Also including end of year update on progress against the ASC&PH departmental strategy. | Corporate Director/ Director of Public Health | Vicky Myers/Stacey Roe/Kath Sargent/ Will Brealy/Jennie Kennington |
| **13 July 2020** | | | |
| Market management position statement | Regular report on contract suspensions and auditing activity | Service Director, Strategic Commissioning and Integration | Cherry Dunk |
| Performance Update for Adult Social Care and Health | Quarterly update report on the performance of Adult Social Care and Public Health | Corporate Director | Matthew Garrard |

| Report Title | Brief Summary of Agenda Item | Lead Officer | Report Author |
|---|---|---|---|
| Progress report on savings and efficiencies and update on Improving Lives portfolio | Regular update report to committee on progress with savings projects within the department | Service Director, Strategic Commissioning and Integration | Stacey Roe |