

Adult Social Care and Public Health Select Committee

Monday, 03 June 2024 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|---|-----------|
| 1 | To note updates in membership | |
| 2 | To note the appointment of Cllr John Ogle as Chair and Cllr David Martin as Vice-chair | |
| 3 | Minutes of the last meeting held on 4 March 2024 | 3 - 14 |
| 4 | Apologies for Absence | |
| 5 | Declarations of Interests by Members and Officers:- (see note below) | |
| 6 | Progress Update on the Nottingham and Nottinghamshire All-age Carers Strategy | 15 - 46 |
| 7 | Nottingham and Nottinghamshire Suicide Prevention and Self-harm Strategy | 47 - 88 |
| 8 | Adult Social Care & Public Health Performance, Risks & Financial position - Quarter 4 2023-24 | 89 - 126 |
| 9 | Work Programme | 127 - 144 |

Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Katherine Harclerode (Tel. 0115 854 6047) or a colleague in Democratic Services prior to the meeting.

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



Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Date 4 March 2024 (commencing at 10.30am)

Membership

COUNCILLORS

Roger Jackson (Chairman)
David Martin (Vice Chairman)

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

OTHER COUNTY COUNCILLORS IN ATTENDANCE

Councillor Matt Barney
Councillor Scott Carlton
Councillor Jonathan Wheeler
Councillor Jim Creamer
Councillor Williamson

OFFICERS IN ATTENDANCE

Katy Ball	- Service Director, Strategic Commissioning and Integration
Sue Batty	- Service Director, Community Services and Ageing Well
Martin Elliott	- Senior Scrutiny Officer
Katherine Harclerode	- Democratic Services Officer
Ainsley MacDonnell	- Service Director, Living Well
Iris Peel	- Group Manager, Living Well
Vivienne Robbins	- Interim Director of Public Health
Claire Sawyer	- Approved Mental Health Professional
Melanie Williams	- Corporate Director, Adult Social Care and Public Health

OTHERS IN ATTENDANCE

1. MINUTES OF THE LAST MEETING HELD ON 4 DECEMBER 2023

The minutes of the last meeting of the Adult Social Care and Public Health Select Committee held on 4 December 2023, having been previously circulated, were confirmed and signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Apologies were received from Cllr Carr for medical reasons, from Councillor Fielding for medical reasons, and from Cllr Henshaw for medical reasons.

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

There were no declarations of interest.

4. ADULT MENTAL HEALTH SERVICES AND SUPPORT DELIVERED OR COMMISSIONED BY ADULT SOCIAL CARE AND PUBLIC HEALTH

Consideration was given to a presentation introduced by the Cabinet Member for Adult Social Care which illustrated the pathway and delivery structure of the range of Mental Health Services either commissioned or provided by the County Council. The Cabinet Member for Adult Social Care was joined by the Corporate Director of Adult Social Care and Health, the Interim Director of Public Health and the Cabinet Member for Communities and Public Health. The presentation provided a system overview of mental health service provision in Nottinghamshire, with the GP as first point of contact for signposting or referral to further services based on need. The role of the Approved Mental Health Professionals (AMHPs) in the partnership approach to delivery of mental health services was also described in detail. The presentation outlined the referral process and the ways into planned and unplanned mental health support with an emphasis on safeguarding families and children.

The Chairman thanked the presenters and emphasised the challenging and significant nature of the work by the AMHP teams. The Chairman affirmed the importance of understanding the reasons for the rise in referrals that had been noted within mental health services in Nottinghamshire and nationally.

In the discussion that followed, Members raised the following points:

- Additional assurances were requested that early intervention was an area of focus for growth.
- Additional details were sought regarding the Council's ongoing work with grassroots organisations and with men in particular who may be hesitant to speak about mental health.
- More information regarding engagement with schools was of interest to Members.
- The importance of the GP role in Mental health interventions and guardianship was acknowledged. The rise in referrals to social prescribing was noted, as there was now an 18-week waiting time for cognitive behavioural therapy.

- Emphasising the primacy of preventative agenda delivery which relies upon place-based partnerships around the building blocks of health to build resilience.
- Regarding the sustainability of the supported living provision in view of the rise in referrals, assurances were requested that the plans would be adequate to meet the need.
- More detail was requested regarding how social demographics and location data was being used to inform commissioning.
- More information was sought around how the Service linked with social groups to achieve wider community engagement. Information regarding community engagement was requested to be included in the scrutiny activity that was planned for the next meeting.
- Additional assurances were requested that workforce challenges were being addressed.
- As the first point of contact with the Service should be with a GP, sometimes this means someone can be waiting on the phone a long time, which was not possible for residents in crisis.
- Councillors and Council communications could help get the word out that the offer included self-referral support.
- The Chairman noted the immense value in being able to talk about how we feel and in having a pathway that supports this.

In response to the points raised in discussion, Cabinet Members and officers advised:

- The Service had been working with five people with experience of severe multiple deprivation who had shared their interactions with the Council's services.
- A prevention opportunity missed and every mental health detention was an early opportunity missed, we do a lot of feedback with in the team and with partners.
- The anticipated social supervision toolkit would add to the workload, therefore, support schemes were in place to help the Service attract and retain skilled staff, including a market factor supplement.
- The introduction of the Right Care Right Person guidance meant that, where previously AMHPs were accompanied by a police officer to attend a case, police officers were now not always available. This placed additional pressure on the team.
- Wider suicide prevention work intersected with mental health services, and the desire to do even more for individuals who were known to the Service was expressed. It was acknowledged that good health is not possible without good mental health. The rollout of mental health support teams was an important element which had supported this.

- Regarding uptake of the Service, this had been stronger in some districts, and in the pockets where greater engagement was needed, events had been organised recently to promote awareness. Real-time data monitoring enabled the strategic approach to engagement across Nottinghamshire.
- Ongoing work to understand the mental health impact of the pandemic on children was part of mental health support in schools.
- The system approach was described whereby the County Council worked alongside colleagues within the seven District and Borough Councils to alleviate any barriers to access to housing where there was a social care need for supported accommodation. The Service aimed to provide care and support to enable individuals to live in their own homes. This required understanding whether someone would benefit from having supported housing in place or the right environment to support someone who may have experienced self-harm. Where supported accommodation is right and safe, this was part of the broader housing strategy. The County Council worked with Districts and Boroughs to assess the types of environments needed and encourage developers to build or adapt to provide the needed accommodation. Some of the work examined assets the County Council already had that might be repurposed for this.
- The Service Framework included provision for early intervention. This was funded through the Public Health Grant. The Cabinet Members for Adult Social Care and Communities and Public Health had personally visited the Services for drug and alcohol and acute mental health issues, where individuals had found themselves in very hard times. The front-line services were needed by people who would not expect to ever have need of them, and it had been observed that people in this situation were so very relieved that these were in place.
- Properties and support had been mobilised to keep people in their own homes and the environments needed by support services. The number of properties was considered as part of the County Council's strategic needs assessment which was an evolving plan to work towards.
- Prevention work was undertaken alongside front-line organisations, and consideration was given to how the County Council could work with and through place-based partnerships to deliver the Adult Social Care Strategy. This involved development of partnerships with faith-based organisations and the VCS. Where the County Council could provide funding for organisations that were doing really good work in the areas that statutory services could not, this was part of the Strategy.
- Data within the Joint Strategic Needs Assessment for Nottinghamshire had provided insight into the nuance around suicide risks specifically for males in Nottinghamshire. The County Council website linked to various organisations including Nottalone. This had been extended out to an adult population in the summers through a suicide prevention stakeholder network hosted by the County Council. Further progress would be discussed as part of the agenda at a future meeting.
- County Councillors were encouraged as key stakeholders to take part in the training sessions which were offered by Public Health.

- Access to GPs had been an area that had received Health Scrutiny attention. Nottalone and the County Council aimed to ensure that people have information. It was acknowledged that the route into crisis support was not always consistent across Nottinghamshire all the time. Public Health aimed to support people to have positive mental health which involved knowing where to go for support when it is needed. It was important to build strong communities and to be clear around where and how to access support. General practice encompassed more than just the GP, so the offer was slightly different than in the past, and there was ongoing work with health colleagues around this.

RESOLVED: 2024/01

1. That the report be noted.
2. That the work of the Council's Approved Mental Health Professionals be commended.
3. That the following issues raised by the Committee in its consideration of the report on Adult Mental Health Services and support delivered or commissioned by Adult Social Care and Public Health be progressed:
 - a) That Adult Mental Health Services and support delivered or commissioned by Adult Social Care and Public Health be considered for inclusion in the 2024/25 Work Programme.
 - b) That further information and data on the demographics of those accessing Adult Mental Health Services and support delivered or commissioned by Adult Social Care and Public Health be circulated to members of the Adult Social Care and Public Health Select Committee.

5. PROGRESS REPORT ON THE IMPLEMENTATION OF THE DISCHARGE TO ASSESS MODEL

Consideration was given to a summary presentation by the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Public Health which described the achievements of the Council's discharge to assess programme, which had been delivered in partnership with ICB colleagues. Although hospital discharge was a very small part of Adult Social Care Services, the Council had responsibility as a System leader. The positive impact of the care hubs had been noted nationally as good practice. It was felt that industrial action would have presented greater challenge had this work not been done. Close partnership working was credited with the improved position and increased capacity within the system.

In the discussion that followed, the following points were raised:

- More information was requested regarding how case management systems support early discharge, and how delay in receiving packages can occur.
- Interest in more information regarding funding of the service was expressed.
- It was felt that the variety of reasons that can cause delays should receive additional scrutiny with the aim of identifying where delays were happening and exploring possible

solutions for improvement. Even if, for example, the challenges could not be improved quickly, scrutiny could set down the issues and pass them on to the relevant authorities.

- It was hoped that the work also reduced readmissions, and more information was requested around how Nottinghamshire compared with the rest of the nation. It was observed that hospitals are assessed on readmissions.
- More details were requested around how the Service was handling the shortage of occupational therapists.
- Members expressed support for interagency work to limit the amount of time spent in hospital. The technological innovations in early detections were also welcome.

The Chairman noted the impact of the work which would mean that local residents would be happier and healthier, and it was clear that there was a need to examine further the other areas where issues were still present.

In response to these points, the Cabinet Member and officers advised:

- There were still waits in hospital that were longer than they should have been. Insight had been gained from implementing a system where there was one version of data for each person, where they were, and what they were waiting for. The biggest delay was for the referral to home care, sometimes there was more that could be done. Amidst narratives supplied in the national media, there was no one solution. The decision to admit and treat in hospital was complex, starting from a choice to go to A&E rather than to a GP or pharmacist. Following on from National Insurance meetings, there had been good feedback, with foundations in place and strong partnership working to deliver improvements this year. Ambulance handovers had also been an area of focus.
- Further assurances were provided that the position was improving, but because there had been even more individuals with conditions meeting the trajectories had been challenging; however a steady improvement trajectory had been shown. More detail around the causes was offered to be provided following the meeting.
- It was recognised that the improved position reflected consistent ICB investment in additional reablement over several years, as set out in the report. This mature partnership continued to have a positive impact. The Service worked to ensure there was sufficient capacity in the system, and observable changes in the work with partners had resulted in the stronger position.
- The live data dashboard was monitored daily for each person waiting for Adult Social Care. Details of the current snapshot of this data were described. Of the approximately 500 people waiting to leave hospital each day, around 40-50 of these would be waiting for Adult Social Care, who usually go the following day. A snapshot, 500 people waiting to leave hospital 40-50 per day for ASC who usually go the following day. The most prevalent reason is rural places, it can take longer to mobilise the package, for example to prepare the house.
- Readmissions nationally had gone up, but the reablement service did not track readmissions as part of the support they provided.
- Avoiding costly issues, which includes readmissions, was an important strength to be developed. For example, a piece of work was being undertaken on urinary tract

infections which involved hydration across services to prevent infections arising. This work was planned for next year.

- Among Registered Social Workers and Occupational Therapists, there were shortages, therefore there had been campaigns including apprenticeships. In homecare and for unqualified social workers, recruitment was value-based for prospective workforce members coming into the sector. It was important to create a career pathway, particularly in rural areas. Incremental improvement was being seen in response to these efforts.

•
RESOLVED: 2024/02

1. That the report be noted.
2. That the following issues raised by the Committee in its consideration of the report on Discharge to Assess be progressed:
 - a) That further information and data on the time being taken to discharge patients from hospitals be circulated to the members of the Adult Social Care and Public Health Select Committee.
 - b) That further information and data on the number of patients in hospital waiting for the provision of Adult Social Care Services be circulated to the members of the Adult Social Care and Public Health Select Committee.

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

Consideration was given to a report presented by the Cabinet Member for Adult Social Care and the Cabinet Member for Communities and Public Health and the Corporate Director for Adult Social Care and Health. The report provided an update on the financial position of Adult Social Care and Public Health Services up to quarter three of the 2023/24 municipal year. It was understood that the update on performance also contained within the report provided an outline of the effectiveness of delivery of Services; however, this could not fully illustrate the positive impact that Public Health and Adult Social Care had on the lives of Nottinghamshire residents.

The presentation highlighted the following points from the report:

- An overspend of approximately two million had previously been projected, but this gap had been closed. A balanced budget was expected by the time the year end approached. It was noted that inflationary demands, use of grants, micromanagement of finances and likely the dates around discharge in hospitals had dropped. The pack so we will just talk, the written the public health and social care have had on lives.
- Particular Learning Disability care outcomes had been an area for additional work with partners in health to support accommodation. For some individuals, the outcomes were achieved in a much shorter time span. The need for direct physical intervention was described.

- Additional perspective on ASC performance had been informed by 'Making It Real', for example through engagement with people with lived experience pertaining to the discharge process. The importance of safeguarding throughout this process was described, and the recognition of the contribution by staff who were instrumental in achieving positive outcomes for people.
- Although performance had been stable around 80%, it was understood that everyone should have outcomes after working with the service, as they would be enabled to use services properly. There was provision of guidance, support and training around this, especially for individuals with long term reviews, as required under the Care Act. This work promoted long term performance improvement.
- The work on the Carers Strategy was summarised. This involved system wide work in partnership with the ICB and the City Council as well as in conjunction with the ADASS campaign. Nationally, this had been a social care drive which required time for co-production. Access and short breaks as well as the internal and external workforce had been considered as part of this work. This was a large-scale workforce of as many as 26000 people, including the Public Health commissioned services. This was a respected workforce whose wellbeing, supervision, and training needs were prioritized.
- A public health performance monitoring system was in the process of being procured.
- Home care capacity and market sustainability has been an area of investment. Market has stabilised.
- Risks to quality of care homes were described. For example, provider failure in care homes could sometimes be caused by inability to recruit or by a registered manager leaving.
- In terms of the financial performance of departments, it was noted how the Service used and invested reserves to finish the year with a balanced position. Care packages had required additional spending and mitigations elsewhere in the budget. This was because cost-per-person for care had increased due to the complexity of need.
- Reserves strategy updates and budget proposals would be provided to full Council including proposals for recurrent investment in speech and language therapy. Additional priorities were Severe Multiple Deprivation, domestic abuse, mental ill health, and other work on suicide prevention.
- Waiting times for assessment involved coordination of a range of professionals including a Best Interests Assessor, which led to a waiting time. The Nottinghamshire performance was better than others, but it was acknowledged that there should not be any waiting times.
- Progress was described in respect of the IT Systems associated with a new data management strategy. Under new Care Quality Regulation Assurance, some client level data and performance data would be reported differently. This piece of work was ongoing for this reason.
- There was support for working across regional boundaries to promote recruitment and retention of staff. In some areas, this was not needed; however, implications on staff were considered, and devolution would play an important role in forming consensus around this.

Additional details were provided regarding the level of qualified staff required for Social Worker Best Interest Assessors and Mental Health Assessments provided by a doctor. This reduced the number of workers, and required the County Council to go out to agencies to fill that gap with an agency contract where it was not possible to recruit enough directly employed team members. The Service had observed an improvement in directly employed staff.

The Chairman emphasised the value of good communications as part of delivering the range of services well. In the discussion that followed, Members raised the following questions and points:

- It had been observed that during Members tenure as Councillor the amount of casework that related to Adult Social Care and Public Health had reduced.
- Members noted the forecast overspend and asked about the certainty of income streams.
- Assurances were requested that the City Council's current financial difficulties would not hamper the County Council's ability to work with care providers across Nottinghamshire.
- In respect of recommissioning of the Integrated Sexual Health Services, further assurances were requested that the right level of Service commissioning was achieved, because if less testing was done, this gave the impression there was less disease because it was not picked up.
- Provision for a measles outbreak was also felt to be important as the same number of cases were being seen per month as were usually seen per year due to decline in vaccination uptake. Therefore, preventative work and outbreak management work by Public Health in this space was welcome.
- It was hoped that interventions emerging in the drug and alcohol space would be of benefit to Nottinghamshire residents.
- Support was expressed for the review of the Department's written communication.
- It was requested that future reports provide data as both a number and percentage.
- Further assurances were requested regarding the security of facilities in Gedling.
- Interest was expressed in hearing more details regarding capacity within the Service to support people with day opportunities.

In response to the points raised, the Cabinet Members and Officers provided the following additional information:

- The forecast in the report had not included the discharge grant or the market sustainability grant; a view had been taken that this should only be included once it was clear grant conditions would be met and funding signed off. This meant the money was not credited into the Service's budget until period 7.

- Officers confirmed that the financial forecasts were completed before the autumn statement, which included an increase in the minimum wage. Forecasts also preceded the agreement of local government pay award.
- Dialog with Nottinghamshire care home management would continue over the coming months to ensure that were specific contract to be lost, the individuals would be catered for as part of the current provision in place. There was assurance that good services will be maintained.
- The commissioning process for the Integrated Sexual Health Service was nearly complete. The testing model would likely enable people to request tests to be sent to their home for testing in a confidential space. It was acknowledged that previously the Service did not meet the needs of everyone. For example, some people had different sexual health needs. This Service had considered the diverse needs of populations and ensured that the Service will meet those needs. There would be benefits from having more coordinated services across all of Nottinghamshire.
- A significant amount of preventative work had been done regarding measles. There was understanding that there may be some older children and adults who may need to have their MMR, and the offer was open to all. Working with the population to ensure that the offer was taken up to give lifelong protections. Measles could result in hospitalisations and could lead to meningitis, pneumonia and sometimes even fatalities. This was therefore a serious disease, and preventative work ensured that the response was in place. There had been tabletop exercises around patient flows, confidence, and competence.
- Performance numbers in respect of the Drug and Alcohol Service would be provided outside the meeting.
- There was a wider piece of work going on in relation to day opportunities across Nottinghamshire. There had been changes in uptake and fluctuation of demand, and the provision of resources had responded by reviewing and making some changes to the offer. This was to help ensure the best prospects for people to develop their own skills and abilities to have a fulfilled life.

RESOLVED: 2023/03

1. That the report be noted.
2. That a further report on Adult Social Care and Public Health Performance, Risks and Financial Position be brought to the June 2024 meeting of the Adult Social Care and Public Health Select Committee.

7. WORK PROGRAMME

Consideration was given to an outline programme of scrutiny work for the municipal year 2023/24. Scheduling updates were given, and the Chairman noted that the forward plan was available for consideration for scrutiny programming.

Members expressed support for follow up on revised dates for updates requested at the previous meeting.

Members also expressed support for representation from community groups to be included in the agenda item on Suicide Prevention.

The Chairman noted that any updates would not be requested in duplication of other items on the scrutiny work programme.

RESOLVED: 2023/04

1. That the work programme be noted.
2. That the recommissioned Integrated Sexual Health Service be considered for inclusion in the 2024/25 Work Programme.
3. That committee members make any further suggestions for consideration by the Chairman and Vice-Chairman for inclusion on the work programme in consultation with the relevant Cabinet Member(s) and senior officers, subject to the required approval by the Chairman of Overview Committee.

The meeting closed at 12.58 pm.

CHAIRMAN

3 June 2024**Agenda Item: 5****REPORT OF THE CABINET MEMBER, ADULT SOCIAL CARE, AND THE
CABINET MEMBER, CHILDREN AND FAMILIES****PROGRESS UPDATE ON THE NOTTINGHAM AND NOTTINGHAMSHIRE ALL-
AGE CARERS STRATEGY****Purpose of the Report**

1. To submit for consideration a progress report on the implementation of the Nottingham and Nottinghamshire All-Age Carers Strategy which was approved by Cabinet in March 2023.

Information**Background**

2. Under the Care Act 2014 a carer is defined as “someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation”.
3. The Children and Families Act (2014) defines a young carer as “a person under 18 who provides or intends to provide care for another person” and a parent carer as “a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility”.
4. In March 2023 Cabinet approved the Nottingham and Nottinghamshire All-Age Carers Strategy.
5. The Strategy was fully coproduced with carers and partners including the Integrated Care Board (ICB), Nottingham City Council and provider organisations.
6. The vision of the new Carers Strategy is “to support and work in true and active partnership with carers and their families for them to achieve healthy, balanced lives, to give them the confidence that they will be supported in a fair, respected and honest way by all the agencies they come into contact with”.
7. In April 2024 the updated Carers Joint Strategic Needs Assessment (JSNA) was presented and approved at the Health and Wellbeing Board. The JSNA had been updated in light of the Covid-19 pandemic, cost of living crisis and new Census data.

8. New data from the 2021 Census shows that nationally there are 5 million unpaid carers. This is a reduction from the previous Census in 2011.
9. Of these 82,175 live in Nottinghamshire with 1,126 of these carers being under the age of 16.
10. The 2021 Census data highlights two district areas of Nottinghamshire that are ranked second and third highest in England for the proportion of residents aged 5 and over who provide any amount of unpaid care. These are Ashfield at 11.6% and Mansfield at 11.5%.
11. The percentage of the population who said they carry out caring tasks in Nottinghamshire is 10% which is higher than the England average of 8.3%.
12. In order to produce both the Strategy and JSNA a number of coproduction and engagement events were held with carers. Carers were also invited to participate in the Big Conversation.
13. Several areas were raised as part of this coproduction and engagement activity including:
 - a) The need for additional support for working carers and parent carers
 - b) The need for short breaks and respite to be responsive to the needs of carers
 - c) Carers are facing increased pressure due to the cost of living crisis.

Progress to date

14. The All-Age Carers Strategy has enabled joint working across the City and Integrated Care Board (ICB) in order to redesign and retender carers support services. The contracts for these commenced in October 2023.
15. Nottinghamshire County Council Commissioners have led the strategy development and implementation on behalf of the partnership, ensuring that the 'I' and 'We' statements in the strategy are embedded within the Council and across partner organisations including the voluntary sector and health partners (Hospital Trusts, Nottinghamshire Healthcare Trust and General Practice).
16. The development of the Carers Strategy is now part of a new Association of Directors of Adult Social Services (ADASS) national toolkit (launched April 2024) as a good practice example and can be found [here](#).
17. Some work has already taken place to ensure that there are more flexible options for people to have replacement care to enable them to take a break such as the increased use of Personal Assistants and a commissioned respite service supporting people for short periods of time within their own homes but there is still more that can be done to improve this offer.
18. Early intervention support has increased through the Carers Hub with a reduction of 17% in people going on to require a full carers assessment.

19. Carer identification has improved through awareness raising within schools and GP practices with additional support being provided through the Engagement and Promotion Service to support carers to remain in paid employment.
20. The Carers Strategy was formally launched in November 2023 at an Integrated Care System (ICS) wide event that was attended by over 50 carers alongside health and social care professionals and voluntary sector partners.
21. Carer champion roles have been established across the Council's assessment teams which support the wider staff teams with knowledge and expertise relating to carer assessments and support. This includes young carer workshops being established to support staff completing these assessments. A carer staff network has been established to support staff who are carers within the internal workforce.
22. Updates have been carried out to internal processes to enable better conversations with carers and reducing the need for carers to repeat their story.
23. A strategy implementation board has been established which includes carers, commissioners, operational staff teams and commissioned providers across both children and adult services.

Impact

24. Through the engagement and coproduction of the strategy and services with carers one of the areas raised was the lack of service availability outside of standard office hours. In response to this the new carers services include support groups in the evenings for adult carers and groups in evenings and during school holidays for young carers.
25. Since the service commenced in October 2023 the new Carers Hub service has supported 2,707 carers. The service offers information, advice and guidance alongside support groups and one to one support.
26. Of the carers supported by the Hub 2,442 have had their needs met through information, advice and guidance with a further 265 having gone on to require a full support plan to meet their needs.
27. In response to carer feedback regarding the cost of living crisis, a carer wellbeing fund has been established as part of the service to enable carers to take part in wellbeing activities during their time off from their caring role.
28. Feedback from carers regarding the new Hub offer is largely positive with 77% of carers saying they found it easy to make contact with the Carers Hub, 100% saying their initial enquiry was responded to in a timely manner and 62% of people saying they felt listened to. However only 46% said they were happy with the support they had received with a further 9% saying they had yet to receive support.
29. Some work is still required to reduce waiting times as 33% of carers had not received an assessment with one carer saying they had been waiting 12 weeks for support. There is also some development work underway through co-production to ensure people are able to get support in the way that works best for them including through home visits and

development of support in local areas. These needs are being addressed through increasing staff recruitment within the service.

30. Since it commenced in October 2023 the Young Carers Service has supported 421 young carers to access one-to-one support, group activities and help and advice. This is treble the rate of the previous service.
31. In total 524 young carers are registered with the young carers service.
32. All young carers registering with the service receive a My Life assessment and annual review.
33. There are approximately 30-40 new referrals into the young carers service each month.
34. In order to increase the identification of young carers 312 hours of outreach have been delivered to schools between January and March 2024 to support schools to identify young carers and put appropriate support in place. A further 274 hours of support have been delivered to health and social care providers.
35. Both services work closely with those utilising the services and are constantly coproducing their offers to ensure they work for people in the best way possible.
36. Technology is being utilised more frequently to support both carers and the person they are supporting.
37. The technology offer for carers includes:
 - Carer Alert TEC to alert carers in the home if the person they care for is at risk
 - Telecare which enables the Carer Alert TEC to be switched over to a 24 hour monitoring service
 - GPS tracker pendant which gives peace of mind to the carer when the person they care for is out in the community independently
 - reminder devices to support independent living
 - activity assessments to assess the independence of the person being cared for.
38. Between April 2023 and February 2024 1,056 carers were supported through technology, of these 174 were assessed as being at immediate risk of carer breakdown and a further 340 were at high risk.
39. A 2023 survey of people who had been supported via technology found that 89% of people said it had reduced carer stress.

Plans for 2024/25

40. Work is currently underway to ensure that the Strategy is implemented across the Integrated Care System. Over the next year there are plans to:
 - a. Review access to short breaks and the short breaks/respite offer
 - b. Continuous practice development utilising the practice framework

- c. Enhancing the digital offer for carers through the use of technology and online assessments
 - d. The development of a new carers information booklet
 - e. The continuation of peer support and the carers champion roles.
41. In addition to the work already being undertaken the Carers Strategy Board has identified the following as the priority areas over the next 12 months:
- a) Increased engagement and flexible offer at GP practices
 - b) Enhanced offer for parent carers
 - c) Support for carers of people who are coming towards the end of their life
 - d) Identifying and supporting carers from under-represented groups
 - e) Young carers and young adult carers including a review of the current assessment process.
42. A series of workshops are being planned over the coming months to plan the activities against each of these key areas and key deliverables.

RECOMMENDATIONS

That:

- 1) Members consider the progress made in implementing the Nottingham and Nottinghamshire All-Age Carers Strategy.
- 2) Members note and comment on the areas of focus for the Carers Strategy implementation over the next 12 months.

Councillor Jonathan Wheeler
Cabinet Member for Adult Social Care

Councillor Tracey Taylor
Cabinet Member for Children and Families

For any enquiries about this report please contact:

Anna Oliver
 Commissioning Manager
 T: 0115 977 2535
 E: anna.oliver@nottsc.gov.uk

Constitutional Comments (GMG 21/05/24)

- 43. This matter falls for consideration by the Adult Social Care and Public Health Select Committee under Section 6, Part 1, paragraph 3(a) on p.90 of the Council's Constitution.

Financial Comments (CMER 16/05/24)

- 44. There are no financial implications to the report.

Background Papers and Published Documents

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

[Nottingham and Nottinghamshire All-Age Carers Strategy – report to Cabinet on 9 March 2023](#)

[Approval of refreshed Joint Strategic Needs Assessment \(JSNA\) Chapter: Carers – Health and Wellbeing Board on 17 April 2024](#)

Electoral Division(s) and Member(s) Affected

All.

AS0015

Nottingham and Nottinghamshire All-Age Carers Strategy one year on

Katy Ball, Service Director Commissioning and Integration (Nottinghamshire County Council)

Pam Hill Carer and Our Voice

Sarah Fleming, Programme Director for System Development (ICB)

Rachel Miller, Service Director Commissioning and Resources (CFCS)

June 2024



Definition

A carer is someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation (Care Act).

A young carer as “a person under 18 who provides or intends to provide care for another person” (Children and Families Act).

a parent carer is “a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility” (Children and Families Act).



Key statistics

5 million unpaid carers
nationally

82,175 Carers in
Nottinghamshire

1126 of these are aged
16 and under

The 2021 Census data highlights
two district areas of
Nottinghamshire that are
ranked second and third highest
in England, for proportion of
residents aged 5 and over who
provide any amount of unpaid
care - Ashfield (11.6%) and
Mansfield (11.5%)

The percentage of the
population who said
they carry out caring
tasks in Nottinghamshire
(10.0%) is higher than
the England average of
8.3%

Most self-reported
carers in
Nottinghamshire (95.5%)
are white



What do carers tell us?

Further support is needed for working carers and parent carers

Carers highlighted short-breaks and respite as being areas for future improvement

Carers are facing increasing pressures due to cost of living.



Experience of coproducing the strategy

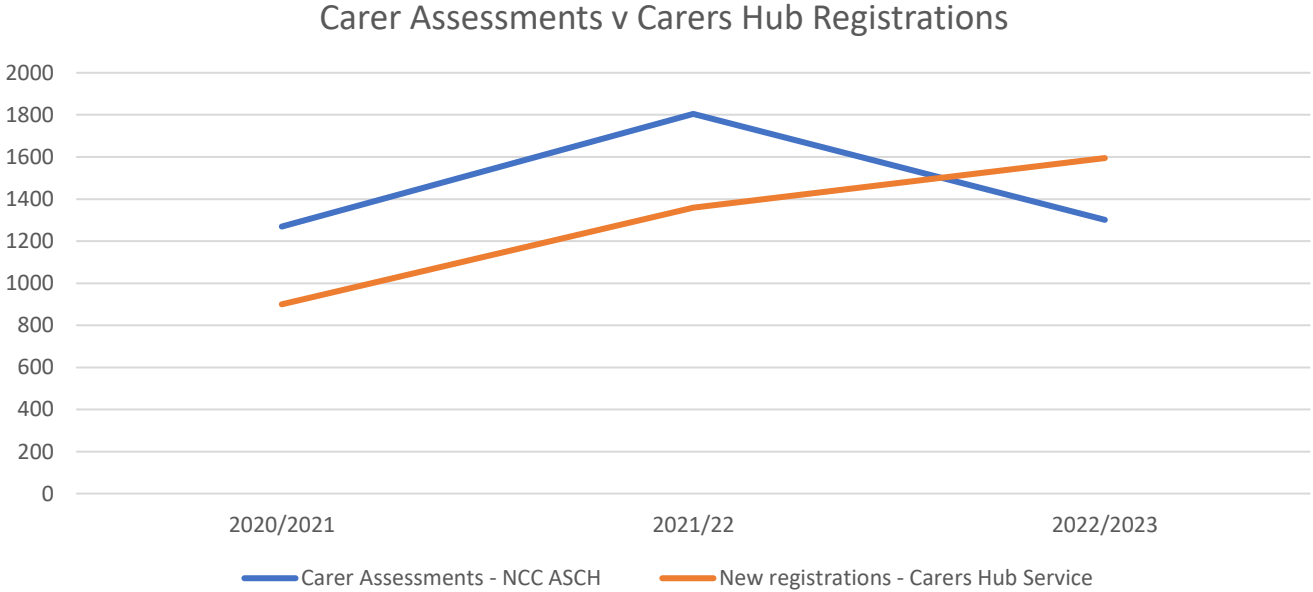
- Pam's story
- Evie's story: [Evie's Young Carer Story](#)



1. New or improved carers services

- New services started in October 2023
- The services were coproduced with carers
- More flexible respite options have been introduced
- Joint working to support across the Council to support parent carers
- Started to roll out technology to support carers
- Development of support for carers at a local level through grant funding
- Increased early intervention support via the Carers Hub, reducing the need for a full carers assessment (by approx. 17%)

Increased preventative support to carers



Activity and Organisation	2020/2021	2021/22	2022/2023	% Change (21/22 v 22/23)
Carer Assessments - NCC ASCH	1270	1805	1302	-27.90%
New registrations - Carers Hub Service	900	1359	1594	17.3%



Direct services impact

- Since October 2023
 - Improved access at evenings and weekends to support carers who are also in paid employment
 - 2707 carers have been supported by the new Carers Hub
 - 2442 have had their needs met through information, advice and guidance
 - 265 carers had a full support plan developed based on their needs.
 - 11 carers have been referred to the CareFree breaks scheme
 - Access to gyms at a reduced or free rate for carers across the County
 - Newly developed partnership with NHS Trust support Highbury and other acute settings
 - Carers Wellbeing Fund has been established to support carers to access wellbeing activities during their breaks from their caring role



2. Awareness raising and good practice

- Identification and awareness in GP practices, schools and colleges
- Engagement and Promotion Service works with employers to identify and support carers within their workforce through a carers quality mark
- Areas that are included in the award criteria include flexible employment options, carers leave and having carer champion roles within the organisation
- Successfully launched the Carers Strategy at an ICS wide event last November.
- Published an all-age carers Joint Strategic Needs Assessment (JSNA) in April 2024

Awareness raising impact



110 new schools have been engaged with between April 2023 and March 2024. Between January and March 2024 this amounted to 312 hours of outreach



274 hours were delivered to health and social care providers around young carer identification between January and March



23 new employers have been engaged with over the last year



25 GP surgeries were reviewed for their carers support offer between April and October 2023



18 GP practices received training between April and October 2023



3. Workforce

All-Age Carers Strategy part of the national toolkit

Looking at good practice in other areas

Carers assessment process is strength-based and supports conversations focused on outcomes through a whole family approach

Implementation of carer champion role within NCC to ensure consistent and best practice across teams

Development of staff carer network

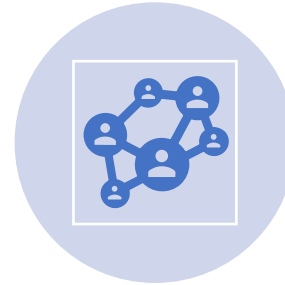
Working with colleagues in HR to ensure NCC gain the Carer Friendly Quality Mark.

Nottinghamshire County Council are coordinating the strategy implementation through close working with partner organisations to embed the strategy across the ICS including with PCNs and PCBs, hospital trusts and Nottinghamshire Healthcare Trust.

4. Young Carers



Considerable increase in funding to enable support to more young carers and have greater in-reach into local schools and colleges



Works with young carers to determine the best ways to provide support them and to ensure that young carers know about the service



All young carers accessing the service receive a My Life assessment and annual review



A bi-weekly group has been established internally to support staff with completing young carers assessments to ensure consistent good practice and outcomes



Young carers impact

112 young carers were supported between April and September under the old model

421 young carers accessed one-to-one support, groups, activities, help and advice since October 2023 when the new offer commenced (triple the previous rate)

In total 534 young carers are registered with the service

30-40 new referrals from County received each month

231 hours were spent promoting the service between January and March 2024 so that young carers know where to go for support

74 hours were spent between January and March coproducing the service offer

Continued focus from year 1

Planned timescales for carers work:

Work area	Commencing	Planned completion
1. Short Breaks for carers	End January 2024	September 2024
2. Practice development including EDI and personalisation for carers	January 2024	Ongoing
3. Digital Offer for carers	November 2023	Review May 2024
4. Assessing carers needs (via the Carers Hub service)	March 2024	December 2024
5. New Carers Information booklet	September 2023	March 2024
6. NCC Carers Peer Support	January 2024	Ongoing



Coproduced priorities for year 2

Area of focus	Reasons/rationale	Comments
GP practices – PCN's/PBP's	<ul style="list-style-type: none"> • Early identification – most carers turn up at GP practices • GP practices need to get better in identifying carers and connecting to support 	<ul style="list-style-type: none"> • Building on work previously established by NCA and continuing with the Carers Hub • Links being made at PBP and PCN levels raising awareness of the strategy • Workshops to be developed with PBPs and PCNs to focus on the strategy
Support for Parent Carers – Childrens and Families	<ul style="list-style-type: none"> • New area identified in the strategy and JSNA where there are gaps in support 	<ul style="list-style-type: none"> • Work with Children and Families services and parent carers to establish needs and support required • Work with Notts Parent Carers and Rainbow Parent Carers Forum
Support for carers of people who are coming to the end of their life	<ul style="list-style-type: none"> • Ensure we are connecting carers to wider support, and to provide support after their caring role has ended 	<ul style="list-style-type: none"> • Work with MacMillan, Continuing Healthcare (End of Life pathway) and Hospices across Notts • Links established through ICS steering group and programme board
Identifying and supporting under-represented voices from minority groups and communities	<ul style="list-style-type: none"> • Need to reach out to under-represented voices and carry out further coproduction on support • Deaf carers are under-represented and find access to services difficult due to lack of BSL training 	<ul style="list-style-type: none"> • Exploring reach through faith groups, voluntary sector organisations and community leaders • Link with Notts Deaf Society and ASCH teams (ADVIS in County) and local voluntary sector • Access BSL training and translation services (NDS)
Young carers and young adult carers	<ul style="list-style-type: none"> • Building on good work done with schools, need to connect with colleges and universities and support young adult carers as well as raising awareness in the wider community including within health 	<ul style="list-style-type: none"> • Wider young carer awareness and identification is needed and access to the right support for young carers and young adult carers being established • Adopt the newly launched 'No Wrong Doors' approach from Carers Trust

Stories and information



Carers Strategy 5 key themes

The top five key themes identified are:



1

Accessing the right support for the cared for



2

Access to relevant and appropriate information, advice and guidance



3

Access to short breaks or replacement care to get a break from caring



4

Support for carer health and wellbeing - both mental and physical

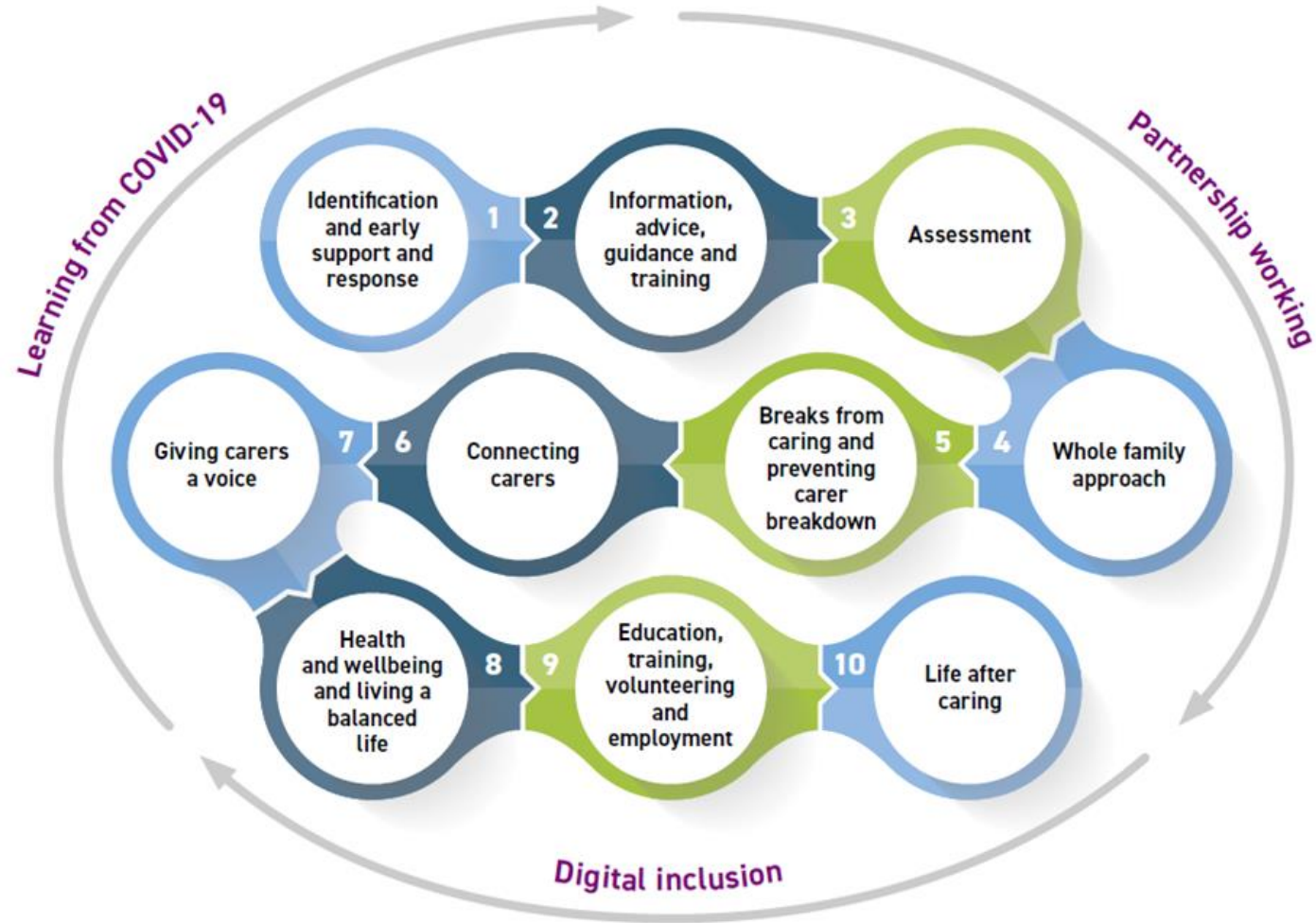


5

Being listened to and being able to access good communication and information from health and social care providers



Ambitions



Our vision and principles

‘Our vision is to support and work in true and active partnership with carers and their families for them to achieve healthy, balanced lives, to give them the confidence that they will be supported in a fair, respected and honest way by all the agencies they come into contact with.’

The following principles will underpin the work that we do to support carers, and from these detailed action plans will be created to identify the specific things that will develop our services further.

Our principles are:

- 1 To work in a way that is tailored to each carer to meet their needs and support their health and wellbeing and maintain their independence
- 2 To reduce isolation and health inequalities by improving access to carers who are ‘seldom heard’ or who are from minority ethnic groups
- 3 To ensure carers have a voice, that they are listened to and are treated with respect as people with lived experience in carer support
- 4 To improve the lives of all carers by everyone working together
- 5 To identify and support carers as early as possible
- 6 To provide the right support across the health and social care system to meet the needs of all carers and the people they care for by delivering high quality services
- 7 To make best use of available resources in supporting carers across the health and social care system





Carers story

- Gentleman 60year old attend a group support session and wanted information to help him with fuel poverty.
- He is caring for his two children who have learning disability and working part time. Wife also has some health needs.
- Gentleman discussed that he was worried about the raising prices for energy /food/clothing.
- He was managing to pay bills but worried if the price would keep raising how he would manage. He discussed that this was having an impact on his mental health and his caring role.
- Carer received direct support from Nottingham Energy Service around how they could support with his utility bills and reducing the amount he was paying.
- Home referral service from Nottingham Energy Service which looks at how to update insulation in the property – carer was able to get wall insulation.
- Carer received food vouchers to support with shopping.
- Referral into benefit advice for a full benefit check
- Carer was able to talk about his worries and receive information which supported his well-being/mental health
- Carer received a warm pack.
- Information on carer support groups



Carers story



- Carer aged 56 was referred by (Health Liaison Worker) at the Newgate Medical Centre carers event, after the carer expressed that they were struggling in their caring role and needed support.
- The carer is the primary carer for both their mother and father who both have been diagnosed with Dementia. The father is still deemed to have capacity and mother does not, they continue to live independently at their own home. The carer works full time alongside their caring role and has their own family. Because of the current situation the carer has started to work from home at the parents' residence, but the carer is finding it difficult to manage working and caring full time.
- Carers hub completed a home visit to do a joint assessment with Alzheimer's society. It was identified during the visit that the carer would be placed in Tier 3 for high intensive support. An action plan was agreed, and the following services and resources were sent with consent from the carer:
 - Tu Vida Respite referral – to help the carer spend some time with their own family.
 - Big difference scheme- the carer is constantly doing washing and the costs are adding up, under this scheme the carer may receive discounted water rates.
 - Emergency action plan- to encourage the carer to think about emergency situations and putting measures in place.
 - Emergency carers card- information was sent on how to apply for the card
 - Priority service register- to ensure the safety of the cared for.
 - How to find a PA (county) – to help relieve the carer of their current role, so they can continue to work and spend time with their family.
 - Rosekel- to help explain what a PA is and how to establish one.
 - Sunflower lanyards- this was sent as the cared for are still able to live independently and complete tasks unsupervised, this will help people out in the community identify their disability.



Young carers – Zac's story

Zac is nine years old. He is a regular at the events and activities we put on and has helped to care for his brother, Jacob, since he was five.

Aged just two, Jacob fell poorly suddenly. A twisted small bowel and sepsis led to Jacob ending up losing all but 5cm of his small bowel. 18 months later, Jacob had a successful bowel transplant. Now seven, Jacob is doing well, and the transplant has been successful. He has a programme of medication that he needs to follow every day alongside a strict diet. Zac helps Jacob to keep up with his medication and diet in school, at events, and during days out.

Zac's mum, Louise, explains how he helps his brother: "Leading up to and after Jacob's transplant, Zac was amazing – he provided emotional support to Jacob, chatting to him and holding his hand during blood tests or when he was having his stoma bag seen to. At school he keeps an eye on what his brother is eating and drinking and when they visit their grandmother, Zac knows what medication Jacob needs and when, and what he shouldn't eat, even if he wants to! In many ways he is Jacob's voice. He's taken on that responsibility for his little brother.

"Young Carers Notts gives Zac the chance to be himself and be around other kids, having fun. Since he's started using the service, he's definitely more positive in himself, and that's massive. He knows how much he is valued at home, and I want to make sure he has the chance to do the things most nine-year-olds get to do."



Young Carers – Romany's Story

Romany, 12, cares for her dad who has a terminal illness.

Her care role has changed and adapted over time, and she supports the whole family with day-to-day tasks like cooking, cleaning, and walking the dog along with helping her dad.

Romany helps her dad shower, get dressed and administers his medication. It's a daily juggling act alongside her school life and the pressures that come with that.

Romany's mum, Jody, says without Romany's help, the family would be 'totally lost': "It's been a tough time. Romany's dad's illness has been tough on all of us and there are times when my mental health goes downhill – that's when Romany really steps up and takes on the extra responsibility which I know is tough on her. She has her schoolwork and I know she's missing out on seeing her friends and a social life. She is an adult in a child's body really.

"But the Young Carers Notts service has been amazing. She loves attending the events they put on as it's a chance for her to just be a child and have time for herself for a few hours. She has made a couple of good friends there too – other young people who are carers. It's a great service."



Young Carers Impact

National Impact

A year 11 student who attends Retford Oaks Academy (ROA) has been instrumental in helping the Carers Trust in influencing Government, politicians and educationalists in highlighting the need for support of young carers nationally. This has been achieved by the close liaison between NCA, ROA and the Carers Trust. He was part of the group of young carers from across the country whose actions culminated in the handing in a letter to No 10 Downing Street for the attention of the Prime Minister. They were also fundamental in the gathering of information for the publication of the All-Parliamentary Group for Young Carers and Young Adult Carers report (APPG) on Life Opportunities. A hugely significant report and a first of its kind. The group were invited to attend the House of Lords launch of this report.



Impact of engagement work

Inspire

- In December a renewal of the Carer Friendly Organisation Quality Mark for 2023-24 was presented to Inspire, as they have continued to be proactive with supporting Carers within their services. Inspire delivers culture, learning and libraries on behalf of Nottinghamshire County Council and have been working with Nottinghamshire Carers Association (NCA) in support of Carers for nearly 2 years. Last year they were awarded their first Quality Mark for all the support and adjustment they put in place to support Carers who access their services.
- They currently offer carers:
 - Flexibility with charges if books become overdue for Carers.
 - The 'Reading Well' collection, which contains books of interest to Carers.
 - a Carers Champion, to support carers within their services and to keep information up to date – This is Ann Penn (Principal Librarian for Resources and Information)
- Inspire have continued to work with the Engagement and Promotion Service, and have been extremely supportive of Carers and have been happy to be involved with a variety of initiatives to raise awareness, including national Carers Week and national Health Information week.

PICS

- The Primary Integrated Community Services (PICS) were awarded the 'Carer Friendly Organisation Quality Mark 2023'. This was in recognition of their commitment to carers across all their services. An event was held to celebrate their award and for the 'strong partnership working' between NCA and PICS. The event also celebrated the role of Carer Champions in general practice, and particularly the medical practices owned by PICS. PICS social prescribing team and care navigator teams both earned our carer friendly awards. They made our NCA carer awareness training part of their induction for new staff and we had over 50 PICS staff book on and complete the training during the time we started working with them.

Awareness raising impact

A review was carried out with Holgate Academy to look at the progress made since starting to work with us previously in the year. They have seen a visible culture of awareness and support for young carers within the academy and identified nearly 50 young carers. They have introduced class chats to embrace the schools ethos of care, respect and support, put a young carers lead in place, completed the school census, sent out a parent/student questionnaire, RAG rated those they felt were young carers with need, started to run a young carers club, put up the NCA young carer posters, developed a young carer display board, included young carer information on inset days and assemblies, have got local councillors involved, developed a first aid course for young carers and they have attended carers trust webinars and are in the process of developing a room for young carers. They have also produced a young carer policy which is being worked on at trust level so that it will be the same for all schools in the trust. Due to all the brilliant work they have implemented they were awarded the carer friendly award from us and they publicised this on their website.

**REPORT OF THE CABINET MEMBER FOR COMMUNITIES AND PUBLIC
HEALTH****NOTTINGHAM AND NOTTINGHAMSHIRE SUICIDE PREVENTION AND SELF-
HARM STRATEGY****Purpose of the Report**

1. To gain feedback and input from Adult Social Care and Health Select Committee on the draft Nottingham and Nottinghamshire Suicide Prevention and Self-Harm Strategy.
2. To highlight available training opportunities in suicide prevention to the community and voluntary sector.

Information**What is mental wellbeing?**

3. Mental wellbeing includes a person's emotional, psychological, and social well-being. It determines how a person handles stress, relates to others, and makes choices. Mental wellbeing fluctuates and can become a mental health problem if low mood, stress and anxiety persist over a longer period of time.
4. Established data and research from the 'National Confidential Inquiry into Suicide and Safety in Mental Health' shows that a previous history of mental illness such as depression, psychosis or personality disorder can increase suicide risk. Locally, within suspected suicide surveillance data, issues with mental health and wellbeing was the most commonly cited factor in narratives around suspected suicide deaths. It is widely acknowledged that population measures to reduce suicide are to improve population mental health and wellbeing.
5. Local councils play a vital role in supporting the mental health of their residents and are one of the most important influencers of people's mental health and wellbeing. Local councils are well placed to protect good mental health and in ensuring the best possible support for people with mental health difficulties through their role:
 - As a major employer and contractor,
 - In improving the environment through housing, travel, access to green spaces and community resources,
 - Supporting the best start in life and provision of education,
 - Ensuring good access to quality services such as social care,
 - As a local influencer through partnership working and mechanisms such as the Health and Wellbeing Board

6. Reports relating to Mental Health have also been considered by the Adult Social Care and Health Select Committee (Mental Health Services and support within ASC&PH) on 4 March 2024 and by the Health Scrutiny Committee (Nottinghamshire Mental Health Support Teams in Schools) on 20 February 2024.

What is suicide?

7. The Office for National Statistics definition of suicide includes all deaths from intentional self-harm for persons aged 10 years and over and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over.
8. Suicide is a major issue for society and a leading cause of years of life lost, according to data from the Office for Health Improvement and Disparities (2022). Suicide can affect anyone and has a significant, lasting and often devastating impact on individuals, families, communities, and wider society.
9. Suicide is often the end point of a complex history of risk factors and distressing events. However, suicide is preventable by working towards improving population mental health and wellbeing, and by responding to known risks for suicide in the population.

Use of language about suicide

10. Research evidence shows that certain types of media depictions, such as explicitly describing a method, sensational and excessive reporting, can lead to imitational suicidal behaviour among vulnerable people.
11. Samaritans' media guidelines for reporting suicide offer practical advice on how to reduce the risk of media coverage negatively impacting on people who may be vulnerable and can be found on the Samaritans' website (www.samaritans.org).

Advice on talking about suicide

12. The terms and phrases used when reporting suicide are important. Inappropriate or careless use of language can sensationalise or glorify a death.⁴ Careful use can contribute to more sensitive coverage, reducing the risk of influencing imitational behaviour or causing distress to bereaved family and friends.
13. Terms to use when speaking about a suicide include:
 - 1) Taken his/her/ their own life
 - 2) Ended his/her/ their own life
 - 3) Die by/death by suicide
 - 4) Suicide attempt
 - 5) Attempted suicide
 - 6) Person at risk of suicide
14. Unhelpful terms when speaking about suicide include:
 - 1) Commit suicide
 - 2) Suicide victim

- 3) Suicide 'epidemic',
 - 4) 'wave', 'iconic site',
 - 5) 'hot spot'
 - 6) Cry for help
 - 7) A 'successful', 'unsuccessful' or 'failed' suicide attempt
15. Councillors are well placed to champion mental health policies and practice to promote mental health and prevent illness. As set out in recent Samaritans 'Advice for local councillors in England on raising suicide in public forums and the media' (January 2024), Councillors have an important role to play in keeping suicide prevention and mental wellbeing on the local agenda and ensuring the issue receives appropriate debate and scrutiny. Councillors are also able to support suicide prevention and good mental wellbeing through the promotion of hopeful stories of recovery, encouraging help-seeking and sharing details of support services. The Samaritans advice for local councillors includes advice on speaking about suicide in public forums and the media to help minimise risks to people who may be susceptible to suicide contagion caused by media coverage. This Samaritans advice is not currently available online and can be circulated on request. Following meetings with Councillors during April, Public Health are working to identify appropriate suicide prevention training for Councillors in the coming months.

Key aspects from the Joint Strategic Needs Assessment

16. The Nottingham and Nottinghamshire Suicide Prevention Joint Strategic Needs Assessment (JSNA) was developed through a dedicated task and finish group, consisting of stakeholders from within the owning group of the Nottinghamshire and Nottingham City Suicide Prevention Strategic Steering Group. Members included representatives from Nottingham and Nottinghamshire Integrated Care Board mental health commissioners, Nottinghamshire County Council Public Health, Nottingham City Council Public Health, Nottinghamshire Healthcare Foundation Trust, Bassetlaw Place Based Partnership, and the voluntary sector (the Samaritans).
17. The JSNA was approved by the Joint Health and Wellbeing Board in February 2024 with recommendations covering the following broad categories:
- 1) Improved Data and Evidence: The JSNA recommended improved data sharing protocols and embedded learning from data across key partners including the Real Time Suspected Suicide Surveillance working group, the local Mental Healthcare trust and other groups working with people at increased risk of suicidality to inform prevention action.
 - 2) Reducing access to means: To continue strengthening work on reducing access to means and high frequency locations through the Real Time Suspected Suicide Surveillance (RTSSS) working group.
 - 3) Providing tailored and targeted support to target groups: Research, data and local insights highlighted approaches to improve support for target groups, such as Children and Young People and the LGBTQ+ group through whole school approaches and men in mid-life through co-development of services in formal and informal settings.
 - 4) Addressing risk factors: Groups with increased suicidality need tailored support to access suicide prevention services i.e. those who are financially vulnerable, unemployed or

people with a gambling problem or people bereaved by suicide. Improved partnership working between local authority public health teams, the voluntary sector, ICB and other providers will facilitate this.

- 5) Crisis support has been raised with the Integrated Care Board to consider: identifying opportunities and improve support, particularly where gaps have been identified in subsequent presentations to emergency services and for looked-after children.
- 6) Online safety: There have been increases in suicide-related internet use since 2011. An approach to tackle this will be shaped by the new national online excellence programme.

Suicide rates

18. Nationally reported suicide data for 2019-21 show Nottinghamshire County's suicide rate of 10.3 per 100,000 people is statistically similar to both the East-Midlands (10.3) and the England average (10.4).³ From 2001 up until recent years, linear trends in suicide rates, both locally and nationally, had been going down. In more recent periods, local and national suicide rates have begun to rise, with Nottinghamshire County's suicide rates increasing from 8.7 per 100,000 people (in 2016-18) to 10.3 per 100,000 (in 2019-21).³ The latest figures for 2019-21 are not however statistically significantly different to the East Midlands or England average.
19. Since 2001, suicide rates in Nottinghamshire have been significantly higher in males compared to females, mirroring national patterns. Whereas nationally around 75% of people who die by suicide are men, 82% of suicides in Nottinghamshire County were men from the latest data available (2019-21).³

At risk groups

20. Known risks for suicide include living in areas of deprivation, having a previous history of mental illness, history of self-harm, or being part of at-risk demographic group such as men in mid-life. Further at-risk groups highlighted from the JSNA include:
 - 1) Children and Young people (including a focus on prevention)
 - 2) Gypsy Roma Traveller groups
 - 3) LGBTQ+ groups
 - 4) Those who are financially vulnerable, unemployed or people with a gambling problem
 - 5) People with neurodevelopmental conditions
 - 6) People with multiple health conditions, chronic pain or cancer
 - 7) People bereaved by suicide
 - 8) Domestic Abuse victims
 - 9) People in contact with the criminal justice system.

Role of the Nottinghamshire County Council in suicide prevention

21. Suicide is preventable and Nottinghamshire County Council, Nottingham City Council and local partners work towards reducing suicide in the local population by proactively improving population mental health and wellbeing, and by responding to known risks for suicide in the population. In line with Public Health England guidance (2020) Nottinghamshire County Council Public Health team work closely with Nottingham City Public Health to lead system wide suicide prevention work, including developing the local Suicide Prevention Strategy and

Joint Strategic Needs Assessment, and establishing and leading partnership meetings, including the Suicide Prevention and Self-Harm Strategic Steering Group and the Suicide Prevention Stakeholder Network. The group has reporting lines into the Health and Wellbeing Strategy, the Nottinghamshire Plan and the Integrated Care System (ICS).

22. As set out in the new National Suicide Prevention Strategy (see below) suicide prevention is everybody's business. Suicide prevention cuts across the work of Nottinghamshire County Council including the commissioning and provision of mental health support for adults and children and young people, promoting and supporting good mental wellbeing in the provision of services across the life course, ensuring places and communities promote good health and reduce loneliness, supporting good mental and emotional wellbeing within schools, and supporting our residents into the right support for their needs at the right time. Nottinghamshire County Council departments work with our partners in the Integrated Care System (ICS) to support the delivery of the ICS Mental Health Strategy and workstreams.
23. Public Health also work to improve the knowledge, competencies and skills of the workforce in relation to mental health promotion and suicide prevention through commissioning and promotion of training, communications and health promotions campaigns to reduce stigma and support people to access the right support at the right time, identification of risk groups and inequalities, and providing evidence-based information to inform practice across the system. Training is provided by Harmless and can be booked online (www.eventbrite.co.uk/o/harmless-lets-talk-training).
24. Public Health are also responsible for implementing and managing the Real Time Surveillance of Suspected Suicides System, which provides and monitors 'real time' data on suspected suicide deaths to support the early identification of risk factors and risk groups and enable rapid partnership responses to those risks.

New National Suicide Prevention Strategy

25. The new national Suicide prevention strategy and action plan was published in September 2023 and sets out over 100 actions across sectors, agencies and the general public, in promoting suicide prevention as everybody's business.
26. The government's ambition is to reduce suicide rates over the next 5 years with initial reductions observed within 2 years, by focusing on the following priority areas for action:
- 1) Improved data and evidence: A new nationwide near real-time suspected suicide surveillance system will improve the early detection of and timely action to address changes in suicide rates or trends.
 - 2) Maximising collective impact: A £10 million Suicide Prevention Grant Fund to support Voluntary Community Sector organisations to deliver suicide prevention activity.
 - 3) Priority areas: Actions will look to provide targeted and tailored support for higher risk groups for suicide.
 - 4) Early intervention: Actions will address common risk factors linked to suicide at a population level by providing early intervention and tailored support.

- 5) Effective crisis support: NHS England is taking forward improvements to the mental health crisis support offer, supported by an investment of £150 million.
- 6) Effective bereavement support: Actions will support the roll-out of more consistent, high-quality bereavement support to those affected by suicide.
- 7) Online safety: The government's proposed Online Safety Bill will introduce legislation to tackle harmful online suicide and self-harm content.

Co-production of the Nottingham and Nottinghamshire Suicide Prevention Strategy and Charter

27. A core principle throughout development of the new local strategy was of co-production. A Nottingham and Nottinghamshire Suicide Prevention 'charter' task and finish group was formed in October 2023 consisting of people with lived experience of suicidality or bereavement by suicide. The purpose of the group was to develop a series of 'Charter statements' which would inform strategy development.
28. The Suicide Prevention Charter is expected to be finalised in April 2024 and is included in Appendix A. Charter themes have been shared as they were being developed, with strategy development teams in order to align with strategy timescales.

Development process of the strategy

29. A dedicated strategy task and finish group was set up in February 2024 consisting of members of the Suicide Prevention Steering Group and two link persons from Charter task and finish group with lived experience of suicide and bereavement by suicide. The group reviewed the progress made against the last strategy, ensuring the JSNA recommendations were included and a mapping of priorities. The co-produced Nottingham and Nottinghamshire Suicide Prevention 'charter' has been a 'golden thread' informing strategy development.
30. As part of a process of engagement, a copy of the draft strategy is included in Appendix B for input and feedback on the strategy from the Adults Social Care and Health Select Committee. The draft strategy will also be shared at the Health and Wellbeing Board workshop in May 2024, the Integrated Care System (ICS) Mental Health Partnership Board in June 2024 and the Children and Young People's Mental Health Partnership board.

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. There are no direct financial implications to this report. However suicide prevention is everyone's business and will be supported by many services across the council and wider system.

RECOMMENDATION/S

It is recommended that the Adult Social Care and Public Health Select Committee:

- 1) Considers and comments on the Council's approach to suicide prevention.
- 2) Provides feedback on the draft Nottingham and Nottinghamshire Suicide Prevention and Self-harm Strategy.
- 3) Members are also asked to promote the mental health awareness, self-harm awareness, suicide prevention and suicide bereavement training within their communities to staff and volunteers working with people across Nottinghamshire.

Councillor Scott Carlton
Cabinet Member for Communities and Public Health

For any enquiries about this report please contact:

Vivienne Robbins
Interim Director of Public Health
vivienne.robbs@nottscc.gov.uk

Dr Safia Ahmed
Public Health Registrar
Safia.ahmed@nottscc.gov.uk

Constitutional Comments (LW 03/05/24)

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

Financial Comments (MM 03/05/24)

34. 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.

- [Mental Health Services and Support within ASC&PH Report \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk)
- [Statutory Health Scrutiny Nottinghamshire Mental Health Support in Schools Report \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk)

Electoral Division(s) and Member(s) Affected

- 'All'

Appendix A – Suicide Prevention Charter

Nottingham and Nottinghamshire Suicide Prevention and Self-Harm Strategy

Suicide Prevention Charter

This charter sets out the voice of people with lived experiences and the values and principals which are important to them. We ask organisations, partners and stakeholders to ‘pledge’ their support and commitment to the charter.

“I want my mental health to be prioritised and supported at an early stage to avoid having to wait until a crisis to receive appropriate help”.

“I want to have a safety plan in place and a good support network around me”.

“I want to be asked about my personal story and wellbeing at an early stage so the right help can be given, but then want to avoid having to repeat my story unnecessarily”.

“I want to be listened to, treated with respect, given enough time and supported in a caring and friendly way”.

“I want language to be used which is respectful, reduces shame, and supports me to have a conversation on suicide where I can openly express my emotions and feelings without being judged”.

“I want clear, accurate and transparent information on my options including medication and waiting times and receive practical advice to support my mental health in the meantime”.

“I want friends and family to be included, and for them to be treated with respect and compassion”.

“I want to live the life I want and do the things I enjoy, and not be defined by a single experience”.

We will prioritise your mental health and provide support as early as possible

We will co-develop a safety plan with you and help you to identify, access and create a support network.

We will discuss your personal story and wellbeing with you to ensure the right help can be given but will ensure that you do not have to repeat your story unnecessarily.

We will listen to you, treat you with respect, give you enough time and support you in a caring and friendly way.

We will use respectful and appropriate language which validates your feelings and supports you to have a conversation on suicide, and we will not judge your emotions and feelings.

We will give clear, accurate and transparent information and provide practical advice to support your mental health in the meantime.

We will include friends and family unless you tell us otherwise, listen to them, and treat them with respect and compassion.

We will support you to live the life you want and help you to do the things that are important to you

DRAFT NOTTINGHAM AND NOTTINGHAMSHIRE SUICIDE PREVENTION AND SELF-HARM STRATEGY 2024 - 2029

Guiding Principles

The development of the strategy and action plan have been guided by the following principles:

- 1) People and lived experience are at the heart of all that we do and guided by principles of care, set out in the Suicide Prevention Charter.
- 2) Evidence based approaches and local knowledge will drive our approaches.
- 3) Suicide is everybody's business and requires us to work in partnership with communities and services.
- 4) Equity and inclusion are at the foundation of our work; creating support across the life-course for everyone who needs it, as well as tailored approaches for those most at-risk groups.
- 5) There should be a focus on prevention and on intervening at the point of need.
- 6) People need to get the right support at the right time and at the right place; providing quick, safe, flexible and skilled assessment and support.
- 7) Self-harm and suicide prevention need tailored approaches that recognise and address the range of individual experiences.

Vision Statement

Suicide prevention is everyone's business. Nottingham and Nottinghamshire will be a place where organisations and people understand what they can do to promote wellbeing and reduce suicide and self-harm. Everyone affected by suicidality, suicide bereavement and self-harm will be treated with respect and have access to resources to support them and opportunities to build hope.

Strategy ambitions

1) Promote a safe and stigma free environment

- Tackle stigma and raise awareness through effective communication, so that together we support each other to prevent self-harm and suicide
- Promote online safety to reduce exposure to harmful content and direct people in need to appropriate resources
- Deliver training to develop a skilled workforce that feel confident and comfortable discussing and signposting for self-harm and suicide.
- Reduce access to means of suicide and make places safer

2) Promote wellbeing and reduce risk in at-risk groups

- Improve the wellbeing of people, by promoting positive opportunities, and inclusive environments
- Develop tailored approaches, that recognise the challenging life factors that may lead to self-harm and suicidal feelings

3) People will get the right support, at the right time and in the right place

- Develop a compassionate and skilled workforce, that are committed to embedding the Suicide Prevention Charter throughout their practice
- People will have access to and know how to get to the right help for their needs, with opportunities to establish coping strategies, manage distress and restore hope
- Offer guidance to friends/family/carers to help them support loved one's experiencing thoughts of suicide, self-harm or suicide suicide bereavement
- Provide effective crisis support services and timely follow-up
- Improve opportunities and pathways to identify, refer and provide timely support to people bereaved by suicide

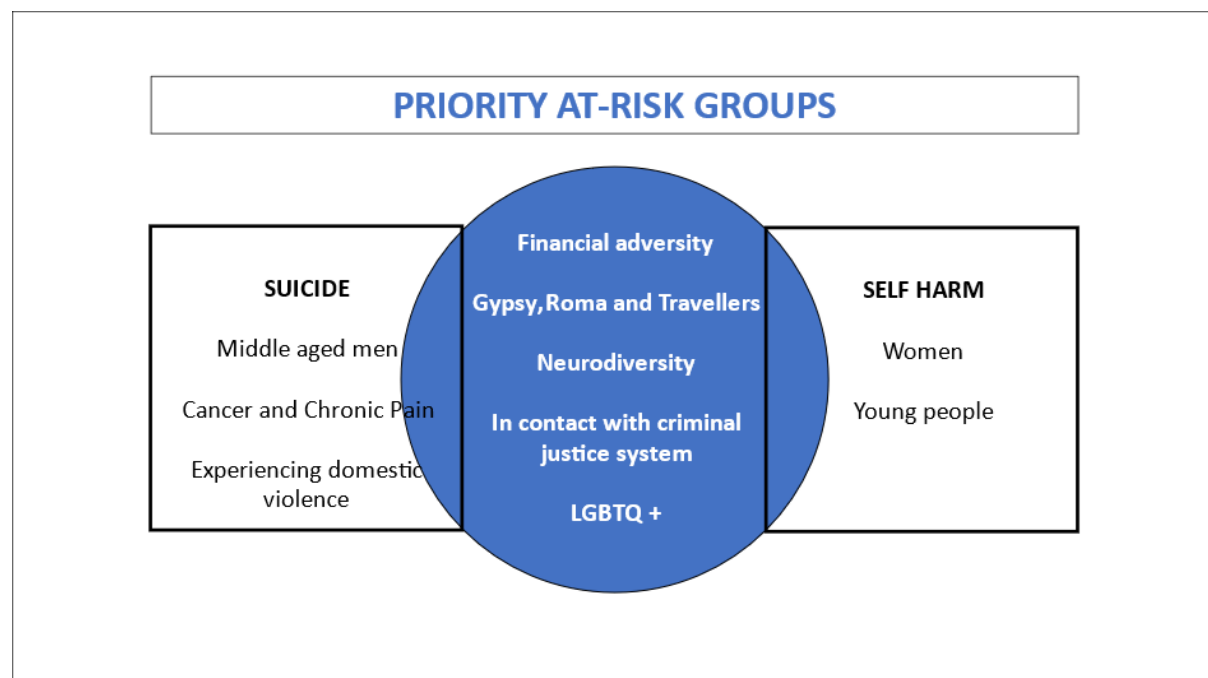
4) Local data and lived experience will inform and drive self-harm and suicide prevention

- Continue to develop Real Time Suspected Suicide Surveillance to identify suicide clusters, risks, public places and means of suicide requiring preventative action
- Develop intelligence on self-harm to identify risk and preventative approaches
- Commit to engaging with the local population to understand their lived experience of self-harm, suicide, and bereavement to inform strategies and approaches.

Priority at-risk groups

Our strategic approach is based on principles of equity and inclusion. That means that we aim to provide support for everyone who needs it, as well as providing tailored approaches for people whose life experiences or identity may make them more vulnerable to feelings of suicide or self-harm. We call these at-risk groups. It is important to note, that being part of an at-risk group is not a judgement on that identity or experience. Also, research tells us that experiencing discrimination and prejudice can contribute to feelings of self-harm and suicide and that for some groups this may be a big part of their daily life experience.

In 2023 Nottingham and Nottinghamshire jointly produced a [Suicide Prevention Joint Strategic Needs Assessment](#) (JSNA). The JSNA reviewed information from local data, national evidence, lived experience and professional insights to identify factors and groups at-risk of experiencing self-harm and suicide locally. The diagram below identifies groups and factors at risk of suicide and self-harm, while the core circle where these two overlaps.



Adult Social Care and Public Health Committee
3rd June 2024

Draft Nottingham and Nottinghamshire Self Harm and
Suicide Prevention Strategy 2024 - 2029

Dr Safia Ahmed
Specialty Registrar

Together we can prevent suicide



It's ok
to talk
about it

Together
we can
prevent
suicide

1 in 5 people
have had suicidal
thoughts at some
time in their life

Suicide




Suicide
It's ok to
talk about it

Talk to the Crisis Line any time of day or night on 0808 196 3779
or text the word 'NOTTS' to 85258 to access free, confidential text
messaging support, available 24/7
www.nottinghamshire.gov.uk/suicide

 Nottinghamshire
County Council

 Nottingham
City Council

 NHS
Nottingham and
Nottinghamshire

The Crisis Line above is run by Notts Healthcare Trust. Further services and support are available through the website.

Together we can prevent suicide


Suicide
It's ok to
talk about it

Terms to use when speaking about a suicide include:

Taken his/her/ their own life

Ended his/her/ their own life

Die by/death by suicide

Suicide attempt

Attempted suicide

Person at risk of suicide

Unhelpful terms when speaking about suicide include:

Commit suicide

Suicide victim

Suicide 'epidemic',

'wave', 'iconic site',

'hot spot'

Cry for help

A 'successful', 'unsuccessful'..

or 'failed' suicide attempt

Together we can prevent suicide

Training offers

- Gain confidence in how to talk about suicide by [taking the free 20 minute online training provided by Zero Suicide Alliance](#)
- Commissioned training is also provided by Harmless, who deliver a range of CPD-accredited and bespoke training services around self harm, suicide awareness and prevention, and mental health at <https://www.eventbrite.co.uk/o/harmless-lets-talk-training>.

Together we can prevent suicide



FREE Training

Mental Health Awareness

Nottingham & Nottinghamshire April – September 2024

LEARNING OUTCOMES

- | | |
|--|---|
| • Develop an understanding of mental health, mental ill health and mental wellbeing (including the MH continuum) | • Enhance confidence, working practice, knowledge and skills |
| • Identify protective and risk factors that can influence mental health | • Understand the direct and wider impacts of mental health conditions |
| • Spot the signs and symptoms of poor mental health (including stress and burnout) | • Develop skills to respond to and support someone with mental ill health including an understanding of local services and how to support / facilitate access for individuals |
| • Understand ACEs (Adverse Childhood Experiences) for young people and adults as well as other trauma and its impacts on mental health | • Understand the relationship between self harm, mental health and suicide |

✉ training@harmless.org.uk ☎ 0115 880 0281 📅 [Booking: harmless.eventbrite.co.uk](https://www.eventbrite.co.uk)



Recommendations of the paper

1. To gain feedback and input from Adult Social Care and Health Select Committee on the draft Nottingham and Nottinghamshire Suicide Prevention and Self-Harm Strategy.
2. To highlight available training opportunities in suicide prevention to the community and voluntary sector.

Together we can prevent suicide



Outline

- Definition of Key Terms
- Role of Public Health in Suicide Prevention
- Role of Lived Experience
- Draft Strategy

Together we can prevent suicide



What is Mental Wellbeing?

- Mental wellbeing includes a person's emotional, psychological, and social well-being. It determines how a person handles stress, relates to others, and makes choices. Mental wellbeing fluctuates and can become a mental health problem if low mood, stress and anxiety persist over a longer period of time.
- Well known links show that a previous history of mental illness such as depression, psychosis or personality disorder can increase suicide risk.¹

Together we can prevent suicide



What is Suicide?

- The National Statistics definition of suicide includes all deaths from intentional self-harm for persons aged 10 years and over and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over.
- Suicide is a major issue for society and a leading cause of years of life lost. Suicide can affect anyone and has a significant, lasting and often devastating impact on individuals, families, communities, and wider society.

Together we can prevent suicide



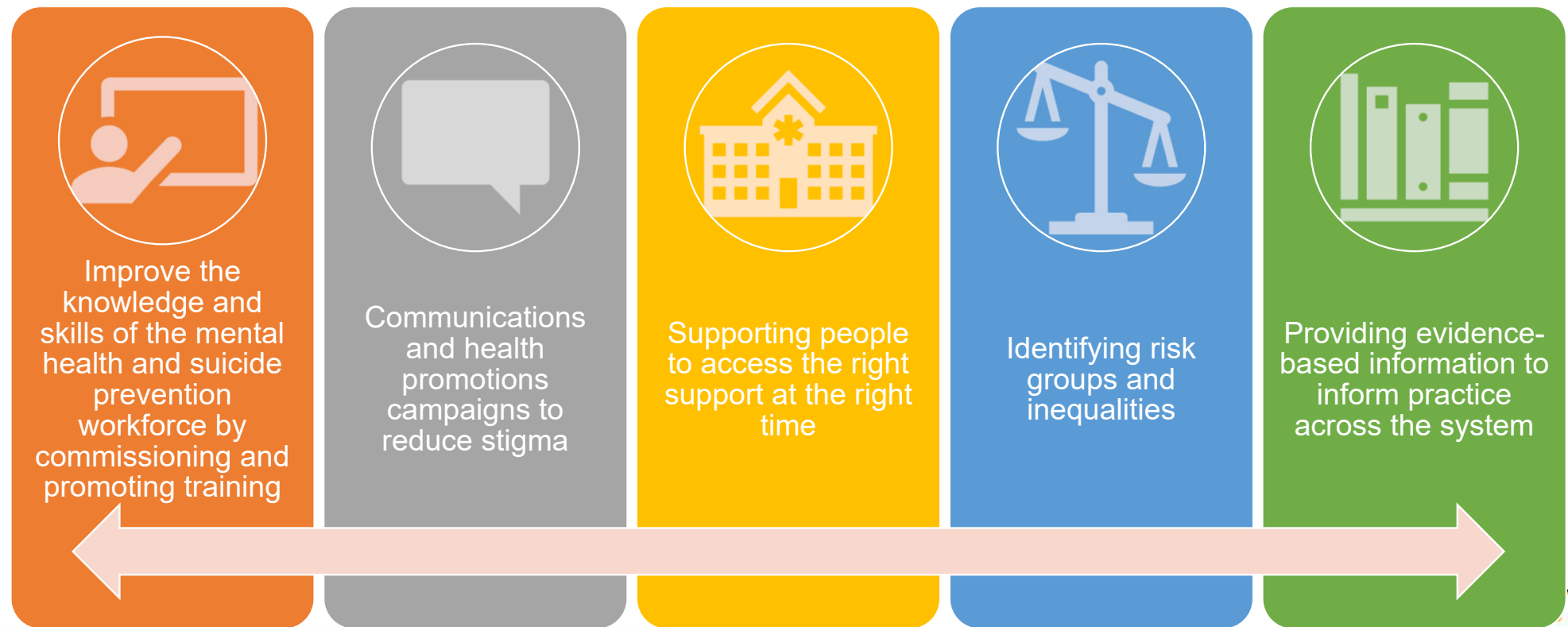
The Role of Public Health in Suicide Prevention

Suicide is preventable and Nottinghamshire County Council, Nottingham City Council and local partners work towards reducing suicide in the local population by proactively improving population mental health and wellbeing, and by responding to known risks for suicide in the population



Together we can prevent suicide

Core Suicide Prevention Activities



Together we can prevent suicide

Suicide
It's ok to
talk about it

Real Time Suspected Suicide Surveillance

- Public Health are also responsible for implementing and managing the Real Time Surveillance of Suspected Suicides System, reported by Nottinghamshire Police and British Transport Police.
- The data provides and monitors 'real time' data on suspected suicide deaths to support the early identification of risk factors and risk groups and enable rapid partnership responses to those risks.

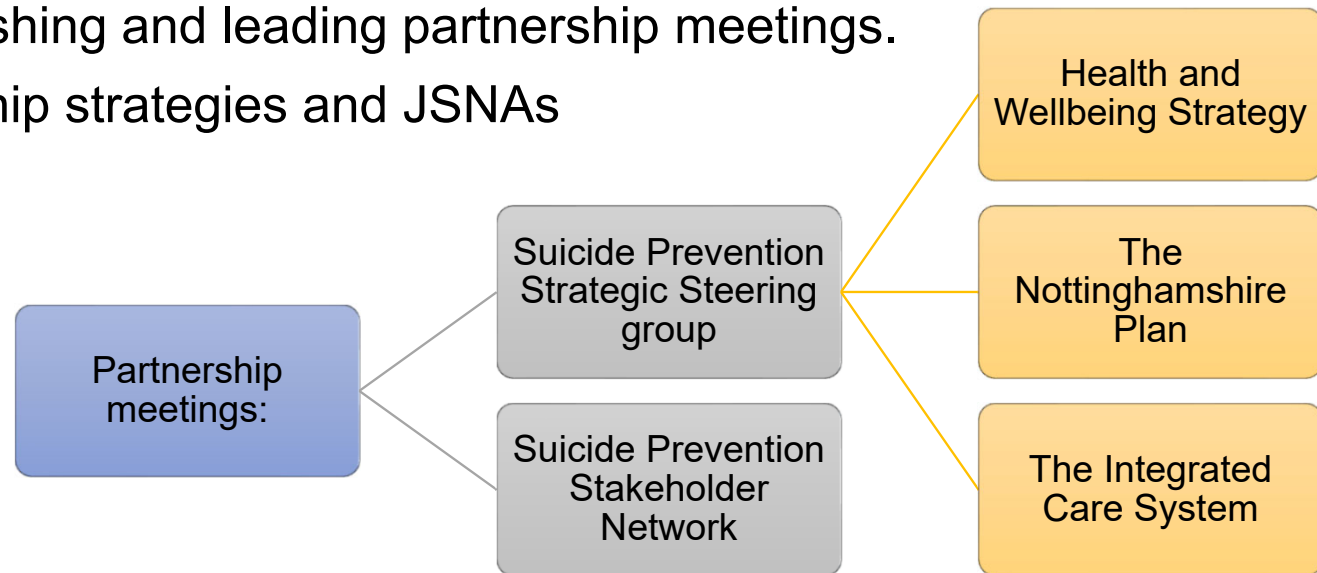
Together we can prevent suicide



System Leadership Role in Suicide Prevention

Nottinghamshire County Council Public Health team work closely with Nottingham City Public Health to lead system wide suicide prevention work.

- This includes establishing and leading partnership meetings.
- Developing partnership strategies and JSNAs



Together we can prevent suicide



The Role of the Wider Council in Suicide Prevention

At Nottinghamshire County council, we believe Suicide Prevention is everybody's business.

Suicide prevention cuts across the work of Nottinghamshire County Council including:

- the commissioning and provision of mental health support for adults and children and young people,
- promoting and supporting good mental wellbeing in the provision of services across the life course,
- ensuring places and communities promote good health and reduce loneliness,
- supporting good mental and emotional wellbeing within schools,
- supporting residents into the right support for their needs at the right time.

Together we can prevent suicide



Role of Lived Experience

Together we can prevent suicide



Engagement

- A core principle throughout development of the new local strategy was of co-production.
- Between October and April 2024, a Suicide Prevention Charter was developed by people with lived experience of suicidality or bereavement by suicide.
- The Charter has acted as a 'golden thread' informing strategy development.
- Two link persons from Charter task and finish group formed part of the strategy development group.

Together we can prevent suicide



What is the Charter?

The Suicide Prevention Charter sets out the key values and principles which matter to individuals with lived experiences of suicidality or bereavement by suicide. The Charter recognises the value of lived experience and acknowledges that these important voices should shape and influence local suicide prevention activity.

Residents with lived experiences have shared their personal stories and used this to develop a set of 'I' and 'We' statements to set out clear expectations from an individual perspective and what is expected of organisations and services to meet those needs.

Together we can prevent suicide



Draft Nottingham and Nottinghamshire Self Harm and Suicide Prevention Strategy

Together we can prevent suicide



Strategic Vision for Nottingham and Nottinghamshire

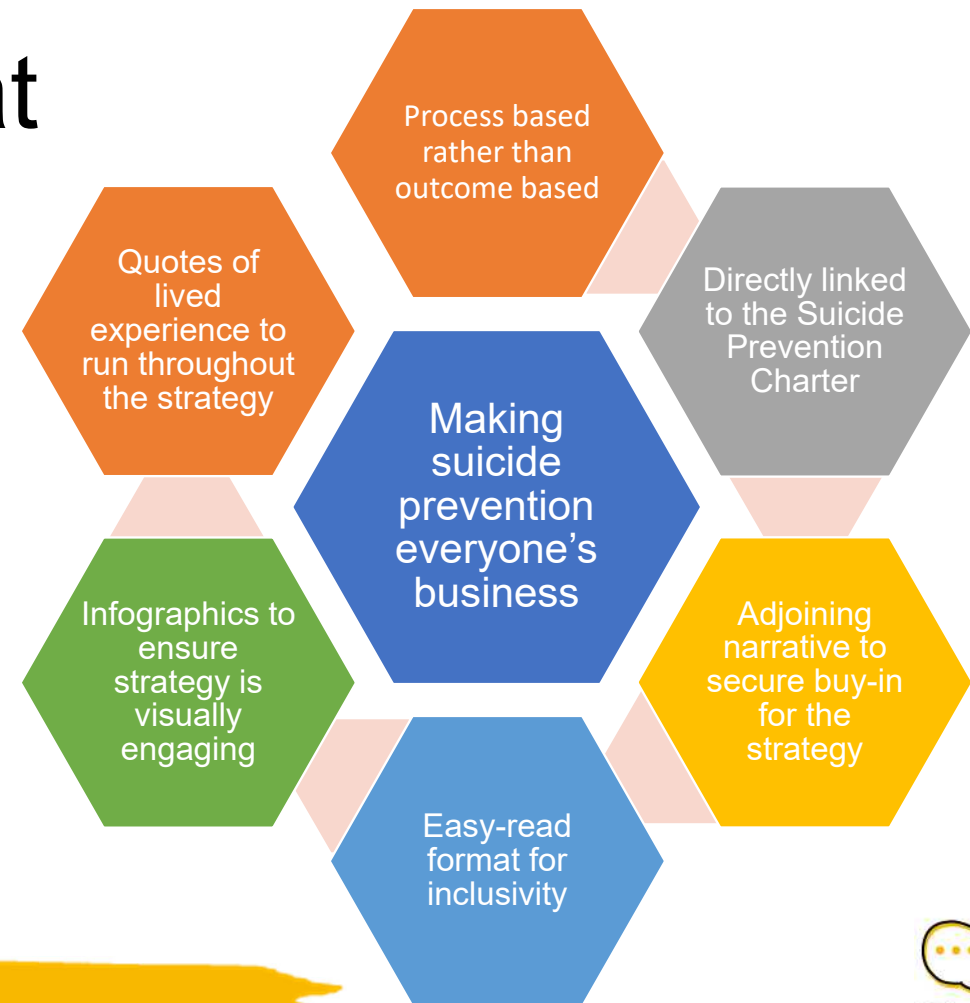
Suicide prevention is everyone's business. Nottingham and Nottinghamshire will be a place where organisations and people understand what they can do to promote wellbeing and reduce suicide and self-harm. Everyone affected by suicidality, suicide bereavement and self-harm will be treated with respect and have access to resources to support them and opportunities to build hope.

Together we can prevent suicide



Purpose and Format of the Strategy

- Secure buy-in from wider audiences (Suicide Prevention is everyone's business)
- Voices of lived experience
- Inclusive, engaging format



Together we can prevent suicide

Ambitions of Strategy

Together we can prevent suicide



Overarching Ambitions

1. Promote a safe and stigma free environment

2. Promote wellbeing and reduce risk in at-risk groups

3. Ensure people get the right support, at the right time and at the right place

4. Ensure local data and lived experience informs and drives self-harm and suicide prevention

Together we can prevent suicide



Promote a safe and stigma free environment



Comms
tackling
stigma



Promote
Online
Safety



Training to
develop a
skilled
workforce



Reduce
access to
means



Together we can prevent suicide

Promote wellbeing and reduce risk in at-risk groups



Promote
positive
opportunities



Inclusive
Environments



Tailor
approaches



Recognise
challenging
life factors



Together we can prevent suicide

Ensure people get the right support, at the right time and at the right place



**Compassionate
skilled
workforce**



**Support
wider
networks**



**Effective
crisis support**

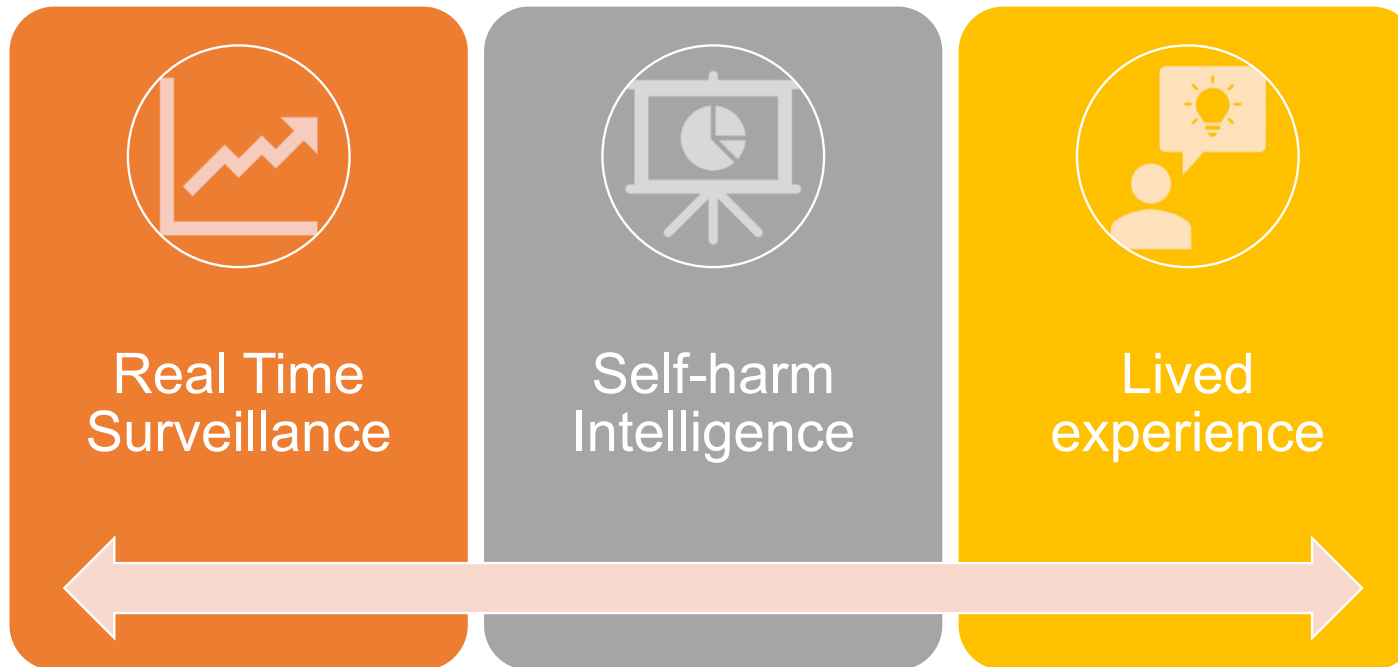


**Improve
pathways to
support**



Together we can prevent suicide

Ensure local data and lived experience informs and drives self-harm and suicide prevention



Together we can prevent suicide

Recommendations of the paper

1. To gain feedback and input from Adult Social Care and Health Select Committee on the draft Nottingham and Nottinghamshire Suicide Prevention and Self-Harm Strategy.
2. To highlight available training opportunities in suicide prevention to the community and voluntary sector.

Together we can prevent suicide



Thank you

Together we can prevent suicide



3 June 2024

Agenda Item: 7

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

ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE, RISKS AND FINANCIAL POSITION – QUARTER 4 2023/24

Purpose of the Report

1. To provide the Committee with a summary of Adult Social Care performance.
2. To provide the Committee with a summary of Public Health performance.
3. To provide the Committee with a summary of Adult Social Care and Public Health Vital Signs and key departmental risks.
4. To provide the Committee with a summary of the Adult Social Care and Public Health financial position as at the end of March 2024.

Information

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

Financial Implications

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

RECOMMENDATION/S

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

- 1) the summary of Adult Social Care performance.
- 2) the summary of Public Health performance.

- 3) the summary of Adult Social Care and Public Health Vital Signs and key departmental risks.
- 4) the financial position of Adult Social Care and Public Health, as at the end of March 2024.

Councillor Jonathan Wheeler
Cabinet Member for Adult Social Care

Councillor Scott Carlton
Cabinet Member for Communities and Public Health

For any enquiries about this report please contact:

Adults:

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

Public Health:

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

Constitutional Comments (LPW 15/05/24)

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

Financial Comments (CMER 09/05/24)

10. There are no direct financial implications of this report.

Background Papers and Published Documents

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

[Adults Technology Enabled Strategy 2024 - 27– report to Cabinet on 28 March 2024](#)

[Joint Carers Strategy 2023-2028](#)

Electoral Division(s) and Member(s) Affected

All.

AS0014

Adult Social Care & Public Health Performance, Risks and Financial Position Quarter 4 (January to March 2024)

ASCPH Select Committee 3rd June 2024





Local Account

Our Local Account highlights:

Things we are doing well and want to celebrate

How to get involved

Data/stats to show how we are doing

Things we will do differently

Quotes and stories from people and carers

Priorities that we have co-produced

- A public facing transparent account of our Adult Social Care strategy
- Co-designed - By people for people
- Based on Social Care Future vision and Making it Real
- A 1-year report for 2024 - it will be refreshed in 2025
- Priorities will be included in departmental service plans
- Some priorities will take more than one year to achieve

If you always do what you've always done, you will always get what you've always got...





Local Account

Pulling it all together





Making It Real Forum

To achieve our vision for social care we need to work together.

The Making it Real Forum is a strategic group bringing together people with lived experience and senior leaders.

It focuses on key areas from the Local Account which we all want to improve.

Areas of focus in 2023/24 have included support for carers, Direct Payments and equipment and housing adaptations.





Stories of Difference

Brooke Farm Employment Hub: One of the adults who has attended the training Hub based at Balderton horticultural unit has become an accomplished gardener and groundsman. With the support of the I Work team he has secured paid work at a care home in West Bridgford as a gardener.

C has a consistent member of staff who has built a good relationship with her. Care staff have taken the time to support C on short walks to build her confidence to be out of the house without her family being present. C has gained more confidence and with the support of care staff is now able to visit the local park and the local coffee shop on the days her family are at work; this is something she thoroughly enjoys.

Home Care Story

Mr L has a visual impairment with tunnel vision in daylight, reduced to just seeing streetlights and car headlamps at night. He wanted to build confidence in getting around and using trains. A Vision Rehabilitation Worker highlighted the benefits of using a long cane and provided tailored training. Mr L describes this as being 'like a journey of discovery.' The **Adult Deaf and Visual Impairment Service (ADVIS)** provided help and training that has empowered him to go out in the dark and be able to get around independently.





Key Successes at the end of Quarter 4

Maximising Independence Service (MIS)

MIS has seen **significant increases in activity and savings** over the last year, while still maintaining a high level of positive outcomes for people.

2421 people completed reablement after coming out of hospital, an increase of **50%** compared with 2022/23. Average saving per person per week was £167.49, representing **£1.5m** saving over the year.

In the community setting, 430 people completed reablement in 2023/24, an increase of **101%** compared with 2022/23. Average saving per person per week was £111.32, representing **£1.2m** saving over the year.

Technology Enabled Care (TEC)

The **TEC Strategy** was approved at Cabinet 28 March 2024. A TEC Strategy Board met in April to drive implementation.

Use of TEC to support people to remain independent has **increased** through the year.

Comparing figures for Apr 23-Feb 24 with the same period in 2022-23, referrals for TEC increased by:

- 16% for referrals from Ageing Well Community Teams
- 14% for referrals from Discharge to Assess Teams
- 6% for referrals from the Maximising Independence Service

27 Lilli TEC devices have been installed in the South of the County and this pilot is now being further expanded to include Rushcliffe. Lilli supports assessment to right size care and avoid residential admission.

The TEC team are working with the Strength Based Approaches Team and Channel 3 colleagues to support the TEC at scale work to increase referrals across Ageing Well and Reablement and to capture positive outcomes. A temporary show flat is being set up to showcase TEC.





ADULT SOCIAL CARE PERFORMANCE

Key Successes at the end of Quarter 4

Employment

756 adults aged 18-64 were supported to access employment, education, training or volunteering during 2023/24, significantly overachieving the **target of 650** people for the year. A stretch target of **800** has been set for 2024/25 to build on this success.

Carers

The Joint **Carers Strategy** for Nottingham and Nottinghamshire was launched in November last year and is being implemented. New carers services including a new carers hub are now in place. Quality assurance of carers' assessments is being undertaken to ensure carers are receiving parity of provision.

The Making It Real Forum carried out a deep dive into support for carers in September, identifying current strengths and areas for improvement.

Short Term Care

In 2023/24 we have seen improvements in **reducing inappropriate use of short-term care**, resulting in reduction in spend of **£752,511** for the year. This is due to the positive impact of work with hospital teams, ongoing Quality Assurance Meetings and the use of Strength Based Approaches. Work is now beginning to target short-term care usage and better understand length of stay.

Direct Payments

At the end of March 2024, **39.8%** of adults receiving community-based support have a direct payment, against a target of 42%. The Direct Payments team have been working with operational teams to ensure that opportunities for employing a Personal Assistant are always considered in the first instance. This team is now expanding to include a Brokerage model, refreshing people's care and support arrangements and reviewing provider arrangements, including where a Direct Payment Agency package is in place.

The Making It Real Forum carried out a deep dive into Direct Payments in January and this included discussion about the new brokerage model which was welcomed by the Forum.





Areas of Focus

Front Door

The current work to improve the front door for Adult Social Care is being delivered as part of the corporate **Prevention Programme**. Phase 1 of this work is focused on the Multi Agency Safeguarding Hub (MASH) and includes the following elements that are all designed to reduce the current volume of referrals:

- The MASH web pages, and online referral form have been redesigned to reduce the number of non-safeguarding referrals that currently go through to the MASH.
- A new workflow for safeguarding referrals coming into the MASH has been co-designed with staff and will go live in May.
- Joint work is underway with the East Midland Ambulance Service (EMAS) to reduce the volume of non-safeguarding referrals made to the MASH.
- Work has started with the Quality Market Management Team (QMMT) and external providers to co-design an alternative pathway for non-safeguarding referrals to be received directly by QMMT rather than through the MASH

Hospital Discharge

System-wide demand remains **high** and we continue to work with partners to streamline processes. System improvement plans are in place including a focus on improving flow from point of admission to support more people directly home, re-commissioning of rehab beds and reducing abandoned discharges.

We have developed a new reporting system for our Key Performance Indicators, measuring the time between a decision being made in the Hub and the date of discharge to better reflect the impact of social care involvement and understand what internal improvements are required.





Areas of Focus

Reviews

The percentage of people who have received a review in the last 12 months was **78.5%** at the end of March 2024 against a target of 100%. For younger adults, there has been an improvement in this figure over the past year: 86.8% at March 2024 compared with 85.4% in March 2023. 70.8% of older adults have been reviewed in the last 12 months, which is an increase from the figure at the end of February 2024 (69%).

Further work is needed to understand the **quality** of reviews. The Making It Real Forum will be carrying out an enquiry into this area in July 2024.

Adult Social Care Redesign

Our Annual Conversation in 2023 and recent Peer Reviews have highlighted variation in our outcomes and practice in Adult Social Care. We have made progress to address this, including with our strength based commissioning and social work, but it is clear we need to change our ways of working systemically to take our work to the next stage.

Over the coming months, we will be reshaping our community social work teams to be **all-age and place-based**. This will really help us to focus on community development, our link to places and our partners. Our provider services will operate together to bring out the best from our well-regarded internally-led provision. We are working with Group Managers and Team Managers to discuss how we support, manage and lead in the new ways of working.





Stories of Difference

A (15 year old female) was referred by Children's Social Care for support in relation to her parents' alcohol use. A had been moving between the care of both parents. Her mum had a history of repeated relapse, having had several periods in private rehab. A's dad had previously remained abstinent for several years and had been A's primary carer. However, her dad relapsed and he died unexpectedly at home alone. Change Grow Live (CGL) supported A and her mum. Just a few months after losing her dad and during the period of her mum's relapse and mental ill health, A achieved grade A's and A* in all her GCSE exams. A's resilience and ability to cope and excel in her education in the face of extreme adversity is something that we were able to acknowledge and celebrate. Support has enabled A to develop an informed awareness and acceptance of her situation and equipped her to better manage mum's dependency and its impact on her psychological and emotional wellbeing.

'I understand it now, coping 100% better...I'm getting on with my own life now...don't think I would have got through it without you. Could talk to you, you never judged me or my parents, you understand...Not enough awareness of CGL and that you're there for support...I think young people with parents that use feel uncomfortable and struggle to trust people, so you need to let them know you're there, publicise you and your work more.'

**Feedback from young
CGL client**

A woman in North Nottinghamshire needed to access temporary accommodation due to domestic abuse. Thanks to Nottinghamshire Women's Aid pet refuge provision, she was able to access temporary accommodation and flee domestic abuse, as having a pet with her had been a barrier to accommodation. Without the foster care for her dog, she would have been street homeless.

Integrated Wellbeing Service feedback: *'At my GP annual check-up, yet again my weight had increased on the previous year...I said this is enough, this time I was going to do something about it, something I had been saying for years and my late wife used to get onto me about. A week or so later, I received an invitation from my GP to this weight management program. I immediately signed up for it. Currently, I have lost 10.6kg (nearly 10% of my body weight) and aim to continue losing more. My physical and mental well-being has improved. I am still learning about the changes to my lifestyle but I can see things improving and this is down to the program provided by you and your team.'*



Integrated Wellbeing Service

The Integrated Wellbeing Service supports residents with health behaviour change interventions. Following robust contract management and meetings with the provider ABL, the service is now **on track** to achieving their key performance indicators.

The Authority have set out their expectation of:

- An upward trajectory of outcomes for core Key Performance Indicators (including those relating to smoking quits and 3% and 5% weight loss)
- Achievement of **at least 80%** of total outcomes for the service (across all interventions by the end of the 2023/24 reporting period).

Provisional data for Quarter 4 indicates the provider has **achieved 79%** of the total outcomes across the full Integrated Wellbeing Service. Final figures will be available at the end of June.

The **outcomes for 2023/24** are the **best to date** and are on par with previous outcomes from providers of the Smoking Cessation Service and Obesity Prevention and Weight Management Service that were commissioned prior to 2020.

Nottinghamshire has the same rate of smoking quits as Derbyshire. Whilst three authorities have a higher rate than Nottinghamshire, another nine statistical neighbours have lower quit rates.



Statutory Duties

Sexual Health

The numbers of people accessing sexual health services in Nottinghamshire **continues to rise** since the COVID pandemic. A higher number of younger people are also positively accessing online services for chlamydia testing.

The sexual health service provided by the three NHS trusts is due to end later this year with Nottingham University Hospital providing services for the whole authority from 1st October 2024.

Homelessness

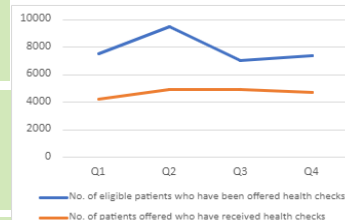
In 2023/24, **over 80%** of those in a hostel left the service in a planned way, with Framework confident in their ability to manage their own tenancy. **Over 90%** of individuals who exited move-on accommodation did so in a planned way. This means that individuals were supported to maintain their tenancy with Framework and to develop the skills they need to be independent.

Due to continued external pressures around the wider housing market, the number of individuals exiting hostel and move-on accommodation has remained **low**. Where individuals cannot be moved out of move-on accommodation, this has implications for hostel accommodation. The provider continues to work hard to develop strong partnerships to maximise opportunities for appropriate long-term accommodation.

NHS Health Checks

The number of invitations has reduced from Quarter 4 last year by 19%, predominantly due to three practices reducing their output significantly. Otherwise, levels of invitations remain **similar year on year and across 2023/24**.

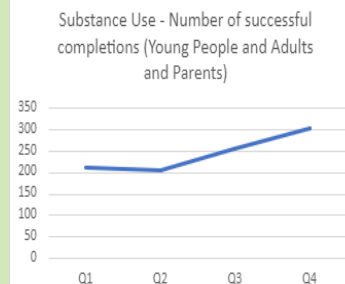
The number of completed Health Checks has increased slightly by 2% from Quarter 4 in 2022/23 to 4709. Although the number has remained similar, the reduction in invitations highlights a much **higher uptake rate**, from 50.4% in 2022/23 up to 63.5% in 2023/24.



Substance Misuse

There has been an incremental **increase in successful completions** in the Change Grow Live (CGL) programme. As well as successful completions, the service also supports wider benefits in areas such as mental health, housing, education and employment.

CGL is working with its newly appointed psychology team to develop an enhanced psychosocial offer for people who are using opiates and other drugs, to support their recovery and move through treatment. This year has also seen a significant increase in the number of people presenting to the service with alcohol use which in turn has seen an increase in the number of people having an in-patient detoxification and community detoxification.





Public Health advice to NHS commissioners

Health and Wellbeing Board

Nottinghamshire Health and Wellbeing Board met eight times in the 2023/24 financial year. The Board continues to deliver a range of workshops, Joint Strategic Needs Assessments and reports to support the implementation of the Joint Health and Wellbeing Strategy. Board membership was updated in February 2024 to include the Chair of the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance.

In July 2023 members agreed a review of the Board to explore how it can best deliver its responsibilities, promote prevention and equity, and improve the health and wellbeing of the local population and promote prevention and equity. The review commenced in December 2023 and is being supported by the Local Government Association (LGA). An update on progress was shared with the Board in May 2024, with a further workshop proposed for June 2024 to discuss findings.

It was also proposed in July that the Board should focus each quarter on one ambition within the Joint Health and Wellbeing Strategy. To date, the Board has received progress updates on Ambition 1 (give every child the best chance of maximising their potential) and Ambition 2 (create healthy and sustainable places) and Ambition 3 (everyone can access the right support to improve their health). Work is being undertaken to refine the approach to monitoring delivery of the Strategy. This will include an annual report, which will be embedded in this reporting going forwards.

Integrated Care Strategy

The Nottingham and Nottinghamshire Integrated Care (IC) Strategy is delivered through Nottingham City and Nottinghamshire HWBs via implementation of the two Joint Health and Wellbeing Strategies and by NHS partners through delivery of the NHS Joint Forward Plan (JFP). Nottinghamshire Health and Wellbeing Board was consulted on the refresh of the IC Strategy and the NHS JFP between February and April 2024. The Public Health division actively leads and supports work towards delivery of the 14 strategy priorities including those around best start in life, reducing health inequalities, and promoting prevention by embedding a 'Making Every Contact Count' approach across the Integrated Care System.

Director of Public Health Annual Report

The 2023 DPH Annual Report focused on the topic of severe multiple disadvantage (SMD) and aimed to highlight some of the challenges faced by people with lived experience of SMD and their achievement and courage in overcoming those challenges. It identified actions which organisations must take to strengthen support for people experiencing SMD. The report was brought to the Health and Wellbeing Board in November 2023 and invited members to plan how the recommendations could be taken forward in their organisations. A follow up workshop focusing on SMD took place in February 2024.



ADULT SOCIAL CARE VITAL SIGNS

Waiting lists

East Midlands ADASS (Association of Directors of Adult Social Services) has been working with IMPACT (IMProving Adult Care Together) to co-produce **better ways to manage and respond to waiting lists**. The project involved local authorities, staff and people with lived experience to identify contributing factors in the region and the impact waiting has on staff and people. Recommendations have been made and the next step is to coproduce **guidance, frameworks and toolkits** (including waiting well packs) which can be tailored to local needs.

Market sustainability

The market is stable and sufficient across most areas. There are quality and sufficiency risks in residential care (particularly with nursing support) which have been escalated corporately. Mansfield and Newark Districts have been heavily impacted by **Care Home closures**, with a loss of 325 beds since 2020 (227 residential care with nursing support). Quality of remaining providers is an issue, although data suggests there is sufficient capacity to meet demand. We continue to work with colleagues in district teams and health to support placements.

Capacity to increase earlier support when quality is declining is being planned. Market development work is underway alongside longer-term work to tackle the lack of nurses.

Fee Uplifts have been shared with the external provider market. Where providers have raised financial viability concerns, we will offer to have shared conversations exploring business model and costs, or to support appropriate applications to the Market Sustainability Fund.

Workforce

Staff vacancies remain high with **21.20%** posts currently vacant across the department. Vacancies for **registered social workers** are the area of highest risk and it remains difficult to recruit in Bassetlaw across all teams despite a recent targeted recruitment campaign.

Work is ongoing to increase the recruitment and retention of staff including supporting staff wellbeing. The **Strategic Workforce Plan** has been developed for 2024, aligning with the Local Account and the National Workforce Strategy.

£ FINANCIAL PERFORMANCE

Previous forecast Variance £ 000	Change in forecast £ 000	Department	Final Budget £ 000	Actual £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000	Var as a % of budget
(4,113)	(2,270)	<u>ASCH Committee</u>					
		Strategic Commissioning and Integration	(35,400)	(41,783)	(41,783)	(6,383)	18.03%
3,415	289	Living Well and Direct Services	157,168	160,872	160,872	3,704	2.36%
(23)	638	Ageing Well and Maximising Independence	147,144	147,759	147,759	615	0.42%
		<u>Communities and Public Health Committee</u>					
(666)	(122)	Public Health	2,250	1,462	1,462	(788)	-35.02%
(1,386)	(1,466)	Forecast prior to use of reserves	271,162	268,310	268,310	(2,852)	-1.05%
		<u>ASCH Reserves</u>					
-	2,495	Transfer to / (from) Revenue Reserves	(6,036)	(3,541)	(3,541)	2,495	-41.34%
-	-	Transfer to / (from) Capital Reserves	-	-	-	-	0.00%
-	-	Transfer to / (from) reserves (Ageing Well)	-	-	-	-	0.00%
		<u>Public Health Reserves</u>					
666	119	Transfer to / (from) Grant reserves	(2,250)	(1,465)	(1,465)	785	-34.89%
3	127	Redundancy related costs	-	129	129	129	0.00%
668	2,741	Subtotal	(8,286)	(4,877)	(5,006)	3,409	-41.14%
(718)	1,275	Net Department Total	262,876	263,433	263,304	557	0.21%

The above table is the year end outturn for the financial year 2023/24.

There is an **overspend of £557k** which is **0.21%** of the overall budget for the year.



ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE, RISKS AND FINANCIAL POSITION – QUARTER 4 2023/24**Information****A) Adult Social Care Performance****Local Account**

1. The Nottinghamshire Plan was approved by Full Council in November 2021. It is an ambitious plan for the County Council, which sets out the strategic vision for the future of Nottinghamshire and the Local Authority. A key component of the Nottinghamshire Plan is for local people to have a say in how things are done. This is the approach which has been taken with the department's [Local Account](#).
2. The Local Account is a public facing, accessible report that is a refresh of the department's Adult Social Care Strategy. It has been co-designed with the Our Voice co-production group and experts by experience. It is a one-year report for 2024 and will be refreshed in 2025.
3. The Local Account contains things the department is doing well and wants to celebrate; things which will be done differently; data and statistics to show how the department is doing; and quotes and stories from people and carers.
4. The Local Account is structured around the Making it Real themes and each theme has several identified priorities. Some priorities will take more than one year to achieve. The Making It Real themes are:
 - Wellbeing and independence – living the life I want, staying safe and well
 - Information and advice – having the information I need, when I need it
 - Active and supportive communities – keeping family, friends and connections
 - Flexible and integrated care and support – my support, my own way
 - When things need to change – staying in control
 - Workforce – the people who support me.
5. The priorities in the Local Account have been co-produced, drawing on what local people said was important to them in the Big Conversation held in 2023. During the Big Conversation, over 500 people and carers across the County talked about what they thought about the care and support they received. The priorities are also informed by the listening and learning the department has taken from inspection and self-assessment.
6. Alongside the launch of the Local Account, the department is currently refreshing the Local Authority Self-Assessment which was completed in April 2023. The self-assessment document will form part of the Care Quality Commission (CQC) inspection. It allows the department to provide an account of its strengths and areas of improvement by assessing its performance in relation to the CQC quality statements; to highlight key successes, risks and challenges; and to identify actions and where the department needs to improve. It will support delivery of the Local Account priorities.

Making It Real Forum

7. The Making It Real Forum is a partnership between senior leaders in Adult Social Care and people and carers who draw upon care and support in Nottinghamshire. It was set up following the Big Conversation. The Forum is co-chaired by people and carers with lived experience and meets every two months.
8. The meetings focus on key areas from the Local Account which everyone wants to improve. To date, the Forum has met five times and topics discussed have included support for carers, direct payments, and equipment and housing adaptations.

Key successes at end of Quarter 4 2023-2024

Maximising Independence Service (MIS)

9. The Maximising Independence Service has seen significant increases in activity and savings over the last year, while still maintaining a high level of positive outcomes for people.
10. 2,421 people completed reablement after coming out of hospital in 2023/24, compared with 1,611 in 2022/23. This equates to a 50% year-on-year increase in delivery. The average saving per person per week (based on figures from quarter 1 to quarter 3) was £167.49 in 2023/24 compared with £89.74 in 2022/23. This equates to an 87% year-on-year improvement in delivery and represents total savings of £1.5m over the year, overachieving the £832,000 target by £626,000.
11. In the community setting, 430 people completed reablement in 2023/24, compared with 430 in 2022/23. This equates to a 101% year-on-year increase in delivery. The average saving per person per week (based on figures from quarter 1 to quarter 3) was £111.32 in 2023/24 compared with £87.12 per person per week in 2022/23. This equates to a 28% year-on-year improvement in delivery and represents total savings of £1.2m over the year.

Stories of Difference: Success story and compliment received for Maximising Independence Service (MIS)

Mr G was discharged from QMC after spinal surgery. He said he was not particularly receptive to any further involvement from professionals. However, Mr G felt that the two MIS workers persevered, ordered the equipment he needed and worked with him to get him more mobile. He was eventually able to independently get upstairs to bed, into the shower and ultimately go outside with the use of walking sticks. All this meant he did not require ongoing support after his period of Reablement. Mr G said that without their help and encouragement he would not be as far forward with his recovery as he now is.

"Please pass on my thanks and kind regards. I look forward to telling them about my progress when I get the review in a few weeks."

Technology Enabled Care (TEC)

12. The TEC Strategy was approved at Cabinet on 28 March 2024. A TEC Strategy Board met in April to drive implementation.
13. Use of TEC to support people to remain independent has increased through the year. Comparing figures for April 2023 to February 2024 with the same period in 2022/23, referrals for TEC increased by:
 - 16% for referrals from Ageing Well Community Teams
 - 14% for referrals from Discharge to Assess Teams
 - 6% for referrals from the Maximising Independence Service.
14. 27 Lilli TEC devices have been installed in the South of the County and this pilot is now being expanded further to include Rushcliffe. Lilli helps provide better assessment information to right size care and avoid residential admission.
15. The TEC team is working with the Strength Based Approaches Team and Channel 3 colleagues to support the TEC at scale work to increase referrals for TEC and Lilli across Ageing Well and Reablement and to capture positive outcomes. A show flat is being set up at Poppyfields to showcase TEC.

Stories of Difference: Ageing Well success story involving Lilli Technology Enabled Care

Miss D lives alone in sheltered accommodation. Neighbours had complained that she was knocking on doors and wanted her to leave the sheltered accommodation. Information collected using 'Lilli' showed that although the door to Miss D's home was opening, she was still in her flat. Miss D was not the person knocking on doors and there is no reason for her to leave. Sensors remain in place to continue to support the assessment process. A crisis was prevented, leading to a better outcome for the individual.

Employment, education, training and volunteering for younger adults

16. 756 adults aged 18-64 were supported to access employment, education, training or volunteering during 2023/24, significantly overachieving the target of 650 people for the year. A stretch target of 800 has been set for 2024/25 to build on this success.

Stories of Difference: Mansfield Community Hub

The Mansfield community hub is available for people with support needs linked to their learning disability or autism. It started in October 2023 and has seen its weekly attendance grow from 15 to most recently 59 people.

Person centred – As an alternative to day services, the hub provides dynamic support which reflects the needs and interests of the people attending, with a vision the hub belongs to the people who use it. People attending have reported great outcomes, including recently supporting one individual to gain employment at a local café, working 20 hours per week. The hub also continues to arrange activities outside of its support hours, focusing on giving back to the local community, environmental impact volunteering, and health and wellbeing sessions.

Value for money - The weekly cost to deliver the hub is £45.37. It has supported people to transition away from 1:1 outreach support or building based day services, supporting people to achieve outcomes and reduce the reliance on traditional models of support.

Support for carers

17. The Joint Carers Strategy for Nottingham and Nottinghamshire was launched in November last year and is being implemented. New carers services including a new carers hub are now in place. Quality assurance of carers' assessments is being undertaken to ensure carers are receiving parity of provision.
18. The Making It Real Forum carried out a deep dive into support for carers in September, identifying current strengths and areas for improvement.

Short Term Care

19. In 2023/24 there have been continued improvements in reducing inappropriate use of short-term care, resulting in a predicted underspend of £752,511 for the year. This is due to the positive impact of the Short-Term Care/Interim Care Review, ongoing Quality Assurance Meetings and the use of Strength Based Approaches. Work is now beginning to target short-term care usage and better understand length of stay.

Direct Payments

20. At the end of March 2024, 39.8% of adults receiving community-based support have a Direct Payment, against a target of 42%. The Direct Payments team has been working closely with operational teams to ensure that opportunities for employing a Personal Assistant are always considered in the first instance.
21. This team is now expanding to include a Brokerage model, working with teams to refresh people's care and support arrangements and review provider arrangements, including where a Direct Payment Agency package is in place.

22. The Making It Real Forum carried out a deep dive into Direct Payments in January and this included discussion about the new brokerage model which was welcomed by the Forum.

Areas of focus for 2024-25

Front door

23. Demand on services throughout 2023/24 has been high, with particularly significant increases in referrals to services such as the MASH (Multi-Agency Safeguarding Hub) and AMPH services (Approved Mental Health Professionals).
24. The current work to improve the front door for Adult Social Care is being delivered as part of the corporate Prevention Programme. Phase 1 of this work is focused on the MASH and includes the following elements that are all designed to reduce the current volume of referrals:
- The MASH web pages and online referral form have been redesigned to reduce the number of non-safeguarding referrals that currently go through to the MASH.
 - A new workflow for safeguarding referrals coming into the MASH has been co-designed with staff and will go live in May.
 - Joint work is underway with the East Midland Ambulance Service (EMAS) to reduce the volume of non-safeguarding referrals.
 - Work has started with the Quality Market Management Team (QMMT) and external providers to co-design an alternative pathway for non-safeguarding referrals to be received directly by QMMT rather than through the MASH.

Hospital Discharge

25. System-wide demand remains high and the department continues to work with partners to streamline processes. System improvement plans are in place including a focus on Pathway 1 flow, Pathway 2 rehab beds and abandoned discharges.
26. The department has developed a new reporting system for Key Performance Indicators relating to hospital discharge, measuring the time between a decision being made in the Hub and the date of discharge to better reflect the impact of social care involvement.

Stories of Difference: Newark and Sherwood Ageing Well joint working

Newark and Sherwood Ageing Well community team have been working with a complex situation with Mrs J. She has a diagnosis of vascular dementia and made frequent calls to Police raising concerns about her husband and property.

- Close working of Police, Adult Social Care, Newark and Sherwood District Council, GP and Intensive Home Treatment Team with joint visits, ensuring a multi-disciplinary approach
- Women's Aid, MARAC (Multi-Agency Risk Assessment Conference) and Vulnerable Persons Panel also involved
- Discussed at the monthly Multi-Disciplinary Team meeting at GP surgery
- Frequent home visits and strong working relationships built with both Mr and Mrs J and their network of support.
- The combined and integrated support enabled Mrs J to remain at home for a much longer time, as was her wish.

Reviews

27. The percentage of people who have received a review in the last 12 months was 78.5% at the end of March 2024 against a target of 100%. For younger adults, there has been an improvement in this figure over the past year: 86.8% at March 2024 compared with 85.4% in March 2023.
28. 70.8% of over-65-year-olds have been reviewed in the last 12 months (data as at end of March 2024). This is an increase from the figure at end of February 2024 (69.0%) but less than March 2023 (73.4%). The number of over-65-year-olds in this cohort has increased by 8.3% over the past year.
29. Further work is needed to understand the quality of reviews. The Making It Real Forum will be carrying out an enquiry into this area in July 2024.

Adult Social Care Redesign

30. The Annual Conversation in 2023 and recent Peer Reviews have highlighted variation in outcomes and practice in Adult Social Care. The department has made progress to address this, including with strength based commissioning and social work, but it is clear that systemic changes are needed to take this to the next stage.
31. Over the coming months, the department will be reshaping community social work teams to be all-age and place-based. This will really help these teams to focus on community development and links with places and partners. Provider services will operate together to bring out the best from the well-regarded internally-led provision. Work is being done with Group Managers and Team Managers to discuss how to best support, manage and lead in the new ways of working.

Stories of Difference: Compliment for Broxtowe Day Service

'Firstly, thank you so much to you and your team for making X feel so welcomed. X spoke all the way home about how much he really enjoyed the day and the food. So much so when he got home, he called his friend and was encouraging her to attend the day centre. Historically, X has always declined any support from ASCH, but I really hoped he would enjoy it and he really did. He kept asking if he could go back tomorrow!

I am arranging for X to have a walking frame as previously he has always declined but now he states he is happy to have one if he can attend. Thank you so much again.'

B) Public Health Performance

The Integrated Wellbeing Service

32. The Integrated Wellbeing Service supports residents with health behaviour change interventions. Following robust contract management and meetings with the provider ABL, the service is now on track to meet its annual Key Performance Indicators. The Authority has set out its expectation of:

- An upward trajectory of outcomes for core Key Performance Indicators (including those relating to smoking quits and 3% and 5% weight loss)
 - Achievement of at least 80% of total outcomes for the service (across all interventions by the end of the 2023/24 reporting period).
33. Provisional data for Quarter 4 indicates that the provider has achieved 79% of the total outcomes across the full Integrated Wellbeing Service. Final figures will be available at the end of June.
34. The outcomes for 2023/24 are the best to date and are on par with previous outcomes from providers of the Smoking Cessation Service and Obesity Prevention and Weight Management Service that were commissioned prior to 2020. Nottinghamshire has the same rate of smoking quits as Derbyshire and whilst three similar local authorities have a higher rate than Nottinghamshire another nine statistical neighbours have lower quit rates.

Stories of Difference: NHS Health Checks and Integrated Wellbeing Service

'At my GP annual check-up, yet again my weight had increased on the previous year...I said this is enough, this time I was going to do something about it, something I had been saying for years and my late wife used to get onto me about. A week or so later, I received an invitation from my GP to this weight management program.

I immediately signed up for it. Currently, I have lost 10.6kg (nearly 10% of my body weight) and aim to continue losing more. My physical and mental well-being has improved. I am still learning about the changes to my lifestyle but I can see things improving and this is down to the program provided by you and your team.'

Sexual Health

35. Sexual health is fundamental to the overall health and wellbeing of individuals, couples and families, and to the social and economic development of communities. Over the past year, the numbers of people accessing sexual health services in Nottinghamshire continues to rise, a trend which has continued since the COVID pandemic. A higher number of younger people are accessing online services for chlamydia testing which is also positive. The sexual health service provided by the three NHS trusts is due to end later this year with Nottingham University Hospital providing services for the whole authority from 1 October 2024.

Homelessness

36. Homelessness and ill-health are intrinsically linked. In 2023/24, over 80% of those in a hostel left the service in a planned way. This means they had been supported to achieve the required steps in order that Framework (housing support provider) was confident about their ability to manage their own tenancy going forward.

37. Over 90% of individuals who exited move-on accommodation did so in a planned way. This means that individuals were supported to maintain their tenancy with Framework and to develop the skills they need to be independent.
38. Due to continued pressures around access to the wider housing market which are outside of the provider's control, the number of individuals exiting hostel and move-on accommodation has remained low. Where individuals cannot be moved out of move-on accommodation, this has implications for moving people out of the hostel accommodation. The provider continues to work hard to develop strong partnerships to maximise opportunities for appropriate long-term accommodation.

NHS Health Checks

39. NHS Health Checks can detect if people are at higher risk of getting certain health problems such as heart disease, diabetes, kidney disease or stroke. The number of invitations has reduced from Quarter 4 last year by 19%, predominantly due to three practices reducing their output. Otherwise, levels of health check invitations remain similar year on year and across 2023/24.
40. The number of completed Health Checks has increased slightly by 2% from Quarter 4 in 2022/23 to 4,709. Although the number of health checks delivered has remained similar to previous years, the reduction in invitations highlights a much higher uptake rate, from 50.4% in 2022/23 up to 63.5% in 2023/24.

Substance Misuse

41. There has been an incremental increase in successful completions in the Change Grow Live (CGL) programme which provides support for people and families experiencing problems with drugs and/or alcohol. As well as successful completions, the service also focuses on the wider benefits for people in treatment, for example in areas such as mental health, housing, education and employment.
42. CGL is currently working with its newly appointed psychology team to develop an enhanced psychosocial offer for people who are using opiates and other drugs, to support their recovery and move through treatment. This year has also seen a significant increase in the number of people presenting to the service with alcohol use which in turn has seen an increase in the number of people having an in-patient detoxification and community detoxification.

Story of Difference: Social Services and Substance Misuse Services for Children and Young People

A (15 year old female) was referred by Children's Social Care for support in relation to her parents' alcohol use. A had been moving between the care of both parents. Her mum had a history of repeated relapse, having had several periods in private rehab. A's dad had previously remained abstinent for several years and had been A's primary carer. However, her dad relapsed and he died unexpectedly at home alone.

Change Grow Live (CGL) supported A and her mum. Just a few months after losing her dad and during the period of her mum's relapse and mental ill health, A achieved grade A's and A* in all her GCSE exams. A's resilience and ability to cope and excel in her education in the face of extreme adversity is something that we were able to acknowledge and celebrate.

Support has enabled A to develop an informed awareness and acceptance of her situation and equipped her to better manage mum's dependency and its impact on her psychological and emotional wellbeing.

'I understand it now, coping 100% better...I'm getting on with my own life now...don't think I would have got through it without you. Could talk to you, you never judged me or my parents, you understand...'

'Not enough awareness of CGL and that you're there for support...I think young people with parents that use feel uncomfortable and struggle to trust people, so you need to let them know you're there, publicise you and your work more.'

Health and Wellbeing Board

43. Nottinghamshire Health and Wellbeing Board met eight times in the 2023/24 financial year. The Board continues to deliver a range of workshops, Joint Strategic Needs Assessments (three JSNA profile packs or chapters completed in 2023/24) and reports to support the implementation of the Joint Health and Wellbeing Strategy. Board membership was updated in February 2024 to include the Chair of the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance.
44. In July 2023, members agreed a review of the Board to explore how it can best deliver its responsibilities, promote prevention and equity, and improve the health and wellbeing of the local population. The review commenced in December 2023, with feedback captured from current members, ex-members, supporting officers and system leaders through a survey, workshop and one-to-one discussions. This work is being supported by the Local Government Association (LGA) and an update on progress was shared with the Board in May 2024, with a further workshop proposed for June 2024 to discuss findings.
45. It was also proposed in July that the Board should focus each quarter on one ambition within the Joint Health and Wellbeing Strategy. To date, the Board has received progress updates on Ambition 1 (give every child the best chance of maximising their potential) and

Ambition 2 (create healthy and sustainable places) and Ambition 3 (everyone can access the right support to improve their health). Work is being undertaken to refine the approach to monitoring delivery of the Strategy. This will include an annual report, which will be embedded in this reporting going forwards.

Integrated Care Strategy

46. The Integrated Care Partnership agreed in October 2023 to commence a light touch review of the Integrated Care Strategy at the end of its first year of delivery. The Strategy is delivered through Nottingham City and Nottinghamshire Health and Wellbeing Boards via implementation of the two Joint Health and Wellbeing Strategies and by NHS partners through delivery of the NHS Joint Forward Plan. Nottinghamshire Health and Wellbeing Board was consulted on the refresh of the Integrated Care Strategy and the NHS Joint Forward Plan between February and April 2024. The Public Health division actively leads and supports work towards delivery of the 14 strategy priorities including those around best start in life, reducing health inequalities, and promoting prevention by embedding a 'Making Every Contact Count' approach across the Integrated Care System.

Director of Public Health Annual Report

47. The purpose of the Director of Public Health Annual Report is to raise awareness and understanding of local health issues, highlight areas of concern and make recommendations for change. The content and structure of the report is decided locally, with the [2023 Report](#) focussing on the topic of severe multiple disadvantage. The report aimed to highlight some of the challenges faced by people with lived experience of severe multiple disadvantage and their achievement and courage in overcoming those challenges. It identified actions which organisations must take to strengthen support for people experiencing severe multiple disadvantage. The report was brought to the Health and Wellbeing Board in November 2023 and invited members to plan how recommendations could be taken forward in their organisations. A follow up workshop focussing on severe multiple disadvantage took place in February 2024.

Story of Difference: Domestic Abuse service working together

A woman in North Nottinghamshire needed to access temporary accommodation due to domestic abuse. Thanks to Nottinghamshire Women's Aid pet refuge provision, she was able to access temporary accommodation and flee domestic abuse, as having a pet with her had been a barrier to accommodation. Without the foster care for her dog, she would have been street homeless.

C) Vital Signs and Risk

Vital signs and risk across Adult Social Care

48. The departmental vital signs identified within Adult Social Care and Health are statutory duties, market sustainability and workforce.

Statutory duties - waiting lists

49. A project has been undertaken with IMPACT (IMProving Adult Care Together) and East Midlands ADASS (Association of Directors of Adult Social Services) to co-produce better ways to manage and respond to waiting lists. Interviews were held with local authority leads. Surveys and online focus groups were completed with staff and people with lived experience. The project identified factors contributing to waiting lists in the region and the impact this has on staff and people and carers. The project also highlighted what could be done differently.
50. The project steering group has recommended a focus on coproducing guidance, frameworks and toolkits including developing waiting well packs for citizens and guidance for staff. This will be completed between now and August 2024 and the aim is that this regional work will support local authorities across the East Midlands in developing content that is specific to local needs.

Stories of Difference: Award Winning Living Well Care Home

The Oaklands Care Home won a number of awards at The Health Innovation East Midlands 2024 Care Awards in March 2024. The home won Care Home of the Year and Denise Parry won Care Home Carer of the Year. They also came away with 2 Highly Commended Awards for their Activities Team and Dave Wint for Care Home Manager of the Year.

The registered manager said he was “beyond proud” of the staff and thankful to have received such “incredible” support and nominations. <https://www.chad.co.uk/news/people/warsop-care-complex-secures-care-home-of-the-year-in-prestigious-east-midlands-care-awards-4553555>

Market sustainability

51. The market is stable and sufficient across most areas. There are quality and sufficiency risks in residential care (particularly with nursing support) which have been escalated corporately.
52. Mansfield and Newark Districts have been heavily impacted by Care Home closures, with a loss of 325 beds since 2020 (227 residential care with nursing support). Quality of remaining providers is an issue, although data suggests there is sufficient capacity to meet demand. We continue to work with colleagues in district teams and health to support placements.
53. Capacity to increase earlier support when quality is declining is being planned. Market development work is underway alongside longer-term work to tackle the lack of nurses
54. Fee Uplifts have been shared with the external provider market. Where providers have raised financial viability concerns, we will offer to have shared conversations exploring business model and costs, or to support appropriate applications to the Market Sustainability Fund.

Stories of Difference: Fosse Home Care

Fosse carers, G and A, have been supporting their client in Newark for quite some time now. They have a great relationship and have always been able to communicate with one another fairly well. However, their client has progressive dementia which has made it increasingly difficult for her to communicate and correspond in English, so G and A decided to learn some of her native language to break down that barrier. They both said they wanted to make her feel more comfortable when they were to visit and to be able to understand what his wants and needs are on the day.

Workforce

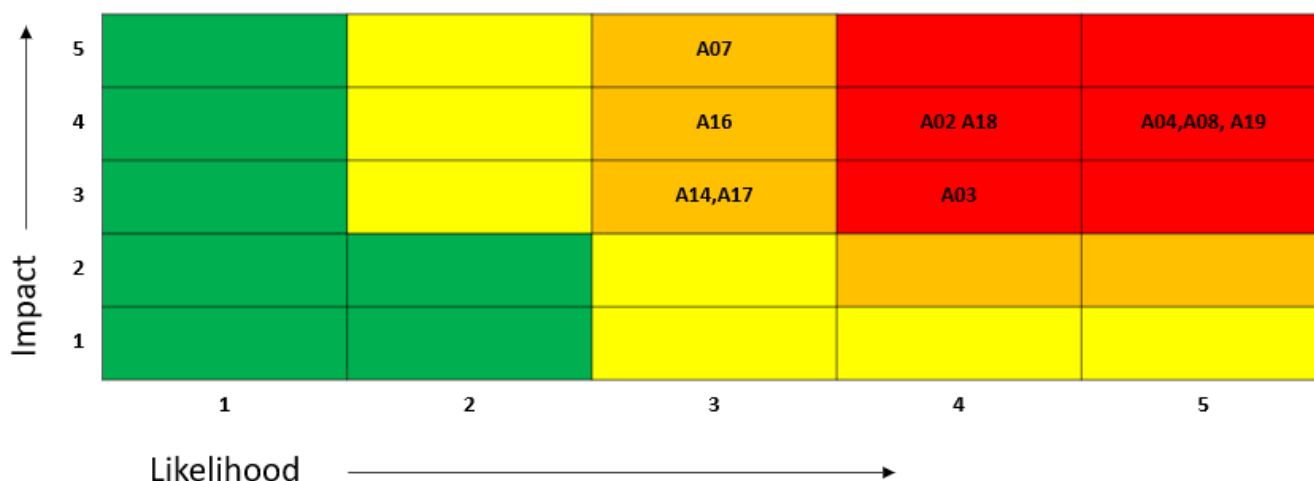
55. Staff vacancies remain high with 21.2% posts currently vacant across the department. Vacancies for registered social workers are the area of highest risk and it remains difficult to recruit in Bassetlaw across all teams despite a recent targeted recruitment campaign.
56. Work is ongoing to increase the recruitment and retention of staff including supporting staff wellbeing. The Strategic Workforce Plan has been developed for 2024, aligning with the Local Account and the National Workforce Strategy.

Vital signs and risk across Public Health

57. See **Appendix C** for detail of Vital Signs measures and performance in Public Health.

Other areas of departmental risk

58. The heat map overleaf represents the current Adult Social Care and Public Health risks.



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

Risk ID	Risk Category	Risk Description	Current risk status	Mitigating actions to reduce risk
A02	Service Delivery	<p>a) Insufficient capacity in residential care with nursing, within mid Notts</p> <p>b) Inability to intervene early when quality is declining across older people's care homes and care homes with nursing</p>	Very High	<p>Business case being developed to increase resources in Quality Market Management Team. A Quality Assurance Lead Nurse to lead proactive work and respond in a crisis.</p> <p>A trusted agency is in place that can step in and run a home and looked at early intervention models elsewhere to form a new capacity business case.</p> <p>Working with Strategic commissioning to develop a plan work with providers to increase sufficiency</p>
A03	Compliance & Regulation	People waiting for a conversation about their needs without an allocated worker and allocated work not yet started	Very High	<p>Prioritisation matrix now launched and review of the data for people waiting underway following agreement to new definition.</p> <p>Deep dive on people waiting underway</p>
A04	Compliance & Regulation	Poor data capture within systems to support the requirements of: GDPR compliance, Client Level Data reporting, and Quality Framework reporting.	Very High	<p>A Data Quality Framework is being reviewed.</p> <p>Data quality workstreams to be put in place covering gaps in Client Level Data , data quality library, data awareness and skills</p> <p>Dedicated Resource now in place to support the review and embedding of the Data Quality framework</p>
A08	Financial	Department of Health & Social Care re-alignment for funding for charging reform	Very High	Await further Government Guidance on Charging Reform to clarify position
A18	Financial	Integrated Care Board/Integrated Care System review of joint funded continuing healthcare, following financial constraints	Very High	<p>Negotiating with finance colleagues across the Integrated Care System to raise awareness of the impact of any decisions made.</p> <p>Service Directors negotiating with Integrated Care System leads for</p>

Risk ID	Risk Category	Risk Description	Current risk status	Mitigating actions to reduce risk
		being enforced by NHS England.		<p>Continuing Health Care regarding potential changes to joint funding policy.</p> <p>Working jointly with Integrated Care Board and Nottingham City Council to consider ways of reducing unnecessary expenditure.</p> <p>Workstream started for joint commissioning and brokerage opportunities.</p>
A19	Reputation	The Secretary of State for Health and Social Care, Victoria Atkins MP, has announced a S48 review of Nottinghamshire Healthcare Trust for Mental Health Services. This will be undertaken by the Care Quality Commission (CQC).	Very High	<p>Service Director for commissioning chairs the Learning Disability and Autism Board</p> <p>A specific oversight arrangement now in place led by NHS England that the Corporate Director for Adults and Health is a part of as Statutory Director for Adult Safeguarding.</p> <p>Adults Safeguarding - The Independent Chair is considering how the Board will proceed with ongoing assurance oversight arrangements.</p>

D) Financial Position as at 31 March 2024

Previous forecast Variance £ 000	Change in forecast £ 000	Department	Final Budget £ 000	Actual £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000	Var as a % of budget
(4,113)	(2,270)	<u>ASCH Committee</u>					
		Strategic Commissioning and Integration	(35,400)	(41,783)	(41,783)	(6,383)	18.03%
3,415	289	Living Well and Direct Services	157,168	160,872	160,872	3,704	2.36%
(23)	638	Ageing Well and Maximising Independence	147,144	147,759	147,759	615	0.42%
		<u>Communities and Public Health Committee</u>					
(666)	(122)	Public Health	2,250	1,462	1,462	(788)	-35.02%
(1,386)	(1,466)	Forecast prior to use of reserves	271,162	268,310	268,310	(2,852)	-1.05%
		<u>ASCH Reserves</u>					
-	2,495	Transfer to / (from) Revenue Reserves	(6,036)	(3,541)	(3,541)	2,495	-41.34%
-	-	Transfer to / (from) Capital Reserves	-	-	-	-	0.00%
-	-	Transfer to / (from) reserves (Ageing Well)	-	-	-	-	0.00%
		<u>Public Health Reserves</u>					
666	119	Transfer to / (from) Grant reserves	(2,250)	(1,465)	(1,465)	785	-34.89%
3	127	Redundancy related costs	-	129	129	129	0.00%
668	2,741	Subtotal	(8,286)	(4,877)	(5,006)	3,409	-41.14%
(718)	1,275	Net Department Total	262,876	263,433	263,304	557	0.21%

60. The above table is the year end outturn for the financial year 2023/24.
61. The overall **Adult Social Care and Public Health budget** shows a **£557,000 overspend** which is 0.21% of the overall budget for the year.
62. **Public Health** is showing an **underspend of £0.79m**. This is due to underspend on staffing, sexual health and health checks, Public Health Nursing 0-19 and substance misuse, and a small underspend across other services.
63. The opening **Public Health reserves** balance was £10.41m. £1.04m was planned to be used from reserves but actual use of reservices was £0.28m, resulting in a closing Public Health reserves balance of £10.13m. Plans are being developed to effectively spend the Public Health reserves on key Public Health Outcomes over the next 2-3 years.

Appendix C: Public Health Vital Signs

Current 2023-24										
Vital Sign	Theme	Measure	Services (PH)	Q1	Q2	Q3	Q4	Yearly Total / Average	Frequency	Source
MARKET SUSTAINABILITY	PH: Risk level 1-4	Public Health Commissioned Services	All	Low, 1	Low, 1	Low, 1	Low, 1	Low, 1	Quarterly	PH risk log
STATUTORY DUTIES	Sexual health services STI testing and treatment	Total number of filled appointments	Integrated Sexual Health Services Sherwood Forest Hospital NHS Trust / Nottingham University Hospital NHS Trust / Doncaster and Bassetlaw Hospitals NHS Trust	10427	11455	10561	10857	43300	Quarterly	PH Performance & Contracts
		Average Quality Standard 60 % of new service users accepting a HIV test across all Trusts		73%	73%	72%	72%	72%	Quarterly	PH Performance & Contracts
		Average Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test across all Trusts		67%	65%	71%	67%	67%	Quarterly	PH Performance & Contracts
		Average Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC across all Trusts		48%	46%	47%	44%	46%	Quarterly	PH Performance & Contracts
	Sexual health services contraception	Number of individuals aged 13-25 registered onto the Young Peoples Sexual Health Service - C Card scheme	Young Peoples Sexual Health Service C Card, NCC	276	341	684	311	1612	Quarterly	PH Performance & Contracts
	NHS Health Check programme	No. of eligible patients who have been offered health checks	Health Checks General Practice	7524	9473	7024	7417	31438	Quarterly	PH Performance & Contracts
		No. of patients offered who have received health checks		4256	4905	4958	4709	18828	Quarterly	PH Performance & Contracts
	Local authority role in health protection	Qualitative Input accompanying report (Covid Impact Assessment, Health Protection Board, Flu Coverage, Outbreak Response)							Annually - quarter 1	Deputy Director of PH
	Public health advice to NHS Commissioners	Qualitative Input to accompanying report (JSNA, Health Equity Audits, DPH Annual Report, HWB / JHWS' Integrated Care Strategy)							Annually - quarter 4	Deputy Director of PH
	National Child Measurement programme	Participation rate in National Child Measurement programme in Nottinghamshire (Total)				95%	94%	94%	Annual (March)	Fingertips Obesity Profile (PHOF)
	Prescribed children's 0 to 5 services	Percentage of New Birth Visits (NBVs) completed within 14 days	Healthy Families Nottinghamshire Healthcare Trust	91%	92%	93%	92%	92%	Quarterly	PH Performance & Contracts
		Percentage of 6-8 week reviews completed		87%	87%	90%	88%	88%	Quarterly	PH Performance & Contracts
		Percentage of 12 month development reviews completed by the time the child turned 15 months		93%	95%	95%	95%	95%	Quarterly	PH Performance & Contracts
		Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)		99%	99%	99%	99%	99%	Quarterly	PH Performance & Contracts
STRATEGIC PRIORITIES	Best Start	*See above children's services*	Healthy Families Nottinghamshire Healthcare Trust	*see above children's Services*					Quarterly	PH Performance & Contracts
	Tobacco	Percentage of clients quit at 4 weeks following quit date	Integrated Wellbeing Service ABL Health	57%	63%	65%	74%	65%	Quarterly	PH Performance & Contracts
	Homelessness	Hostel Accommodation percentage exited in a planned way	Framework Housing Association	68%	83%	74%	87%	78%	Quarterly	PH Performance & Contracts
		Move on Accommodation percentage exited in a planned way	Framework Housing Association	96%	90%	87%	93%	92%	Quarterly	PH Performance & Contracts
		Leaving hostel accommodation to enter move on accommodation within 18 weeks	Framework Housing Association	16	11	8	8	43	Quarterly	PH Performance & Contracts
		Number of clients exiting the move on accommodation within 12 months of entering the move on service	Framework Housing Association	14	15	11	9	49	Quarterly	PH Performance & Contracts
	Domestic Abuse	Number of new eligible referrals who have engaged and accepted support.	Domestic Abuse Services JUNO, NWAL & Equation	389	529	503	582	2003	Quarterly	PH Performance & Contracts
	Alcohol / Substance Misuse	Number of successful completions (Young People and Adults and Parents)	All Age Substance Misuse Service Change, Grow, Live	211	204	257	302	974	Quarterly	PH Performance & Contracts
	Weight	The percentage of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	Integrated Wellbeing Service ABL Health	21%	12%	19%	36%	22%	Quarterly	PH Performance & Contracts
	Food	No current PH performance measure recorded								
	Air Quality	No current PH performance measure recorded								
								Notts/England		
ANNUAL DELIVERY PLAN (PHOF)	Helping our people live healthier, more independent lives.	A01a - Healthy life expectancy at birth (Male) - Years						62 / 63	2018-20	PHOF
		A01a - Healthy life expectancy at birth (Female) - Years						60 / 63	2018-20	PHOF
		A02a - Inequality in life expectancy at birth (Male) Slope Index of Inequality - Years						9.3 / 9.7	2018-20	PHOF
		A02a - Inequality in life expectancy at birth (Female) Slope Index of Inequality - Years						7.7 / 7.9	2018-20	PHOF
		C28d - Self reported wellbeing: people with a high anxiety score Proportion - %						24% / 22%	2021/22	PHOF
		E10 - Suicide rate Directly standardised rate - per 100,000						10.3/10.4	2019-21	PHOF
	Supporting communities and families	B02a - School readiness: percentage of children achieving a good level of development at the end of Reception Proportion - %						67% / 65%	2021/22	PHOF
	Building skills that help people get good jobs	B05 - 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known Proportion - %						6.5% / 4.7%	2021	PHOF
WORKFORCE	Public Health (not including commissioned services workforce). THIS WILL REPORTED AS AN OVERALL ASCH DEPARTMENT INDICATOR	Vacancies - no / rate (FTE)		406.00	395.73	395.08		373.195	Quarterly	NCC HR
		Turnover rate (as % of ASCH)		3.16%	2.02%	1.71%		2.30%	Quarterly	NCC HR
		Avg no of weeks agency staff(wks) on books		34.30	32.49	26.49	27.66	30.24	Quarterly	NCC HR
		Absence rate (days absent per FTE per year)		16.00	16.04	15.20	14.29	15.38	Quarterly	NCC HR
		Sickness absence (average FTE days lost per employee)		3.84	3.37	3.89	3.57	3.67	Quarterly	NCC HR
		Sickness absence due to stress/depression (%)		34.53%	30.37%	29.56%	27.28%	30.44%	Quarterly	NCC HR
		Completed at least one mandatory training course (%)		55.30%	76.51%	Measure being reviewed	68.42%	66.74%	Quarterly	NCC HR

3 June 2024**Agenda Item 8****REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE
AND EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

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

Information

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

Other Options Considered

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

Reasons for Recommendations

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

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATIONS

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

Marjorie Toward

Service Director for Customers, Governance and Employees

For any enquiries about this report please contact:

Martin Elliott, Senior Scrutiny Officer

martin.elliott@nottsgov.uk.

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

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

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

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

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
4 December 2023	Nottinghamshire Adults Safeguarding Board Annual Report 2022/23 and Plan		<p>To receive the Nottinghamshire Adults Safeguarding Board Annual Report and Plan.</p> <p>To be presented by the Independent Chair with other partners also being invited to attend.</p>	<ol style="list-style-type: none"> 1. That the Nottinghamshire Safeguarding Adults Board - Annual Report 2022-23 be noted. 2. That the Adult Social Care and Public Health Select Committee continue to review the work of the Nottinghamshire Safeguarding Adults Board by receiving and considering its Annual Report each year.
	Public Health Outcome Framework Indicators	Cabinet Member - Communities and Public Health	<p>To support the Committee in prioritising areas of public health work for development or scrutiny.</p> <p>Page 131 of 144</p>	<ol style="list-style-type: none"> 1. That the factors as detailed on pages six and seven of the Joint Health and Wellbeing Strategy which have the greatest impact on the health and wellbeing of the population, and the impacts of any weakness or omissions in these building blocks in terms of reducing healthy life expectancy and increasing inequalities, be noted. 2. That it be noted that the areas of work required to address the minority of Public Health outcomes (in the four overarching ambitions of the Joint Health and Wellbeing Strategy) where Nottinghamshire is worse than the England average are largely identified in the Nottinghamshire Plan and in the Joint Health and Wellbeing Strategy. 3. That further information on the regulation of vaping in enclosed public spaces be circulated to the members of the Adult Social Care and Public Health Select Committee. 4. That the following areas of interest be agreed as areas that would benefit from further and more detailed consideration by the Adult Social Care and Public Health Select Committee:

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

				<p>a) Outcomes and inequalities in women’s and children’s health; this will include factors that influence life expectancy and healthy life expectancy.</p> <p>b) Substance use, including the harms of drugs and alcohol and those experiencing severe multiple disadvantage.</p> <p>c) That the Chairman and Vice-Chairman of the Adult Social Care and Public Health Committee, in consultation with officers, consider the most appropriate approach for the committee to carry out further work around vaccine uptake.</p>
	Performance, finance and risk update	<p>Cabinet Member – Adult Social Care</p> <p>Cabinet Member - Communities and Public Health</p>	To provide a progress report on departmental performance, risk and financial situation.	<p>1. That the report be noted.</p> <p>2. That a further report on Adult Social Care and Public Health Performance, Risks and Financial Position be brought to the March 2024 meeting of the Adult Social Care and Public Health Select Committee.</p> <p>3. That all future reports to the Adult Social Care and Public Health Select Committee display statistics as whole numbers rather than as percentages.</p>

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
4 March 2024	Discharge to Assess	Cabinet Member – Adult Social Care	<p>Resolved at June 2023 meeting:</p> <p>That a further progress report on the implementation of Discharge to Assess Model and the application of the Discharge to Assess Grant be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman of the Committee.</p>	<ol style="list-style-type: none"> 1. That the report be noted. 2. That the following issues raised by the Committee in its consideration of the report on Discharge to Assess be progressed: <ol style="list-style-type: none"> a) That further information and data on the time being taken to discharge patients from hospitals be circulated to the members of the Adult Social Care and Public Health Select Committee. b) That further information and data on the number of patients in hospital waiting for the provision of Adult Social Care Services be circulated to the members of the Adult Social Care and Public Health Select Committee. c) That the Chairman of the Adult Social Care and Public Health Select Committee, in consultation with the Chairman of the Health Scrutiny Committee considers whether any further scrutiny activity on Discharge to Assess is required.
	Mental Health Services and support within ASC&PH	<p>Cabinet Member – Adult Social Care</p> <p>Cabinet Member - Communities and Public Health</p>	<p>Page 133 of 144</p>	<ol style="list-style-type: none"> 1. That the report be noted. 2. That the work of the Council's Approved Mental Health Professionals be commended. 3. That the following issues raised by the Committee in its consideration of the report on Adult Mental Health Services and support delivered or commissioned by Adult Social Care and Public Health be progressed:

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

				<p>a) That Adult Mental Health Services and support delivered or commissioned by Adult Social Care and Public Health be considered for inclusion in the 2024/25 Work Programme.</p> <p>b) That further information and data on the demographics of those accessing Adult Mental Health Services and support delivered or commissioned by Adult Social Care and Public Health be circulated to members of the Adult Social Care and Public Health Select Committee.</p>
	Performance, finance and risk update	<p>Cabinet Member – Adult Social Care</p> <p>Cabinet Member - Communities and Public Health</p>	To provide a progress report on departmental performance, risk and financial situation.	<p>1. That the report be noted.</p> <p>2. That a further report on Adult Social Care and Public Health Performance, Risks and Financial Position be brought to the June 2024 meeting of the Adult Social Care and Public Health Select Committee.</p>

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
3 June 2024	Suicide Prevention	Cabinet Member - Communities and Public Health		
	All-Age Carers Strategy/Support for Carers	Cabinet Member for Children Social Care Cabinet Member for Adult Social Care	To review progress after the strategy has been in place for one year. Children and Families Select Committee Members to be invited. Also resolved at September 2023 meeting: That a report on the Council's work to support carers be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman.	
	Performance, finance and risk update	Cabinet Member - Adult Social Care Cabinet Member - Communities and Public Health	To provide a progress report on departmental performance, risk and financial situation.	

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

Items pending scheduling or removal

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

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

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

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

	Discharge to Assess	That the Chairman of the Adult Social Care and Public Health Select Committee, in consultation with the Chairman of the Health Scrutiny Committee considers whether any further scrutiny activity on Discharge to Assess is required.	
	Progress and implementation of Prevention approach	To enable scrutiny of the success of the prevention approach and offer in Adult Social Care.	

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

Reviews

Project Start Date	Item	Cabinet Member Responsibility	Purpose of Review	Current Status and activity
September/ October 2023	Day Opportunities Strategy	Cabinet Member - Adult Social Care	<p>Resolved at March 2023 meeting:</p> <ul style="list-style-type: none"> i. That the Chairman and Vice-Chairman of the Adult Social Care and Public Health Committee, in consultation with officers, considers the most appropriate approach for members of the committee to receive further information and to carry out further scrutiny work on: ii. how the Day Opportunities Strategy will be delivered in a way that ensures equity of access to support for service users across Nottinghamshire. iii. the Implementation Plan that will support the delivery of the objectives of the Day Opportunities Strategy. iv. the processes (including the use of benchmarking information) that will be in place for measuring the success of the Day Opportunities Strategy. v. Page 139 of 144 the use and role of buildings in 	<p>Setting up of review group approved at June 2023 meeting.</p> <p>Scope created. Work to be carried out Spring 2024</p>

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

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

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

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

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

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

Items for information briefings for committee members

Item	Cabinet Member Responsibility	Details	Status
Adult Social Care Reform	Cabinet Member - Adult Social Care	To gain an understanding of how the implementation of the Adult Social Care reforms - set out in People at the Heart of Care - will impact on the Council's delivery of Adult Care Services and on people living in Nottinghamshire.	To be delivered before 30/04/24
Sector-led improvement, Local Authority Self-Assessment and Information Return (LASAIR) and assurance	Cabinet Member - Adult Social Care	To receive a briefing on the process and outcomes of local sector-led improvement in Adult Social Care and the department's self-assessment, development of a quality assurance framework and preparation for future inspection by the Care Quality Commission.	To be delivered before 31/04/24
Cost of Living Programmes	Cabinet Member - Communities and Public Health	To receive a briefing on the uptake and impact of the Cost-of-Living initiatives approved in November 2022 using Public Health Reserves.	To be circulated January/February 2024.
Regulation and Monitoring Processes for commissioned services	Cabinet Member – Adult Social Care	Raised at Governance and Ethics Committee in January 2024 after considering the outcome of a complaint investigated by the Local Government and Social Care Ombudsman.	Information to be included in performance report received at each committee.

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 4 MARCH 2024

Items to be scheduled during 2024/25

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