

Adult Social Care and Public Health Committee

Monday, 14 June 2021 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- 1 To note the appointment of the County Council on 27 May 2021 of Councillor Boyd Elliott as Chairman of the Committee, and Councillors Scott Carlton and Nigel Turner as Vice-Chairmen
- 2 Terms of Reference and Membership 5 - 8
- 3 Minutes of the last meeting of the Adult Social Care and Public Health Committee held on 29 March 2021 9 - 16
- 4 Apologies for Absence
- 5 Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary)
- 6 Introduction to Adult Social Care and Public Health Committee
- 7 Sustaining delivery of the Local Outbreak Management Plan 17 - 34
- 8 Adult Social Care Performance and Financial Position Update for Quarter 4 2020-21 35 - 50
- 9 Public Health Services performance and quality report for contracts funded with ring-fenced public health grants (1 October 2020 to 31 December 2020) 51 - 66
- 10 Adult Care financial services update and future service review 67 - 74

11	Market management position statement	75 - 82
12	Work Programme	83 - 86

13 EXCLUSION OF THE PUBLIC

The Committee will be invited to resolve:-

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

Note

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

EXEMPT INFORMATION ITEMS

14 Market management position statement - exempt appendix

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

Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Jo Toomey (Tel. 0115 977 4506) or a colleague in Democratic Services prior to the meeting.

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

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

14 June 2021

Agenda Item: 2

REPORT OF THE SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES

TERMS OF REFERENCE AND MEMBERSHIP

Purpose of the Report

1. To set out the membership and terms of reference of the Adult Social Care and Public Health Committee.

Information

2. The following Councillors have been appointed to the committee:

Chairman: Councillor Boyd Elliott
Vice-Chairman: Councillor Scott Carlton
Councillor Nigel Turner

Councillor Steve Carr
Councillor Dr. John Doddy
Councillor Sybil Fielding
Councillor Paul Henshaw
Councillor Eric Kerry
Councillor David Martin
Councillor Nigel Moxon
Councillor Michelle Welsh

3. At its meeting on Thursday 27 May 2021, the Council agreed to update the terms of reference for the Adult Social Care and Public Health Committee, as set out:

The exercise of the powers and functions set out below are delegated by the Full Council to the Committee in relation to adult social care and public health:

- a. All decisions within the control of the Council including but not limited to those listed in the Table below
- b. Policy development and approval in relation to adult social care and public health, subject to any necessary approval by the Policy Committee or the Full Council

- c. Review of performance in relation to the services provided on a regular basis
- d. Review of day to day operational decisions taken by Officers
- e. Approval of relevant consultation responses except for responses to day-to-day technical consultations which will be agreed with the Chairman and reported to the next available Committee following their submission.
- f. Approval of relevant staffing structures as required
- g. Approving all Councillor attendance at conferences, seminars and training events within the UK mainland for which a fee is payable including any expenditure incurred, within the remit of this Committee and to receive quarterly reports from Corporate Directors on departmental officer travel outside the UK within the remit of this Committee.

If any report comes within the remit of more than one committee, to avoid the report being discussed at several committees, the report will be presented and determined at the most appropriate committee. If this is not clear, then the report will be discussed and determined by the Policy Committee.

As part of the detailed work programme the Committee will receive reports on the exercise of powers delegated to Officers.

The Committee will be responsible for its own projects and may establish steering groups to consider projects. Where it considers it appropriate, projects will be considered by a cross-committee project steering group that will report back to the most appropriate Committee.

Table
Responsibility for adult social care matters (e.g. people aged 18 or over with eligible social care needs and their carers)
Responsibility for promoting choice and independence in the provision of all adult social care
Responsibility for all Public Health functions with the exception of functions reserved to the Health and Wellbeing Board

Other Options Considered

- 4. None.

Reason/s for Recommendation/s

- 5. To inform the committee of its membership and terms of reference.

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.

RECOMMENDATION/S

That the Committee membership and terms of reference are noted.

Marjorie Toward
Service Director, Customers, Governance and Employees

For any enquiries about this report please contact:

Jo Toomey, Advanced Democratic Services Officer
Email: jo.toomey@nottsc.gov.uk
Tel: 0115 977 4506

Constitutional Comments (KK 27/05/21)

7. The proposal in this report is within the remit of the Adult Social Care and Public Health Committee.

Financial Comments (SES 26/05/2021)

8. There are no specific financial implications arising directly from this report.

Background Papers and Published Documents

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

- Report to full Council on 27 May 2021 (published)

Electoral Division(s) and Member(s) Affected

- All

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	29 March 2021 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Dr. John Doddy - **A**
Sybil Fielding
David Martin

Andy Sissons
Steve Vickers
Muriel Weisz
Yvonne Woodhead

SUBSTITUTE MEMBERS

Councillor Richard Butler for Councillor Dr John Doddy

OFFICERS IN ATTENDANCE

Melanie Brooks, Corporate Director, Adult Social Care and Public Health (ASC&PH)
Ainsley Macdonnell, Service Director, Living Well Community Services, ASC&PH
Kashif Ahmed, Service Director, Strategic Commissioning and Integration, ASC&PH
Clare Gilbert, Group Manager, Integrated Strategic Commissioning, ASC&PH
Grace Natoli, Director of Transformation, ASC&PH
Cath Pritchard, Consultant in Public Health, ASC&PH
Mary Read, Principal Social Worker, ASC&PH
Gemma Shelton, Team Manager, Residential and Nursing Care Services
Lucy Jones, Senior Public Health and Commissioning Manager, ASC&PH
Rebecca Atchinson, Senior Public Health and Commissioning Manager, ASC&PH
Gary Jones, Interim Commissioning Lead, ASC&PH
Jennie Kennington, Senior Executive Officer, ASC&PH
Jo Toomey, Advanced Democratic Services Officer, Chief Executive's

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of the Adult Social Care and Public Health Committee held on 8 February 2021 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

- Councillor Dr John Doddy (other reasons) was substituted by Councillor Richard Butler

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Councillor Sissons disclosed a personal, non-pecuniary interest in agenda items 15 and 18 on the market management position statement and its exempt appendix because his wife worked in a care home.

Before commencing with the formal business of the meeting, the Chairman thanked retiring Members, acknowledging the contributions they had made to the Committee, and the officers who supported the Committee. Several Committee members spoke, wishing their colleagues well and echoing thanks to officers from the Adult Social Care and Public Health Department who supported the Committee.

4. DEVELOPING THE ADULT SOCIAL CARE AND HEALTH APPROACH TO PREVENTION AND EARLY INTERVENTION

The Corporate Director, Adult Social Care and Public Health introduced the report, which outlined the range of work areas that contributed to the prevention and early intervention agenda and reflected on the learning from the COVID-19 pandemic. The report also sought to establish an approach for the co-ordination of prevention and early intervention and to agree a revised timeline for the commissioning of current prevention services to be informed by this approach. A presentation was also given by the Group Manager, Integrated Strategic Commissioning.

During discussions, Members:

- Referred to a recent news article highlighting the concerns of charities regarding funding for alcohol and substance misuse services for young adults. Officers were asked to provide information on the funding that was available for these services and how this would affect the Council's plans.

RESOLVED 2021/014

- 1) That the establishment of an Adult Social Care and Health Prevention and Early Intervention Board to develop a co-produced Adult Social Care and Health Prevention and Early Intervention Strategy to inform the future commissioning and configuration of Adult Social Care and Health services as well as to align to and support the wider Corporate Prevention Strategy be approved.
- 2) That it be agreed Committee will receive a further report on the proposed Prevention and Early Intervention Strategy for consideration in September 2021.
- 3) That the postponement and re-commissioning of preventative services identified in Appendix 1 to the report, and the extension of current contracts through to 31 July 2022, be approved.

5. STRENGTHS BASED APPROACH PROGRAMME

The report, which was introduced by the Corporate Director, Adult Social Care and Health, informed Committee of the department's work on the development and implementation of strengths-based approaches to support people to achieve their desired outcomes. A brief presentation was also delivered by the Principal Social Worker.

RESOLVED 2021/014

- 1) That no further actions were required in relation to the issues contained within this report.
- 2) That Committee agreed to receive an update report in the next 6-months and that be included in the work programme.

6. ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTER 3 2020-21

The Corporate Director, Adult Social Care and Health presented the report, which updated the Committee on the current financial position of Adult Social Care, the performance reporting framework and a summary of performance for Adult Social Care and Health for quarter 3 (1 October 2020 to 31 December 2020).

RESOLVED 2021/015

That no further actions are required in relation to the finance and performance information for the period 1 October 2020 to 31 December 2020.

7. NHS ENGLAND WAVE 4 SUICIDE PREVENTION FUNDING

The Senior Public Health and Commissioning Manager introduced the report, which informed the Committee about a successful bid on behalf of the Nottingham and Nottinghamshire Integrated Care System footprint, for Wave 4 Suicide Prevention funding from NHS England, and actions that it was being asked to take as a result.

During discussions, Members:

- Expressed support for providing suicide awareness training for Members as part of the Councillors' induction and development programme, and recommended its inclusion to the Governance and Ethics Committee

RESOLVED 2021/016

- 1) That the procurement of service(s) to deliver elements of the Wave 4 Suicide Prevention Programme be approved.
- 2) That the award of contract(s) following the above procurement exercise be approved.

- 3) That, if needed to develop or enhance community level initiatives to support suicide prevention, grant funding be awarded.
- 4) That the recruitment of a full time Public Health and Commissioning Manager (Suicide Prevention Programme) Post (Band D – subject to any job evaluation outcome) to support development and initiation of the local Wave 4 Suicide Prevention Programme and undertake Nottinghamshire County Council suicide prevention activities, be approved.
- 5) That the undertaking of communication and public awareness campaigns, including World Suicide Prevention Day and World Mental Health Day from 2021-2024 be granted.
- 6) That the inclusion of suicide awareness training for elected Members in the Councillors' Induction and Development Programme be recommended to the Governance and Ethics Committee.

8. LOCAL ALLOCATION TO DELIVER THE DOMESTIC ABUSE DUTY

The report on the local allocation to deliver the Domestic Abuse Duty was presented by the Senior Public Health and Commissioning Manager.

RESOLVED 2021/017

- 1) That the legal requirements of the Domestic Abuse Bill and the funding allocation for the County Council from the Ministry for Housing, Communities and Local Government for the provision of support for domestic abuse safe accommodation, be acknowledged.
- 2) That a commissioning plan be brought back to Committee for consideration by July 2021 for the future procurement of services based on the outcome of work being undertaken on local needs assessment and strategy development.
- 3) That the circulation of (internal and external) communications on the Domestic Abuse Bill and Duty be authorised.

9. AGEING WELL CARE HOME CONTRACTS

The Interim Commissioning Lead presented the report on Ageing Well Care Home Contracts.

RESOLVED 2021/018

- 1) That approval is given to tender and award a Multi Provider Framework Agreement for a period of up to 10 years for Ageing Well Care Home Services.

10. TENDER FOR THE RAPID RESPONSE HOME-BASED CARE SERVICE

The report on the tender for the Rapid Response Home Based Care Service was presented to the Committee.

RESOLVED 2021/019

- 1) The commencement of the tender for the Rapid Response Home Based Care Service through an open procedure for a single provider be approved.
- 2) The award of the contract to the successful bidder for a maximum term of seven years (initial contract term of two years, with an option to extend for up to five additional years) be approved.

11. WELLBEING CALLS

The Corporate Director, Adult Social Care and Health presented the report which sought approval for the establishment of temporary posts for 12 months to deliver wellbeing calls.

RESOLVED 2021/020

- 1) That the establishment of 3.5 temporary full-time equivalent Community Care Officer (Grade 5) posts to deliver wellbeing calls, based in the Maximising Independence Service for a period of 12 months up to 31 March 2022, be approved.

12. HOSPITAL DISCHARGE ARRANGEMENTS

The report on hospital discharge arrangements, including the national Discharge to Assess scheme and associated funding was presented by the Corporate Director, Adult Social Care and Health.

During discussions, Members:

- Asked to be kept informed of the processes between Nottinghamshire County Council and the Clinical Commissioning Groups.

RESOLVED 2021/021

- 1) That the establishment of the following posts for a maximum of up to 12 months be approved:
 - 5 FTE Social Workers (Band B)
 - 2 FTE Community Care Officers (Grade 5)

13. PROPOSED INCREASES IN FEES FOR INDEPENDENT SECTOR ADULT SOCIAL CARE PROVIDERS, DIRECT PAYMENTS AND OTHER CHARGES

The Committee considered the Corporate Director, Adult Social Care and Health's report on proposed increases in fees for independent sector adult social care providers, direct payments and other charges.

RESOLVED 2021/022

- 1) That the proposed distribution of £6.126m of fee increases to independent sector social care and support providers across the different adult social care

services related to the further increase in the National Living Wage from 5 April 2021, be approved.

- 2) That the increase in Ageing Well Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation, be approved.
- 3) That the fee increases for Living Well residential and nursing home care placements be approved.
- 4) That the fee increases proposed for Home Care, Housing with Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision be approved.
- 5) That the increases in charges for other non-direct care provision be approved.
- 6) That the effective date of 5 April 2021 for all fee increases be approved, to align with the payment cycle for the new financial year.

14. EXTENSION OF TEMPORARY POSTS IN THE DATA INPUT TEAM

The Director of Transformation presented the report, which asked for the Committee to agree the extension of temporary posts within the Data Input Team.

RESOLVED 2021/023

That the extension of the funding for 5 full time equivalent Business Support Administrator (Grade 3) posts in the Data Input Team, in the Council's business support structure within the Chief Executive's Department be approved, for a period of 12 months from 1 April 2021 to 31 March 2022 at a cost of £131,062 be approved.

15. MARKET MANAGEMENT POSITION STATEMENT

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

RESOLVED 2021/024

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

16. WORK PROGRAMME

RESOLVED 2021/025

That the updated work programme be agreed, and that the actions identified during the meeting be implemented.

17. EXCLUSION OF THE PUBLIC

RESOLVED 2021/026

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

18. MARKET MANAGEMENT POSITION STATEMENT – EXEMPT APPENDIX

RESOLVED 2021/027

That the information in the exempt appendix be noted.

The meeting closed at 1.02pm.

CHAIRMAN

14 June 2021**Agenda Item: 7****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****SUSTAINING DELIVERY OF THE LOCAL OUTBREAK MANAGEMENT PLAN****Purpose of the Report**

1. To describe the service arrangements required to sustain the delivery of the Local Outbreak Management Plan and to seek approval for a COVID-19 response service comprising of 41.3 FTE (including 5.0 FTE expected to be employed by Nottingham City Council and 1.0 FTE hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group, both of which will be jointly funded by Nottingham City and Nottinghamshire County Council).
2. To seek approval for the use of the Test and Trace Grant and Contain Outbreak Management Fund to fund these arrangements for 24 months until September 2023, at an estimated total cost of £6,480,277.
3. To seek approval for the use of Public Health Grant reserves to fund arrangements past March 2022, if conditions attached to the Contain Outbreak Management Fund do not permit its use for this purpose after this point. This would avoid any direct negative impact on the Council's Medium-Term Financial Strategy.
4. To seek approval for the establishment and continued employment of 100 FTE agency posts (including 50 FTE expected to be hosted by Nottingham City Council), required to flexibly support the operation of asymptomatic testing sites and for which costs are directly recharged to the Department of Health and Social Care (DHSC).
5. To agree that Adult Social Care and Public Health (ASCPH) Committee receive an update on the deployment of the Test and Trace Grant and Contain Outbreak Management Fund in Autumn 2021.

Information**COVID-19 Recovery Framework**

6. The service and funding arrangements which are the specific focus of this paper sit alongside the Council's wider approach to recovery. That wider approach will be set out in a COVID-19 Recovery Framework which will be presented to Policy Committee in July 2021, and will address recovery priorities, oversight of the ongoing COVID-19 response and use risk-based scenarios to inform high level planning, business continuity and service delivery priorities.

7. Accordingly, the Framework will give an overview of ongoing service changes to support residents and protect the most vulnerable through the pandemic. Departmental responses include the future role and development of the Coronavirus Community Support Hub, the PPE Logistics Team, Adult Social Care's ongoing COVID-19 response (including the Care Home Support Hub, Care Home and Home Care Task Force, digital isolation and discharge planning and safe and well checks), and mental health support teams in schools.
8. Therefore, the important response and recovery roles played by the aforementioned functions, together with those for which district and borough councils and the local NHS are responsible, fall outside the scope of this paper. The Authority will continue to collaborate with these partner organisations to ensure coordination of the collective effort.
9. The focus of this paper are the arrangements which are already known to be required to sustain the delivery of the Local Outbreak Management Plan for Nottinghamshire County.

Local outbreak management

10. The Local Outbreak Management Plan for Nottinghamshire County Council was first published in June 2020, following notification that upper tier local authorities would take on responsibility for the management of local outbreaks. The Plan was refreshed in March 2021 in response to publication of the national roadmap for easing of lockdown restrictions and the updated national Contain Framework. The refreshed Plan was approved by the COVID-19 Resilience, Recovery and Renewal Committee in March 2021.
11. To fund the Plan, the Government confirmed that upper tier local authorities would be allocated a Local Authority Test and Trace Grant, to be utilised to support the mitigation and containment of local outbreaks of COVID-19. Nottinghamshire County Council was allocated £3,802,915 and a resource plan for the grant was approved by ASCPH Committee on 14 September 2020.
12. From 12 October 2020, local authorities became eligible to receive a series of payments from the Contain Outbreak Management Fund, which is a separate fund allocated to support proactive containment and intervention measures in relation to COVID-19. Initial allocation of the Contain Outbreak Management Fund to support key outbreak control measures and activities was approved by ASCPH Committee in January 2021.
13. The updated Local Outbreak Management Plan outlines how the local authority will discharge key elements of the local outbreak response in accordance with the national Contain Framework, including:
 - a. Outbreak management in higher-risk settings, communities, and locations e.g. care homes, prisons, hospitality, hospitals, education, and homelessness settings.
 - b. Responding to variants of concern (VOC)/variants under investigation (VUI).
 - c. Data and surveillance.
 - d. Community testing.
 - e. Contact tracing and enhanced contact tracing, in partnership with Health Protection Teams.
 - f. Support for self-isolation.
 - g. Support for vulnerable people and underserved communities, including the clinically extremely vulnerable (CEV).
 - h. Compliance and enforcement.

- i. Communications and engagement, including community resilience.
 - j. Interface with the vaccine roll out, including plans to tackle disparities in vaccination take-up.
14. The following proposal set out in this paper will deliver the Authority's refreshed Local Outbreak Management Plan, in accordance with the Council's and Director of Public Health's duties to plan for and respond to emergencies which present a risk to public health. In addition to protecting health and minimising avoidable disruption to the local economy, schools and civic life, the proposal will also enable the Nottinghamshire County Council Public Health Team to re-engage with key agendas, which ASCPH Committee previously agreed would have to be temporarily suspended.

Current COVID-19 response arrangements

15. The current resource deployed to COVID-19 response activities falling within the scope of this paper is **51.8 FTE**, which is provided through a variety of arrangements including informal deployment, secondments, fixed-term appointments and use of agency staff. It comprises:
- 19.0 FTE redeployed from within the public health division.
 - 16.5 FTE appointed to fixed term roles (approved by ASCPH Committee on 14 September 2020 and 11 January 2021).
 - 4.0 FTE deployed from other Council departments on a temporary basis.
 - 12.3 FTE jointly funded by Nottingham City Council.

Proposed service model (COVID-19 response)

16. The proposal is to establish a core COVID-19 response service, which will be sufficient to sustainably deliver the full range of outbreak response elements during periods where incidence of cases and outbreaks remain relatively low. It will offer formal employment arrangements for the COVID-19 response resource, which has mainly been provided informally to date. Surge capacity will be accessed from within the public health division and other teams if the incidence of cases or outbreaks increases, in order to maintain an effective response.
17. The principles and assumptions underpinning the service model are set out in **Appendix A**.
18. The service will operate Monday to Friday (core business hours) alongside a range of related support services, provided both from within the Council and through external partners. The majority of the resource will be hosted within the public health division, although some roles and their primary line management arrangements may remain embedded in other teams within the Council.
19. A significant proportion of the work will continue to be undertaken on a collaborative basis across the Local Resilience Forum (LRF) footprint (Nottingham City and Nottinghamshire County). For example, the day-to-day operations of the core COVID-19 response service will be overseen by a COVID-19 Programme Director. The Director and the service will be accountable to the two Directors of Public Health across Nottingham and Nottinghamshire, who are responsible for chairing the LRF Outbreak Cell and Tactical Coordinating Group (TCG), through which LRF partners ensure the pandemic response meets objectives set by the Strategic Coordinating Group (SCG).

20. At the point at which the emergency moves out of the response phase, a Recovery Coordinating Group (RCG) will be stood up to lead on multi-agency recovery across the system and will be responsible for LRF oversight of residual response arrangements that transition to business as usual.
21. The staffing establishment for the proposed service model is **41.3 FTE** (including 5.0 FTE expected to be employed by Nottingham City Council and 1.0 FTE hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group, both of which will be jointly funded by Nottingham City and Nottinghamshire County Council):
- 22.5 FTE in a core COVID-19 response service (including 1.0 FTE jointly funded by Nottingham City and Nottinghamshire County Council and employed by Nottingham City Council).
 - 8.8 FTE in other County Council departments/hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group, which fall within the scope of support services (including 1.0 FTE jointly funded by Nottingham City and Nottinghamshire County Council and hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group).
 - 10.0 FTE managing the provision of testing, which is a fully joint service (and jointly funded) across Nottinghamshire County and Nottingham City, working closely with NHS and LRF partners (including 4.0 FTE expected to be employed by Nottingham City Council).
22. Plans for the deployment of asymptomatic testing in community settings were approved by the COVID-19 Resilience, Recovery and Renewal Committee on 25 January 2021 and an estimated 100 agency staff (of which it is anticipated 50 will be hosted by Nottinghamshire County Council) will need to continue to be employed flexibly (dependent on service need) to operate asymptomatic community testing sites going forward. Therefore, this report seeks approval to establish these posts for which the testing approach was approved in January.
23. The operating costs associated with asymptomatic testing are recharged directly to the Department of Health and Social Care (DHSC), and therefore are excluded from this paper. A further national steer regarding testing is expected in Autumn 2021 and a further proposal may need to be brought to ASCPH Committee regarding ongoing service need as and when any future responsibilities for local authorities are clarified further.
24. It is proposed that posts outlined within paragraph 21 are recruited to for 24 months, in order to attract the right skills and build longer term resilience in public health and related professions, such as infection prevention control, environmental health and public health intelligence. A review will take place every 6 months to assess the current situation and likely ongoing need. A formal annual review will be completed and reported to ASCPH Committee to provide an update on the current situation. A full list of posts to be established is included in **Appendix C**.

Support Services

25. In addition to the core response team, there are a range of support services whose contributions will remain critical to the Nottinghamshire local outbreak response. These include:

- Infection, prevention and control hosted by the Nottingham and Nottinghamshire, and Bassetlaw Clinical Commissioning Groups (CCGs).
- Supported swabbing services hosted by Sherwood Forest Hospitals and Nottinghamshire Healthcare Trust.
- Doorstep contact tracing services hosted by NSL parking partnership.
- Homeless health services hosted by City Care and Sherwood Forest Hospitals Trust.
- LRF data analysis hosted by Nottingham and Nottinghamshire Clinical Commissioning Group (1 FTE).

And from within the County Council, 7.8 FTE defined posts included in the establishment:

- Customer Service Centre contact tracing.
- Communications and engagement support provided by three fixed term communications and engagement posts (3 FTE).
- Emergency planning support provided through an Emergency Planning Officer (1 FTE).
- Logistics support for testing provided by a core logistics team (2.8 FTE).
- Schools COVID Coordinator provided by the Schools Health Hub team (1 FTE).
- Enforcement support provided by Trading Standards.

26. The total cost over 24 months for the above support services is £2,985,920 and is detailed in **Appendix B**.

Surge Capacity

27. There will be a need for the service to access surge capacity if case and outbreak incidence increases significantly and resources may be drawn from within the public health division and other teams.

28. In addition to this, an informal bank may be created from local workforce known to the LRF, that will have flexible capacity to support the local outbreak response. If required, Directors discretion will enable a quick response. However, if this resource is envisioned to be required longer term, a proposal will be included in the update to ASCPH Committee proposed for Autumn 2021.

29. Regional and national support may also be sought dependent on the nature of the situation and available capacity.

Funding

30. The financial implication of establishing the proposed COVID-19 response service is **£6,480,277** over two years:

- Staffing Costs: **£3,494,357 (Annual Cost: £1,747,178)**
- Support Services (including 8.8 FTE): **£2,985,920 (Annual cost: £1,492,960)**

31. A full breakdown of costs is included in **Appendix B** (services) and **Appendix C** (staff). The funding is based on the current level of resource required to sustain delivery of the Local Outbreak Control Plan and will be funded by the Test and Trace Grant and Contain Outbreak Management Fund. As further needs are identified, they will be considered as part of ongoing dialogue on the use of the Contain Outbreak Management Fund.

32. Currently it is anticipated that the Contain Outbreak Management Fund allocated to upper tier local authorities must be spent by 31 March 2022. The need for longer term funding to secure an ongoing COVID-19 response has been escalated to Government by Directors of Public Health across the country. In the absence of guidance, or if conditions attached to the Contain Outbreak Management Fund do not permit its use past March 2022, funding required past this will be underwritten using Public Health Grant reserves.

Implementation

Recruitment

33. Existing deployments, secondment and fixed term contract arrangements will be considered and may be extended where appropriate.
34. Recruitment to new posts will be undertaken in line with the Authority's recruitment procedures. It is anticipated that recruitment will present a challenge due to the demand for public health expertise across the country, as many local authorities continue to seek capacity for local outbreak control. Each role will be assessed to identify the skills and experience genuinely critical to each role and to explore options for recruiting people for whom the role may be an opportunity to develop new skills and experience in public health.
35. This will include external recruitment as well as promoting secondment opportunities, looking to backfill internal secondments as part of the recruitment process. The proposed structure also includes an apprentice position and two graduate trainee posts in conjunction with the Council's graduate scheme, which will further support the development of the Authority's future workforce.
36. As it is proposed that posts are established for 24 months, this may mean that successful recruits accrue certain employment rights during this term. The implications of this will be managed in line with the Authority's employment procedures.
37. Recent experience has demonstrated that use of agency staff will be required pending recruitment or if recruitment is not possible. The Authority's managed service contract for agency staff provision will be utilised should agency staff be required.

Risks and dependencies

38. Aside from risks associated with securing and mobilising this resource, the main risk is that the pandemic takes a trajectory either locally or across the country which requires a stronger response than can be sustained by the proposed resource.

Timescale

39. Preparatory work to undertake the necessary recruitment is under way already. It is unlikely that the full complement of resource will be in place before end of September 2021 at the earliest.

Other Options Considered

40. Continuation of the current COVID-19 response using the current model of staff redeployment, with the extension of existing fixed term posts and continuation of support services. This option is not recommended as it will not meet the requirements of the Local Outbreak Management Plan and will prevent delivery of core public health agendas and services provided by partners, who are currently contributing to the COVID-19 outbreak response.
41. Establishing a COVID-19 response service model that can respond to a worst-case scenario. This option is not recommended as the model required to deliver such a service is unlikely to be value for money and will likely be unattainable due to the limited availability of skilled staff. It would also likely require longer-term significant funding post March 2022.
42. Establishing a longer-term health protection service model. This option will allow greater resilience to the workforce and will support future planning as the health protection landscape evolves. This option will require longer term funding post March 2022 and further work will be required to define this resource in light of the evolving landscape. This will be the subject of a separate proposal in due course.

Reason for Recommendation

43. A sustainable COVID-19 response service model needs to be established in order to deliver on the commitments outlined within Nottinghamshire's Local Outbreak Management Plan. The establishment of a service model (including support services) that allocates additional resource to allow response to a medium level of COVID-19 activity will provide capacity to respond to the most likely optimistic recovery scenario.

Statutory and Policy Implications

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

Financial Implications

45. The financial implications are included in paragraphs 30-32 of this report.

Human Resources Implications

46. HR implications are included in paragraphs 21-24 and 33-37 and Appendices B and C of this report.
47. The proposal to establish and recruit to the posts has been shared, for information purposes, with the relevant recognised trade unions.

RECOMMENDATION/S

That committee:

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

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Cathy Quinn, Outbreak Director

T: 0115 9773631

E: cathy.quinn2@nottscg.gov.uk

Constitutional Comments (EP 20/05/21)

48. The Adult Social Care and Public Health Committee is the appropriate body to consider this report and approve the recommendations.

Financial Comments (DG 21/05/21)

49. The following costs will be funded by the Contain Outbreak Management Fund or public health reserves. £3,494,357 core staff, £727,914 support services staff and £2,258,006 Support services costs as detailed in Appendix B and C. Total cost £6,480,277.

HR Comments (WI 27/05/21) The newly established posts will be subject to full job evaluation where necessary and recruited to on a fixed term basis, for the duration as outlined in the report, in line with the Authority's grading policy and recruitment procedures. The authority's managed service contract for agency provision will be utilised where necessary. Additionally, in relation to paragraph 25, there will need to be engagement with services where staffing may be impacted.

Background Papers and Published Documents

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

Electoral Division(s) and Member(s) Affected

- All

Appendix A. Planning assumptions and principles for sustainable delivery of the Local Outbreak Management Plan.

- 1) Delivers the Nottinghamshire Local Outbreak Management Plan in 2021/22, which must be sufficient to address a range of current and potential hazards (such as multiple large local outbreaks, unknown variants, across workplaces and vulnerable groups, leading to high volumes of hospitalisation and deaths, the likelihood of a national scale third wave during 2021 and possible seasonal resurgence over the next few years), as well as periods of lower demand in between.
- 2) Resource arrangements allow local authorities to resume their full services alongside the COVID-19 response (an explicit requirement of the Local Outbreak Management Plan). In particular, local teams must have resources available to support them in the event of an outbreak that exceeds available capacity (described as a reasonable worst-case scenario).
- 3) Provides capacity to maintain COVID-19 response or other Health Protection activity through to 2023. Longer term provision will be the subject of a separate proposal in due course.
- 4) Funded without adversely impacting the Council's Medium-Term Financial Strategy. This means funding through the Test and Trace Grant, Contain Outbreak Management Fund and/or Public Health Grant.
- 5) Enables staff deployed to the COVID-19 response to be released back into their substantive roles and to recover a sustainable work-life balance
- 6) Is based around response during the normal working week, except during periods of 'surge' which may require weekend working.
- 7) Describes roles and contract durations which have a reasonable likelihood of being filled (i.e. accounting for the high demand for specialist public health skills and experience).
- 8) Makes the best use of specialist public health and other resource through collaborative working with LRF partners, including the Nottingham City Council Public Health Team.

Appendix B: Support Services

In addition to the core response team, there are a range of support services whose contribution remains critical to Nottinghamshire's ongoing local outbreak management. The table below lists the support services and annual cost for which two years funding will be required:

Support Services:	
Service	Annual Cost
<p>Continuation of support services commenced in 2020 It is proposed that all supporting services already in place be reviewed to ensure they continue to meet the required need. The intention is that all services undergo a formal assessment prior to a decision being made to extend the contracts of COVID-19 response services for the agreed period. Services include:</p> <ul style="list-style-type: none"> • Customer Service Centre contact tracing. • Infection, prevention and control– including a system-wide review to build capacity and resilience and support for prisons / children's residential and other gaps. Hosted by Nottingham and Nottinghamshire, and Bassetlaw Clinical Commissioning Groups. • Supported swabbing services hosted by Sherwood Forest Hospitals and Nottinghamshire Healthcare Trust. • Doorstep contact tracing services hosted by NSL parking partnership. • Homeless health services hosted by City Care and Sherwood Forest Hospitals Trust. <p>The following additional services will also be required to support the COVID-19 response:</p> <p>Communications and engagement: Continued support through the extension of the below fixed term posts (will be hosted in Communications team):</p> <ul style="list-style-type: none"> • Communications and Engagement Officers Band A (2.0 FTE) • Senior Communications Manager Band C (1.0 FTE) <p>Additional funding is allocated to support continual development of a communications and engagement strategy to support behavioural change and community influencers.</p> <p>Emergency Planning: Continued support for the public health response through the extension of the below fixed term post (will be hosted in the Emergency Planning Team):</p> <ul style="list-style-type: none"> • Emergency Planning Officer Band A (1.0 FTE) 	<p>£300,000</p> <p>£448,791</p> <p>£200,000</p> <p>£20,000</p> <p>£110,213</p> <p>£141,527</p> <p>£42,786</p>

<p>Role includes support for operational eagle, testing of outbreak plan and general emergency response advice.</p> <p>Logistics Testing (testing resource): The core logistics infrastructure is outside the scope of this service. However, with the development of community testing there are a number of new posts required to support the service. The following posts will be included in the establishment and will be hosted in the Logistics Team:</p> <ul style="list-style-type: none"> • Project Manager Band D (0.8 FTE) • Warehouse Operative Grade 3 (1.0 FTE) • Logistics Driver Grade 3 (1.0 FTE) <p>Schools COVID coordinator: Continued support from one schools coordinator, to be hosted in the Schools Health Hub Team:</p> <ul style="list-style-type: none"> • Schools COVID coordinator Band B (1.0 FTE) <p>Enforcement: Support provided to tackle investigation, direction order enforcement and quality control of COVID-19 related products and services by Trading Standards. The service will be provided by the Trading Standards team.</p> <p>LRF data analysis: Continuation of funding for a joint data analyst agreed through the LRF data cell. Jointly funded by Nottingham City and Nottinghamshire County and hosted by the Nottingham and Nottinghamshire CCG.</p> <ul style="list-style-type: none"> • Data Project Manager Band D (1.0 FTE) 	<p>£100,445</p> <p>£49,186</p> <p>£50,000</p> <p>£30,012</p>
--	--

Appendix C. Proposed COVID-19 Response Staffing Establishment

Role	Band / Grade	Subject to job evaluation	Contract length	FTE City-County	FTE hosted by County	Yearly cost (including on costs) £	Total cost (including on costs) £	Notes
COVID Response Team								
Programme Director	H*	n/a	24 months	1	0	54,536	109,073	Cost shared across City and County.
Consultant in Public Health/COVID Response Lead	H	N	24 months	n/a	2	218,146	436,292	Recruitment will determine specific role pending availability of skilled public health resource
Senior Public Health & Commissioning Manager	F	N	24 months	n/a	2	161,057	322,114	
Senior Public Health & Commissioning Manager/Senior COVID Response Manager	E/F	Y	24 months	n/a	1	80,529	161,057	Recruitment will determine specific role pending availability of skilled public health resource
Programme Manager	F	Y	24 months	n/a	1	80,529	161,057	
Environmental Health Officer	E*	Y	24 months	n/a	1	66,819	133,637	Seconded from district councils.
Senior Public Health Intelligence Analyst	D	N	24 months	n/a	1	60,025	120,050	
Public Health & Commissioning Manager	D	N	24 months	n/a	2	120,050	240,099	
Public Health & Commissioning Manager / COVID Response Manager	C/D	Y	24 months	n/a	4	240,099	480,199	Recruitment will determine specific role pending availability of skilled public health resource
Investigation Officer (OIRR)	C	Y	24 months	n/a	2	111,909	223,819	

Public Health Support Officer / Graduate Trainee / Apprentice	B	Y	24 months	n/a	3	147,558	295,116	
Public Health Intelligence Analyst	B	N	24 months	n/a	1	49,186	98,372	
Business Support Administrator	4	N	24 months	n/a	1.5	45,437	90,873	
			Total	1	21.5	1,435,879	2,871,759	
Joint Testing Function with City								
Consultant in Public Health	H	N	24 months	0.5	0.5	27,268	54,536	
Senior Public Health & Commissioning Manager/Senior COVID Response Manager	E/F	Y	24 months	0.5	0.5	20,132	40,264	Recruitment will determine specific role pending availability of skilled public health resource
Deputy Programme Director	F*	n/a	24 months	1	0	40,265	80,529	
Programme Manager	F	Y	24 months	1	1	40,265	80,529	
Testing Project Manager	D/E	Y	24 months	0.5	0.5	16,705	33,409	
Operational Manager (Testing)	D*	Y	24 months	3	2	90,037	180,075	
Project Support Officer	B*	Y	24 months	2	1	49,186	98,372	
Public Health Intelligence Analyst	B	N	24 months	0.5	0.5	12,297	24,593	
Business Support Administrator	4*	n/a	24 months	1	0	15,146	30,291	
ATS front line testing staff	variable	n/a	See 'Notes'	Approx. 100	Approx. 50	Variable. Directly recharged to DHSC	Variable. Directly recharged to DHSC	Employed through agency flexibly based on service need (approx. 100; 200 in surge).
			Total	10	6.0	311,299	622,598	NB: Full costs shared across City and County Councils

Support Services								
Senior Communications Manager	C	N	24 months	n/a	1	55,955	111,909	
Communications and Engagement Officer	A	N	24 months	n/a	2	85,573	171,145	
Emergency Planning Officer	A	N	24 months	n/a	1	42,786	85,573	
Project Manager	D	N	24 months	n/a	0.8	48,020	96,040	
Warehouse Operative	3	N	24 months	n/a	1	26,212	52,425	
Logistics Driver	3	N	24 months	n/a	1	26,212	52,425	
Schools COVID coordinator	B	N	24 months	n/a	1	49,186	98,372	
Data Project Manager	D*	n/a	24 months	1	0	30,012	60,025	Hosted by Clinical Commissioning Group.
			Total	1	7.8	363,957	727,914	
			Grand Total	12	35.3	2,111,135	4,222,270	

NB: All Grades are indicative until Hay grading process completed. * Where posts are hosted by external organisations, the equivalent Nottinghamshire County Council grade is quoted for finance purposes.

14 June 2021

Agenda Item: 8

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTER 4 2020/21

Purpose of the Report

1. To provide an update on the financial position of Adult Social Care at the end of March 2021.
2. To provide an update on the performance reporting framework.
3. To provide Committee with a summary of performance for Adult Social Care for quarter 4 (1st January to 31st March 2021).

Information

4. The Council's Planning and Performance Framework establishes the approach that the Council takes to planning and managing performance to deliver effective and responsive services to the people it supports and their carers.
5. This report provides a summary of the quarter 4 2020/21, year-end position for the performance measures that fall within the responsibility of the Adult Social Care and Public Health Committee. The full Core Data Set is attached as **Appendix A**.

Current Financial Position

6. As at the end of March 2021, the Adult Social Care & Public Health Department was underspent by £11.619m after contributions to reserves; this is equivalent to 5.6% of the final budget.

Department	Final Budget £ 000	Outturn £ 000	Variance £ 000	Variance as % of Budget
<u>ASCH Committee</u>				
Strategic Commissioning and Integration	(43,769)	(44,703)	(934)	2.13%
Living Well and Direct Services	124,554	122,456	(2,098)	(1.68)%
Ageing Well and Maximising Independence	120,619	109,067	(11,552)	(9.58)%
Public Health	1,134	(349)	(1,483)	(130.78)%
Outturn Prior to Use of Reserves	202,538	186,471	(16,067)	(7.93)%
Transfer to / (from) Revenue Reserves	7,734	10,496	2,762	35.71%
Transfer to / (from) Grant Reserves	(1,134)	349	1,483	(130.78)%
Transfer to / (from) Capital Reserves	-	46	46	-
Redundancy related Costs	-	157	157	-
Subtotal	6,600	11,048	4,448	67.39%
Net Department Total	209,138	197,519	(11,619)	(5.55)%

7. The underspend has increased since quarter 3, primarily due to continued additional Health funding and also additional grants to the Council to support providers.
8. The position includes a net contribution to reserves of £10.9m. This comprises the net contribution of £0.3m of Public Health reserves and £10.5m in Section 256 and pooled budgets.

Transformation and Service Improvement

9. In the 2020/21 financial year, the department had agreed savings of £4.749m.
10. The emergency response to the Covid 19 pandemic meant that some projects were put on hold at the start of the year, so the in-year savings were £4.427m.
11. However, the department delivered savings early, up to the end of the previous financial year 2019/20, so there is still a cumulative over-delivery at the end of the financial year of £1.025m.
12. As the Council is still dealing with the impact of Covid 19, there is an increased risk that the 2021/22 target may not be met this year.

Development of Core Metrics for Adult Social Care and Health

13. The development of local core metrics for the department was co-produced with operational teams and completed in quarter 4. This has created a set of core metrics that allow the workforce at all levels to monitor how they contribute to supporting people to achieve their outcomes, and to understand how the department is performing. The use of core metrics to drive service improvement is a key part of the Owning and Driving Performance culture change programme, which aims to embed a coaching and learning ethos across the department. The areas covered by the core metrics, which are described in more detail in **Appendix B**, are:

- **Quality of Life:** for people, carers and the workforce
- **Positive Contributions:** through social inclusion, employment and day opportunities
- **Independence:** through ensuring people get support at the right time, have a place to call home, and are supported to make connections in their local community

- **Use of Resources:** through working consistently across the department and ensuring the workforce are able to spend as much time with the people they support as possible.
14. The core metrics have been used to inform the Adult Social Care and Public Health service plan for 2021/22 and form the basis for departmental, service, team and individual targets. The overall departmental performance against the core metrics will be monitored through the Adult Social Care and Public Health Performance Board.

Review of Management Information used by the Adult Social Care and Public Health Department

15. Alongside the development of the core metrics, a review of management information was also undertaken in quarter 4, informed by the following key principles:
- **Demand** – the department should be able to predict and manage demand for the service to ensure it is ready to support people at the right time
 - **Resources** – the department should be able to manage its finances and resources efficiently and effectively based on the performance data, direct resources where needed, and reduce variation
 - **Commissioning** – the department should be able to develop the market and commissioning intentions based on performance data, by creating closer links with operational processes
 - **Improvement & transformation** – the department should be able to identify where service improvements are required, and track savings and benefits on programmes of work to ensure objectives are met
 - **Statutory Reporting** – the department should be able to fulfil its statutory reporting obligations
 - **Continuous improvement** – the department should be able to use management information for continuous improvement.
16. These principles formed the basis for streamlining the number of management reports, and what types of reports are required at a local level, to ensure the data informs service planning and decisions. Operational teams were engaged to inform the process.

Summary of Quarter 4 2020/21 Performance

17. Performance to quarter 4 for 2020/21 is attached as **Appendix A** and a summary of the highlights and areas for improvement are also contained within the body of this report. The performance data for year-end 2020/21 is provisional due to the timescales for year-end reporting, however the data is not expected to vary significantly upon final verification.

Quality of life

a. The people the department works with and support have a good quality of life

18. The survey of the people the Council supports has been delayed because of the pandemic and will next be carried out in 2021/22.

b. The carers staff work with and support have a good quality of life

19. Despite the challenges and restrictions in delivering services as a result of the Covid 19 pandemic, all carers who access breaks via the Council's Short Breaks services have been provided with a break by ensuring that the service offered is in a 'Covid secure' environment. Alternative offers of short breaks are being developed to offer carers more choice especially where their usual source of breaks has been limited or unavailable.
20. The impact of Covid for carers has been particularly challenging for them physically, mentally and emotionally. Many carers are experiencing increased levels of stress and anxiety due to providing additional care and support where usual support services and networks have been limited or unavailable throughout the crisis. The department is contacting all carers for a safe and well call.
21. The Nottinghamshire Carers Hub service, provided by Tu Vida, has been proactive in providing carers with a range of support throughout the crisis including: access to telephone support; helping families to get connected on-line to enable them to participate in virtual events and calls; and signposting to information, advice and guidance or appropriate support services.
22. During 2020/21, the number of carers contacting the Carers Hub did significantly drop due to the Covid pandemic and the immediate impact on carers and families, by approximately 32% from 2019/20. Derbyshire County Council and Lincolnshire County Council also reported the same fall in carer contacts to their advice, information and support services. Contacts to existing known carers increased significantly during the first quarter of 2020/21 with wellbeing checks and phone calls being made to those carers. However, new carer contacts increased significantly on average by 36% during February and March 2021 due to the availability of the Covid vaccination for carers and the requirement to register with the Carers Hub to obtain vaccine booking details.
23. Adult Social Care & Public Health statistics about supporting carers from April 2020 to March 2021 are as follows:

Total contacts made to Carers Hub service for advice, information support and signposting since the service began	8,070
Total new carers accessing Carers Hub	900
Total No. of new Carers Assessments undertaken by NCC ASCH teams	1,270
Total No. of Carers Reviews undertaken by NCC ASCH teams	5,199
Total No. of Short Breaks commissioned:	434

24. A new 'strength based' approach carers assessment is being introduced over the summer, which will better identify what carers' needs are and ensure that support, including the provision of information, advice and guidance to help people resolve their needs at the earliest opportunity, can be tailored to meet those needs and desired outcomes to support them in their caring role. A recent consultation exercise with carers has indicated that out of 1,967 responses, 62% were in favour of this new approach to carer assessment.

c. Workforce – employees' wellbeing is high, and staff enjoy their jobs

25. Working through the Covid pandemic has had an impact on the social care and Public Health workforce. Many staff are reporting feeling very tired and are experiencing higher than usual levels of stress. Staff across the department have been redeployed, worked flexibly and long hours to ensure that people continue to get the support they need, to manage outbreaks and emergency planning, as well as to cover other staff who are off work for Covid related reasons. The Adult Social Care and Public Health department has put in place some key areas of work to support the workforce and these include:
- a) a focus on staff wellbeing as part of recovery planning; ensuring all staff are listened to, are aware of and can access available support and wellbeing discussions form part of all supervisions.
 - b) development and implementation of a pulse survey to ask regular questions of staff with a view to understand and track how they feel about their wellbeing, race equality and their experience of supervision on a regular basis. Following initial surveying in quarter 4 2020/21, key feedback themes are being analysed.
 - c) development of an Adult Social Care & Public Health Communications and Engagement e-mail link to coordinate the distribution of information to the workforce and improve channels of communication. The Corporate Director of the Adult Social Care and Health department sends out a weekly message to all staff containing updates and key information and it is planned to bring these updates into the overall Communications and Engagement plan.
 - d) a weekly Adult Social Care & Public Health Practice newsletter led by the Principal Social Worker and Principal Occupational Therapists continues to be sent weekly to the workforce, with practice updates, development opportunities, recommended training and opportunities for the workforce to provide feedback, and critique or make suggestions for improvement
 - e) a survey of Living Well staff was undertaken to ask for feedback about what was working well and what could be improved following the team restructure that was implemented on 1st September 2020. Key themes have been shared with the Living Well Group Managers who are following this up with their teams.
 - f) the Adult Social Care and Public Health intranet pages for the workforce are in the final stages of redesign which will provide workers with more ways to engage and collaborate, alongside all the tools and resources they need to carry out their roles.

Positive Contributions

a. Keeping family, friends and connections

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

27. Nottinghamshire continues to perform well on the proportion of adults receiving a Direct Payment (DP), with quarter 4 performance at 38.6% against a national average of 28%. 26.5% of DPs are used to employ Personal Assistants. Improving this and increasing the number of people who have Personal Assistants is in line with one of the department's core objectives for the current year.
28. There is an ongoing cultural change programme in place to support frontline staff to build on their knowledge and skills, including about the use of DPs. Support for staff is available via team meetings, training on Direct Payments, through the simplifying processes listening groups, and through questions and answers/trouble shooting sessions. A communications plan has been put in place to increase both the supply and demand for Personal Assistants.

b. Learn, volunteer and work

29. In addition, the national Adult Social Care Outcomes Framework (ASCOF) indicator for adults with a learning disability in employment, local employment for younger adults with a physical disability and with mental health issues is being monitored in the same way. The quarter 4 result for helping people the Council supports who have a learning disability into or back into employment is 2% against a national average of 5.6%.
30. The ability of the Council to increase the number of service users in paid employment has been impacted this year by Covid 19. At the onset of Covid 19 the i-Works team was deployed to other essential areas of Council work such as emergency recruitment, calls to extremely vulnerable people, and carers reviews, alongside crisis management related to individuals in employment. The pandemic has also reduced the number of employment opportunities that are available. The i-Works team continues to support people to remain in work, including those on furlough and those experiencing work related issues, working remotely and creatively where possible.
31. Now the i-Works team is part of the Maximising Independence Service (MIS) there is opportunity for other MIS workers to support individuals with outcomes such as travel training which will then lead to more targeted involvement from the i-Works team, increasing the capacity of that team. It is hoped that this flexible approach will increase referrals and through-put effectively.

Independence

a. My support, my way

32. In 2020, new national measures were brought in to measure how well partners work together to ensure that people have a safe and timely discharge from hospital on the day that they are well enough to return home.
33. In 2020/21, 2,093 (49%) of people requiring social care support to plan their discharge received this on the same day or the day after they became well enough to leave hospital (Medically Safe for Discharge). The average number of days it took in 2020/21 for social care to discharge someone once they were well enough was 2.5 days. This is an excellent achievement considering the pressures on hospitals due to the Covid pandemic and the

fact that Covid significantly reduced the ability of all social care staff to take referrals of new people, e.g. due to having staff off work for Covid related reasons.

34. Previously a national indicator was in place to monitor whether social care teams were receiving the agreed two days' notice of when a person is likely to be able to leave hospital. This national indicator is no longer in place; however, data shows that for a high proportion of people, the Integrated Health and Social Care Discharge Hubs only know about them on the day or the day before they are well enough to go home, or in some cases afterwards. This impacts significantly on the Council's ability to improve performance and work is planned with partners across the County on early discharge planning to address this.
35. The new Hospital Discharge model increases the need for more rapid response reablement and homecare, timelier pick up by core homecare providers from these and Health's rehabilitation services, as well as additional staff in the integrated Discharge Hubs. Use is being made of the temporary national NHS Discharge to Assess funding available up to 30th September 2021 to create additional temporary resources to fill this gap.
36. In April 2021, a new countywide core discharge model, in line with the national policy, was approved by system wide Chief Executives from Nottingham and Nottinghamshire Clinical Commissioning Group (CCG), NHS providers, Bassetlaw CCG, City and County Local Authorities. A work programme, methodology and timeline were also approved. This includes work to streamline processes, decision making, roles and responsibilities of staff, as well as the development of a workforce and commissioning plan for the right set of services needed to support as many people home first from hospital as possible. Recommendations on decisions required by Committee will be brought back from this work as appropriate.
37. Reablement services support people to regain their independent living skills and confidence following a period of ill-health, which often has required a stay in hospital. This is good for people's health and wellbeing and in turn reduces the need for health and social care and support services. The Council's re-ablement service continues to perform well and is above target on the outcome of people remaining at home 91 days after the service has worked with them. The second measure for this service is about how many people were offered it. At end of year the Council is slightly below this target and the reason for this is that during the pandemic the re-ablement service was redeployed to provide homecare to people that independent sector providers were temporarily unable to do due to staffing shortages.

b. Living life how I want, keeping safe and well - Living Well

38. The Council monitors admissions as a rate per 100,000 population, as defined by the national Adult Social Care Outcomes Framework (ASCOF) definition. This allows for effective comparison (benchmarking) with other councils.
39. Living Well admissions into long term care per 100,000 population is over target at 24.7 at the end of quarter 4, against a target of 16.4. There has been a small increase by 32, to 694, in the number of people aged 18-64 years supported in long term residential or nursing care across the last 12 months. There have been fewer opportunities to move adults out of long-term care or into supported living during the pandemic.

40. This had been further compounded by changes in definition of 'short term care' and reclassification of individuals to 'long term care', which was identified at year end and has been addressed with teams to ensure future classification is consistent and meets the new definition. In addition, due to Covid 19 a number of supported living schemes put move dates for new placements on hold. This has led to more people having to remain in a long-term care setting whilst waiting for the supported living placement to resume offering move-in dates.

c. Living life how I want, keeping safe and well - Ageing Well

41. Admissions for older adults are also monitored as a rate per 100,000 population in line with the ASCOF definition. Ageing Well admissions into long term care per 100,000 population is better than target at 503 per 100,000 at the end of quarter 4. In numbers this is 857 adults aged 65 and over being admitted to long term residential or nursing care from April 2020 – March 2021.
42. Partly, sadly, as a consequence of the impact of Covid 19, the numbers of people aged 65 and over being supported in residential care has reduced, both in terms of admissions and increased discharges from care. At the end of March 2020, 2,375 people aged over 65 were being supported in residential care, compared with 2,104 people at the end of March 2021.
43. Performance on the percentage of Ageing Well admissions direct from hospital remains positive, in line with the Council's policy that this is not the right time for people to make a long-term life decision. It is better than target at 5.4% at quarter 4 against a target of 11%.
44. All three of the above Ageing Well indicators were on target at year-end.
45. Making a shift to supporting more people in their own homes and reducing unnecessary days spent in residential care is a major objective of the strength-based programme of work for the Ageing Well Service over the next three years. Initial retrospective multi-disciplinary reviews of cases have been undertaken to identify what the ideal alternative solution to temporary residential care could have been for people. The programme will be built to address factors leading to inappropriate use of short-term residential care and also reduce the length of time that people spend living in residential care as they grow older. Additionally, work will need to be undertaken with partners in housing and health. Their support is needed to: align policy, promote earlier planning for later life and develop a range of appropriate housing options and services in local communities.

d. Safeguarding

46. Under Section 42 of the Care Act, where a local authority has reasonable cause to suspect that an adult:
- a. has needs for care and support and
 - b. is experiencing, or is at risk of, abuse or neglect and
 - c. is unable to protect himself or herself against the abuse or neglect or the risk of it,

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

47. At quarter 4, the percentage of cases in which it was reported that risk was not eliminated following a safeguarding intervention has continued to improve as a result of targeted training and improved guidance. The proportion of adults who lack mental capacity and are supported by an advocate to participate in a safeguarding enquiry continues to perform well, is on target at 85% with further improvement work planned.
48. Results for the percentages of people who were asked what outcomes they want from the safeguarding investigation and those that felt they were listened to and their outcomes achieved has fluctuated over the year and both remain slightly under target. A quality assurance cycle on safeguarding outcomes was undertaken and concluded on 12th March 2021 which will determine what additional actions need to happen to see improvement in this area. Potential actions include improved guidance and team specific training plans.

e. Deprivation of Liberty Safeguards (DoLS)

49. The Deprivation of Liberty Safeguards 2009 (DoLS) is a procedure prescribed in law when a person who lacks mental capacity to consent to their care or treatment is being deprived of their liberty in a care home or hospitals in order to keep them safe from harm. The procedure involves having the arrangements independently assessed to ensure they are in the best interests of the individual concerned.
50. As of 31st March, 64% of DoLS referrals received in the year had been completed. A Recovery Plan to undertake these assessments prior to the new Liberty Protection Safeguards being brought in from April 2022 is being developed, alongside development of a wider change programme to deliver the new statutory requirements. This year, residential and nursing care homes' ability to engage in the work has been affected by Covid 19, also social care staff have not been able to go into hospitals. Many ways have since been found to undertake work virtually, for example, staff in care homes supporting people to use tablets. This has had the added benefits of people being able to keep in contact with their families. An online portal has also been set up for staff to get easy access to advice on complex practice issues they may be facing during the Covid emergency.

f. Reviews

51. It is important that people who receive support are reviewed in a timely manner. This maximises people's independence and ensures people only receive the services and support they need.
52. 74% of the people that the department supports longer term had a completed review of their care and support in 2020/21. This means that out of 6,619 people requiring an annual review of their care and support 4,899 people had a review and 1,720 people will still require a review in the first quarter of 2021/22. Annual reviews not all being completed is largely due to the need to prioritise the workforce to support the most vulnerable and to undertake more in-depth reviews with those people supported in their local communities who were unable to access their support in the usual way during the pandemic. Fewer reviews were therefore completed for people supported in residential and nursing

accommodation. In addition, however, to the in-depth reviews that were completed, 3,574 safe and well phone calls, visits or virtual contacts were made to people during 2020/21. The purpose of these checks is to ensure that people are safe and well and have the advice, information and support that they need during the pandemic, however, it was not possible in year to capture these as review activity.

Use of Resources

53. Specific measures around the use of resources and budget management have been developed as part of the core metrics described in **paragraphs 13-14**. In addition, the department can compare the proportions of people receiving different levels of service as shown in the table below. Those receiving long term residential/nursing care are those with a high level of need and can generally be considered high cost.

As at end of March 2021 (Quarter 4)	Receiving Short Term Care or Reablement services	Receiving Long Term community-based services (e.g. Homecare, Direct Payments, Day-care)	In Long Term residential/ nursing Care
All adults	16%	58%	27%
Living Well	6%	76%	18%
Ageing Well	21%	47%	32%

Other Options Considered

54. Due to the nature of the report no other options have been considered.

Reasons for Recommendations

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

Statutory and Policy Implications

56. 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

57. At the end of 2020/21, the department's outturn position was an underspend of £11.619m, as described in **paragraphs 6 to 8** of this report.
58. The outturn includes £16.47m in additional temporary income from Health to cover the initial cost of packages for individuals discharged from hospital prior to receiving an assessment and £51.57m in specific government grants in response to the pandemic.

59. The underspend increased during the year, primarily as a result of additional income from Health and government grants to support providers along with a reduction in the number of adults aged 65 and over supported with a care package.
60. As described in **paragraphs 9-12** of this report, coming into this financial year the department had over-delivered on previous years savings. The Covid 19 emergency meant that projects were put on hold for part of the year, so the savings achieved is an under-delivery of £0.32m. However, there is still a cumulative over-delivery achieved of £1.025m at the end of the financial year.

RECOMMENDATION

- 1) That Committee considers whether there are any further actions it requires in relation to the finance and performance information for the period 1st January to 31st March 2021.

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Jennifer Allen
Service Improvement Development Manager
T: 0115 977 2052
E: Jennifer.allen@nottsccl.gov.uk

Constitutional Comments (CEH 19/05/21)

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

Financial Comments (KAS 10/05/21)

62. Adult Social Care & Public Health ended the financial year 2020/21 with an underspend of £11.619m after reserves primarily due to additional temporary income and a reduction in long term support packages for adults aged 65 and over.
63. The department made a saving of £4.427m in 2020/21, resulting in a cumulative net over delivery of £1.025m on those projects as at the end of 2020/21. The department has a saving target of £0.811m for 2021/22.

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH764 final

Adult Social Care Performance Update - Year End 2020/21 Provisional									
---	--	--	--	--	--	--	--	--	--

	2019/20	Q1	Q2	Q3	Dec	Jan	Feb	Target	Current Value	Best to be	RAG	Direction of Travel	National Average
Assessments and Reviews													
Percentage of contacts passed to Tier 3 (assessment)	34.0%	37%	41%	42%	42.4%	42.3%	40.9%	25%	42.8%	Low	R	Away from Target	SAVINGS
Percentage of reviews of Long Term Service Users completed in year	84.9%	24.2%	42.2%	56.7%	56.7%	61.4%	66.5%	100%	74.0%	High	R		LOCAL
Percentage reviews where the package cost was reduced following review (long term services only) Older Adults	18.7%	16.0%	16.0%	17.6%	17.6%	18.4%	18.3%	15%	18.8%	High	G	TOWARDS TARGET	SAVINGS
Percentage reviews where the package cost was reduced following review (long term services only) Younger Adults	15.2%	10.5%	10.8%	12.6%	12.6%	12.7%	12.6%	66%	12.9%	High	R	TOWARDS TARGET	SAVINGS
Average number of reviews per SU per year per pathway: Active	1.53	1.53	1.52	1.5	1.5	1.5	1.48	2	1.46	High	R	Away from Target	SAVINGS
Average number of reviews per SU per year per pathway: Standard	1.51	1.5	1.51	1.51	1.51	1.51	1.5	1	1.49	-	G		SAVINGS
Average number of reviews per SU per year per pathway: Continuation	1.29	1.31	1.3	1.31	1.31	1.31	1.3	1	1.29	-	G		SAVINGS
Reablement													
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	84.8	94.0%	N/A	N/A	N/A	82.1%	83.5%	83%	84.8%	High	G	TOWARDS TARGET	82.0%
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	2.8	2.5%	N/A	N/A	N/A	1.3%	1.6%	2.5%	2.2%	High	A	Away from Target	2.6
Average length of stay in START reablement (days)	20	N/A	N/A	N/A	N/A	N/A	N/A	20	N/A	Low		N/A	SAVINGS
Percentage of contacts resulting in referral to Programme of Independence (enablement type services)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	70%	N/A	High		N/A	SAVINGS
Delayed Transfers of Care													
Average number of days between MFFD and Discharge date (Newark)	N/A	4.51	2.26	4.52	4.52	4.09	4.21	NEW	4.28	low	R	Away from Target	LOCAL
Average number of days between MFFD and Discharge date (KMH)	N/A	3.12	2.64	3.87	3.87	3.23	3.39	NEW	3.42	low	R	Away from Target	LOCAL
Average number of days between MFFD and Discharge date (QMC&City)	1.8	1.48	1.77	2.89	2.89	1.98	2.09	NEW	2.17	low	R	Away from Target	LOCAL
Packages of Care and Support													
Number of new packages set up each month	455	547	530	538	538	536	555	To reduce	N/A	Low			SAVINGS
Average package cost for LT and ST services	£466	£491	£483	£477	£477	£477	£481	To reduce	N/A	Low			SAVINGS
Direct Payments													
Proportion of adults receiving direct payments	40.6%	40.0%	40.4%	39.5%	39.5%	39.4%	39.2%	42%	38.6%	High			27.90%
Proportion of carers receiving direct payments for support direct to carer	100.0%	100.0%	100.0%	100.0%	100%	100%	100%	90%	100%	High	G	TOWARDS TARGET	77.10%
Percentage of new Direct Payments used to purchase a Personal Assistant	19.0%	37.0%	25.3%	28.8%	28.8%	27.6%	26.5%	50%	26.5%	High	A	Away from Target	SAVINGS
Long Term Care													

Long-term support needs of Living Well adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000	25.9	4.3	10.5	17.3	17.3	18.9	21.2	16.4	24.7	Low	R	Away from Target	14.6
Number of Younger Adults supported in residential or nursing placements (Stat return)	662	671	677	684	684	687	686	635	694	Low	R	Away from Target	n/a
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000	612.1	54.6	141	319	319.0	359.5	420.0	469.9	503.4	Low	R	Away from Target	584
Percentage of older adults admissions to LTC direct from hospital (BCF)	13.0%	11.8%	4.6%	5.0%	5.0%	4.6%	5.2%	11%	5.4%	Low	G	TOWARDS TARGET	LOCAL
Number of Older Adults supported in residential or nursing placements (Stat return)	2375	2,122	2,073	2,083	2083	2045	2040	2309	2104	Low	G	TOWARDS TARGET	n/a
Percentage of LTC admissions that came direct from all types of short term bed based care interventions	45.3%	N/A	N/A	N/A	N/A	N/A	N/A	n/a	n/a	Low			SAVINGS
Employment and accommodation													
Proportion of adults with Learning Disabilities in paid employment	2.4%	2.2%	2.2%	2.0%	2.0%	2.1%	2.1%	2.9%	2.0%	High	R	Away from Target	5.6%
Proportion of adults with learning disabilities who live in their own home or with their family	76.3%	75.8%	75.1%	74.7%	74.7%	74.7%	74.6%	77%	74.5%	High	R	Away from Target	77.3%
Proportion of adults with a Mental Health problem in paid employment	4.4%	4.4%	4.0%	4.1%	4.1%	3.9%	3.9%	new	4.0%	High		N/A	LOCAL
Proportion of adults with a Physical Disability in paid employment	3.4%	3.0%	2.7%	2.7%	2.7%	2.5%	2.6%	new	2.5%	High	-	N/A	LOCAL
Safeguarding													
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	85.9%	85.7%	83.6%	84.9%	84.9%	85.5%	86.1%	90%	86.5%	High	A	TOWARDS TARGET	89.5%
Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by	86.9%	91.1%	88.2%	86.6%	86.6%	87.0%	85.9%	85%	85.5%	High	G	TOWARDS TARGET	87.0%
Percentage of safeguarding service users who were asked what outcomes they wanted (stat return)	82.5%	84.4%	82.9%	82.8%	82.8%	82.2%	81.3%	85%	81.0%	High	A	Away from Target	79.0%
Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved (stat return)	75.0%	78.0%	76.4%	76.9%	76.9%	74.5%	73.4%	80%	75.0%	High	A	No Change	67%
DoLS													
Percentage of DoLS assessments received and completed in year	89.0%	57.0%	42.0%	59.0%	59%	68%	65%	90%	64%	High	R	Away from Target	LOCAL

Adult Social Care and Public Health Core Metrics 2021-2022

Theme	What is important to the people that we support and to the adult social care workforce	Core Metrics
Quality of Life	<ul style="list-style-type: none"> I can live the life I want balancing what is important to me with the support I need to keep safe and well I am in touch with the people who are important to me, do the things that are important to me and go to places that matter to me or important for me to go to I can live the life I want balancing my role as a carer and being able to look after my wellbeing as well 	Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?
		Overall satisfaction of people who use services with their care & support
		Overall satisfaction of carers with adult social care services
		Proportion of people who use services who say that those services have made them feel safe and secure
		Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed
		Employee wellbeing
		The average number of days between medically fit for discharge or discharge notice, and discharge
Use of Resources	<ul style="list-style-type: none"> I have enough time to spend with people to build relationships and trust, to understand what is important to them, and work creatively I am able to offer consistent support to people across Nottinghamshire I use adult social care resources wisely and creatively to achieve positive outcomes for people 	Time spent working directly with people
		The average cost and number of packages commissioned by type and place
		The number of people provided with interim residential care where this was not the ideal outcome (including the number of days/weeks spent in interim residential care).
		Percentage of reviews where package cost was reduced following the review (long term services)
Positive Contributions	<ul style="list-style-type: none"> I feel that people around me value me for who I am and the things I am able to do I feel that I am part of my community and can contribute to it I can take part in education, volunteering and going to work if this is important to me 	Proportion of carers who reported they had as much social contact as they would like
		Proportion who use services who reported that they had as much social contact as they would like
		Proportion of people doing things they enjoy in their community
		Proportion of young adults supported to access employment, education, training or volunteering
Independence	<ul style="list-style-type: none"> I can do things that are important to me as independently as possible I am fully involved in and given choice about my support and make my own decisions I get the information and advice I need, when I need it in a way that works for me 	Number of adults receiving direct payments with a PA
		Do the people we support say that the place where they live feels like home?
		Number of people supported who were provided with reablement/enablement services

14 June 2021**Agenda Item: 9**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT (1 OCTOBER 2020 TO 31 DECEMBER 2020)

Purpose of the Report

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

Information

2. This report provides the Committee with an overview of performance for Public Health commissioned services funded either in whole or in part by PH grant, in October to December 2020 against key performance indicators related to Public Health priorities, outcomes and actions within:
 - a). the Public Health Service Plan 2020-2021;
 - b). the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and
 - c). the Authority's 12 Commitments as set out in the Council Plan 2017-21.
3. A summary of the key performance measures is set out on the first page of **Appendix A**.
4. Appendix A also provides a description of each of the services and examples of the return on investment achievable from commissioning public health services. Furthermore, it provides a breakdown of some commissioned services at District level.
5. Quarter three began as some further easing of the strictest form of lock-down restrictions due to COVID 19 continued. However, this quarter was the most erratic quarter in terms of COVID impact on service provision with the relaxation of restrictions and some temporary restoration of service delivery to the 'new normal' for the first month. Then on 31st October, the Prime Minister announced that England would go into a second lockdown from 5th November.
6. Under Tier 2 Restrictions to the end of October, some providers who had previously only been able to provide digital interventions were delivering COVID safe, face to face services.

However, from 5th November digital provision resumed. The digital provision was re-visited when Nottinghamshire transitioned into Tier 3 from 4th December and there was a hope that some further face to face work could be undertaken however, due to unease from some community assets and service users alike and the introduction of Tier 4 on December 22nd this did not materialise.

7. Another pressure faced by providers this quarter, which was more acute than in the previous two quarters, was staff either getting COVID or having to self-isolate.
8. The Public Health team continued to monitor performance and where any issues were identified, officers worked in partnership with providers and wider stakeholders to find solutions to mitigate against the issues. Public health continued to review the challenges on a regular basis across the County, identifying the pressure points and working collaboratively to support provision of the commissioned services to our residents.
9. Public health officers maintained a close dialogue with providers during this quarter to ensure that the Authority continued to be assured of the best performance in the circumstances and safe practices and that services were being provided in line with emerging and changing guidance.
10. The good working practices born out of the need to work differently in quarters one and two were maintained in this quarter and will form part of service provision moving forward so that the Authority and residents do not lose the positive changes made.

NHS Health Checks (GPs)

11. Quarter three continued to be a pressured time for GP practices as they responded to the additional challenges in responding to the COVID 19 pandemic. Activity on this preventative programme remained at a reduced level in this quarter as part of the response to the pandemic.
12. Further to ongoing reviews, payment continued on actual activity delivered in quarter three as there was an expectation that GP practices would gradually restart the NHS Health Checks programme alongside other recovery activity based on emerging guidance.
13. The aim of this programme is to help prevent heart disease, diabetes, stroke, kidney disease and certain types of preventable dementia by offering a check once every five years to everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions.

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

14. The ISHS is provided by the three NHS Trusts in Nottinghamshire. In quarter one, as part of the response to the COVID-19 outbreak, sexual health staff were redeployed to other duties in the hospitals. However, in line with quarter two, in quarter three all three providers had more staff returned to their services as pressure on the COVID and A&E wards reduced. However, staff absence due to COVID was higher in this quarter.

15. Emergency and essential sexual health and contraception services including sexually transmitted infection responses (genital warts/molluscum contagiosum) and insertion and removal of long acting reversible contraception (IUD/S and Implants) continued. Pre-procedure consultations were undertaken remotely by telephone to ensure the service user (or anyone living in their household) was free of COVID 19 symptoms and that the service user was suitable for the relevant procedure. The remote consultations helped to reduce the length of time that service users were in the hospitals. Home treatments were given where possible.
16. PrEP medication taken by HIV-negative people to prevent infection continued to be supplied to service users (predominantly men who have sex with men) having previously only been available to those on the PrEP trial, became routinely available to residents via all three NHS Trusts from October.
17. Social distancing for examinations and the procedures themselves could not be maintained but requisite infection prevention control measures and PPE guidance was followed. All sexual health staff used disposable plastic aprons, disposable latex gloves, fluid resistant masks and face visors and service users were asked to wear fluid resistant masks too. Social distancing in waiting rooms and staggered appointment times helped to reduce the risk of exposure to COVID 19.
18. Alternative means to health promotion were established in quarter three and risk assessments and plans for opening some spoke clinic settings were underway when the county went into a further lockdown.

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

19. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire.
20. The service is popular with young people and with the reopening of schools, the service was able to resume some of the service during quarter three.
21. The Authority officer continued to work with pharmacies in Nottinghamshire, providing advice about managing possible increases in demand, possible delays in receiving supplies and minimising contact by preparing bags of condoms in advance. The officer produced weekly on-line guidance and resources for youth workers to enable them to distribute condoms safely in their areas. The website was updated to inform young people how they could access condoms during the pandemic. Furthermore, training was moved on-line and both registration and refresher training sessions have been provided.
22. The officer continued working with our sexual health providers to streamline the provision of condoms by post.

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

23. CGL continued to provide this critical service in line with emerging guidance. A number of face to face appointments took place in October with service users, including with those younger service users who most needed 1:1 contact.
24. The service is still dealing with more service users than had originally been anticipated when the Council went out to tender albeit there was a slight decline in the number of people in structured treatment in quarter three.
25. CGL returned to face to face screening for blood borne viruses on site but continued to offer the postal service as an alternative treatment option. The choice to take up the postal option will remain in place.
26. The Provider has been utilising their outreach van to deliver several needle exchange pop ups in various locations where pharmacies are no longer able to provide these services including Eastwood and Harworth.
27. CGL sub-contract Hetty's to provide support to family members affected by someone else's drug or alcohol misuse. 116 individual family members were supported in quarter three, accessing 572 sessions. Hetty's offer a valuable service and a real lifeline to families.

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

28. The recovery plan in quarter three aimed to support a return to face to face service delivery safely. This involved refining risk assessments and working with venues across Nottinghamshire to ensure that safety measures were in place. Unfortunately, a large number of community buildings did not reopen following the easing of restrictions which hampered these efforts.
29. ABL began delivery of some COVID safe face to face indoor physical activity and weight management sessions in October, however with the introduction of Tier three and then Tier four restrictions, digital provision had to return.
30. In recognition of the variation in health risk behaviours across the county, ABL is incentivised to deliver 60% of service outcomes in the 40% most disadvantaged communities and they are working well towards this aim.
31. All aspects of the smoking cessation service are being provided remotely.
32. Remote working has its challenges, but service user feedback has been positive and many have reported that having contact with ABL advisors has been a lifeline to some in regard to their mental wellbeing. Outcomes are also improving with one service user stating: "YHYW contacted me right away during lockdown, they were very helpful and booked me in to start the 12-week course, to be honest I was sceptical at first as I had tried to lose weight so many times before. However, the support has been fantastic, I would recommend YHYW I feel healthier and happier, during the 12 week I lost 1 stone 3 lbs. Both my sisters have now self-referred themselves, you can do it too, give it a go. Thank you YHYW you are a great team."
33. The total number of contacts recorded since the start of the contract is just over one hundred thousand.

Illicit Tobacco Services (In-house)

34. In quarter three, officers resumed visits to make test purchases at premises about which intelligence had been received on the sale of illicit tobacco products. One shop has been closed down and has been turned into living accommodation; fines have been issued in other cases and money seized from other premises will not be returned to the illegal sellers as the Proceed of Crime Act have been agreed by the court.
35. Unfortunately, the number of home sellers rose sharply during lockdown and there are now complaints about 30 people selling from their homes. Whilst these can be difficult to prove, a bank restraint was made on a large quantity of money following a seizure from a house in Mansfield with one of the residents pleading guilty and awaiting sentencing.

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

36. The Domestic Abuse service continues to be challenged by the complexity and numbers of cases in quarter three as further detailed below. Staff have started to return to workplaces and visiting of service users resumed where it was safe to do so.
37. Together with the higher volume of calls, the calls themselves are getting longer as the complexity of need increases. There has also been an increase in service users with English as a second language. Providers are holding survivors in their services for longer, which means that waiting lists are growing and staff are overwhelmed. The situation has not been helped by delays in the court system.
38. The prevention promotion and training service continued on-line during this third quarter to improve the domestic abuse information available for professionals and young people across the County.
39. The services were ready for face to face contact, with children and young people finding remote delivery challenging but had to resume remote contact in line with government guidance.

Healthy Families (Nottinghamshire Healthcare NHS Foundation Trust)

40. This service provides help and support to families with children from birth to 19 years of age to ensure the health and well-being of children and young people. The healthy child programme provides a framework to support collaborative work and a more integrated service delivery. Further detail is provided at Appendix A.
41. The teams have continued to work innovatively to overcome challenges in the 'new normal'. The provider has continued to deliver all elements of the service using a blended approach of face to face contacts, telephone and digital platforms to support the most vulnerable children, young people and their families as well as deliver all the universal and targeted elements of the core offer.
42. The provider management team has actively engaged their staff through Listening Events, learning from their feedback to ensure they have shared the successes of what has worked

well for them and the service users and understand their challenges so they can wherever possible adapt the way they work.

43. In quarter three the provider focused on increasing time spent in face to face contacts and where there is availability of venues, increased the number of sessions to undertake the mandated reviews.
44. During this third quarter the provider has demonstrated that using a blended approach to service delivery has seen significant improvements in areas where they have struggled to meet performance targets previously. Any dips in performance have been largely due to parents declining reviews with the service due to anxieties in relation to the pandemic and in part due to an administrative oversight which the service has now rectified.

Oral Health Promotion Services (Nottinghamshire Healthcare Trust)

45. Nottinghamshire's specialist Oral Health Promotion Team works to improve oral health within local communities and among vulnerable groups by delivering training for the health, social care and education workforce, a supervised tooth-brushing programme in targeted primary schools (with linked nurseries) and health promotion activities such as the provision of tooth-brushing packs to one-year olds.
46. The supervised tooth brushing scheme was suspended in line with Public Health England advice early in the pandemic. During quarter three, when schools were open, regular remote communication was maintained by the service, with schools being supported as required through e-bulletins with suggestions for learning activities around good oral health. The distribution of toothbrush packs to families with one-year olds remained problematic due to limited face to face contacts in the quarter.

Homelessness (Framework)

47. The service provides intensive support in short term hostel accommodation (up to 18 weeks) and less intensive support in Move On accommodation (typically for six months, and up to a maximum of 12 months) aimed at enabling the service user to achieve a range of outcomes including self-care, living skills, managing money, motivation and taking responsibility, social networks and relationships, managing tenancy and accommodation, reducing offending and meaningful use of time.
48. Framework had to revise the service provision substantially during this period with less emphasis on moving people on from hostel and move on accommodation. The services commissioned by public health continued and the outcomes remain good.

Other Options Considered

49. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Financial Implications

52. Robust performance and quality reporting ensures that financial implications are monitored and reviewed effectively to minimise financial risk to the council.

Public Sector Equality Duty implications

53. Monitoring of the contracts ensures providers of services comply with their equality duty. Equality performance is a standing agenda item of review meetings and providers are asked to provide case studies celebrating success and showing how complaints, if applicable, are resolved.

Safeguarding of Children and Adults at Risk Implications

54. Safeguarding is a standing item on contract review meeting agendas and providers are expected to report any areas of concern allowing the Authority to ensure children and adults at risk are safe.

Implications for Service Users

55. The management and quality monitoring of contracts are mechanisms by which commissioners secure assurance about the safety and quality of services using the public health grant for service users.

RECOMMENDATION

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

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Nathalie Birkett
Group Manager Contracts and Performance
nathalie.birkett@nottsc.gov.uk
01159772890

Constitutional Comments (CEH 11/05/2021)

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

Finance Comments (DG 11/05/2021)

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

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Public Health Services Performance Report - Service description

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	NHS Health Checks	<p>The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.</p> <p>http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</p>
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	Integrated Sexual Health Services	<p>Good sexual health is an important part of physical, mental and social well-being. Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males.</p> <p>A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.</p> <p>Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were:</p> <ul style="list-style-type: none">• Chlamydia (47%),• Genital warts (17%).• Genital herpes (7%),• Gonorrhoea (7%). <p>Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. www.fsrh.org www.bashh.org.</p> <p>The ISHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire:</p> <ul style="list-style-type: none">• A reduction in under 18 conceptions• Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds)• A reduction in people presenting with HIV at a late stage of infection. <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none">• Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health• Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions<ul style="list-style-type: none">• Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health• Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk <ul style="list-style-type: none">• A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000<ul style="list-style-type: none">• An increase in the number of people accessing HIV screening, particularly from those groups most at risk• A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV• Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups<ul style="list-style-type: none">• Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM• Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire<ul style="list-style-type: none">• A reduction in unintended pregnancies in all ages• Increased quality standards across Nottinghamshire and Bassetlaw.
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	Young Peoples Sexual Health Service - C Card	<p>Good sexual and reproductive health is important to physical and mental wellbeing, and is a cornerstone of public health. Young people who are exploring and establishing sexual relationships must be supported to take responsibility for their sexual and reproductive health. The C Card scheme aims to reduce teenage pregnancy and sexually transmitted infections amongst young people in Nottinghamshire by allowing young people to access free confidential sexual health advice and condoms.</p>
1.05	16-18 year olds not in education employment or training	Alcohol and Drug Misuse Services	<p>Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement.</p> <p>Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis</p> <p>As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.</p>
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	Young People's Substance Misuse Service	<p>Young people’s drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people’s education, their health, their families and their long-term chances in life. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people’s services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. The model used to illustrate the different levels of children and young people’s needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People’s Needs which recognises that children, young people and their families will have different levels of needs, and that a family’s needs may change over time. The agreed multi-agency thresholds are set out across four levels of need</p>
2.03	Smoking status at time of delivery (maternity)	Tobacco Control and Smoking Cessation	<p>Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s).</p> <p>To reflect the model 3 themes will be used to provide context;</p> <ul style="list-style-type: none">• Stopping smoking• Preventing the uptake of smoking• Reducing harm from tobacco use
2.09	Smoking prevalence - 15 year olds		
2.14	Smoking prevalence - adults (over 18's)		
2.14	Smoking prevalence - adults (over 18's)	Illicit Tobacco Services	<p>Nationally, Tobacco smuggling costs over £2 billion in lost revenue each year. It undermines legitimate business and is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking. Trading Standards resource works to reduce illicit tobacco supply and demand within the county</p>

1.16	Utilisation of outdoor space for exercise/health reasons	Obesity Prevention and Weight Management (OPWM)	Being overweight or obese can bring physical, social, emotional and psychosocial problems, which can lead to the onset of preventable long term illness, stigma, discrimination, increased risk of hospitalisation and reduced life expectancy. Someone who is severely obese is three times more likely to need social care than someone who is a healthy weight, so the need for quality weight management services does not only impact individuals, but also affects public funds and the wider community. The aim of this contract is to reduce the prevalence of overweight and obesity so that more adults, children, young people and families achieve and maintain a healthy weight therefore preventing or reducing the incidence of obesity related illnesses.
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
1.11	Domestic abuse	Domestic Abuse Services	This service aims to reduce the impact of domestic violence and abuse (DVA) in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.
1.18	Social isolation	Social Exclusion	Nottinghamshire Homelessness Health Needs Assessment, July 2013 – this identified higher levels of need among non-statutory homeless people in relation to lifestyle health risks: hepatitis and flu vaccination, smoking, diet, substance misuse (including alcohol), TB screening, sexual health checks. Multiple physical health problems were common; especially musculoskeletal, respiratory and oral health. Mental health problems were common; especially stress, depression, sleeping difficulties and anxiety. The aim is to protect and support the health and well being of vulnerable adults using the person centred approach. Specifically this will be addressed via specialist one to one assessment and advice sessions as a means of accessing appropriate emergency practical support and co-located services. This will follow as far as possible an “under the same roof” and “one-stop” model.
1.01	Children in low income families	Public Health Services for Children and Young People aged 0-19	The foundations for virtually every aspect of human development - physical, intellectual and emotional, are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to: • help parents develop and sustain a strong bond with children, • encourage care that keeps children healthy and safe, • protect children from serious disease, through screening and immunisation, • reduce childhood obesity by promoting healthy eating and physical activity, • identify health issues early, so support can be provided in a timely manner, • make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be ‘ready for to learn at two and ready for school by five’
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		
4.02	Proportion of five year old children free from dental decay	Oral Health Promotion Services	In Nottinghamshire, oral health is an important Public Health policy area due to the diverse nature of the county and its associated health inequalities. The impact of poor oral health is felt within all seven districts with significant variation. To deliver an evidence-based oral health promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health. The service is based on the recommendations from ‘Local authorities improving oral health: commissioning better oral health for children and young people’ and National Institute for Health and Care Excellence (NICE) guidelines.
2.05	Child development at 2-2½ years	Children's Centres	Children’s Centres play a key role in early intervention and are a vital source of support for young children and their families.... They offer a range of activities, family services and advice to promote school readiness, improve family outcomes and reduce health inequalities in child development
1.15	Statutory homelessness	Supporting People: Homelessness Support	The aims of this service are: - To address homelessness, support people back to independence and prevent repeat homelessness - To reduce the adverse effects of homelessness on individual and population health and wellbeing - To improve the health and wellbeing of homeless service users - To promote social inclusion
4.09	Excess under 75 mortality rate in adults with serious mental illness	Mental Health	The Co-production Mental Wellbeing service provides a countywide service that aims to improve the health and wellbeing of adults and supports them in recovery. The service is for those people experiencing mental health problems
1.15	Statutory homelessness	Reduction in statutory homelessness	The Moving Forward Service aims to: Prevent homelessness and promote independence, reduce social exclusion and isolation, improve the general health of people with mental health problems, prevent hospital admissions and support timely discharge, support carers of people with mental health problems and develop efficient ways of working

Nottinghamshire County Public Health Services Performance Report

Quarter 3 2020/21

Service Name	Indicator or Quality Standard	2020/21 Q1	2020/21 Q2	2020/21 Q3	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	149	3,077	2,989	6,215
	No. of patients offered who have received health checks	103	766	1,217	2,086
Integrated Sexual Health Services	Total number of filled appointments				
	Sherwood Forest Hospital NHS Trust	2,496	4,518	4,755	11,769
	Nottingham University Hospital NHS Trust	2,213	3,507	2,723	8,443
	Doncaster and Bassetlaw Hospitals NHS Trust	1,684	2,086	2,251	6,021
	Total	6,393	10,111	9,729	26,233
	Quality Standard 60 % of new service users accepting a HIV test				
	Sherwood Forest Hospital NHS Trust	12%	20%	51%	20%
	Nottingham University Hospital NHS Trust	10%	19%	27%	33%
	Doncaster and Bassetlaw Hospitals NHS Trust	2%	14%	17%	14%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test				
	Sherwood Forest Hospital NHS Trust	35%	48%	52%	48%
	Nottingham University Hospital NHS Trust	50%	49%	36%	65%
	Doncaster and Bassetlaw Hospitals NHS Trust	66%	67%	57%	67%
	Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC				
	Sherwood Forest Hospital NHS Trust	46%	52%	56%	52%
	Nottingham University Hospital NHS Trust	55%	55%	60%	60%
	Doncaster and Bassetlaw Hospitals NHS Trust	40%	42%	40%	42%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	10	47	110	167
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	16	61	111	188
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children	2,983	3,126	3,007	3,085
	Number of successful completions (YP and Adults and Parents)	241	371	357	969
	Number of unplanned exists (Adults, YP and parents)	164	271	0	435
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date	389	510	479	1,378
	Smoking Cessation: % of clients quit at 4 weeks following quit date	58%	65%	67%	63%
	Adult Weight Management : The number of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	Insufficient data			
	Adult Weight Management: The % of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight				
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	4	7	0	11
	Childrens Weight Management: The % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	57%	54%	0%	37%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	131	211	185	527
Illicit Tobacco Services	Number of inspections	0	4	4	8
Domestic Abuse Services	Number of eligible referrals who have engaged and accepted support	893	538	506	1,937
	Children of survivors	520	222	34	776
	Number of training events delivered (specialists courses, seminars, briefings, conferences)	0	15	3	18
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	91%	95%	95%	95%
	Percentage of 6-8 week reviews completed	88%	92%	92%	92%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	93%	89%	85%	89%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	99%	99%	99%	99%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	14	63	35	112
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	4	3	32	39
Homelessness	Hostel Accommodation Number exited in a planned way	21	35	38	94
	Hostel Accommodation % exited in a planned way	88%	80%	93%	86%
	Move on Accommodation Number exited in a planned way	14	38	24	76
	Move on Accommodation % exited in a planned way	82%	100%	86%	92%

District Level Data

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

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

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

Denominator/Numerator		Q1			Q2			Q3			Total		
		Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	Average %
Integrated Sexual Health Services	Quality Standard 60 % of new service users accepting a HIV test												
	Sherwood Forest Hospital NHS Trust	252	31	12%	496	101	20%	189	97	51%	937	229	24%
	Nottingham University Hospital NHS Trust	230	23	10%	534	104	19%	560	149	27%	1324	276	21%
	Doncaster and Bassetlaw Hospitals NHS Trust	450	10	2%	439	62	14%	487	85	17%	1376	157	11%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test												
	Sherwood Forest Hospital NHS Trust	142	50	35%	164	78	48%	244	128	52%	550	256	47%
	Nottingham University Hospital NHS Trust	?	?	50%	?	?	49%	?	?	36%	#VALUE!	#VALUE!	#VALUE!
	Doncaster and Bassetlaw Hospitals NHS Trust	229	150	66%	241	162	67%	178	102	57%	648	414	64%
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC												
	Sherwood Forest Hospital NHS Trust	498	231	46%	579	299	52%	526	295	56%	1603	825	51%
Healthy Families	Nottingham University Hospital NHS Trust	53	29	55%	119	66	55%	136	81	60%	308	176	57%
	Doncaster and Bassetlaw Hospitals NHS Trust	340	137	40%	379	158	42%	442	178	40%	1161	473	41%
	Percentage of New Birth Visits (NBVs) completed within 14 days	1884	1715	91%	1905	1806	95%	1923	1831	95%	5712	5352	94%
	Percentage of 6-8 week reviews completed	1849	1635	88%	1933	1771	92%	1993	1830	92%	5775	5236	91%
Homelessness	Percentage of 12 month development reviews completed by the time the child turned 15 months	1880	1757	93%	1987	1774	89%	1964	1676	85%	5831	5207	89%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	1901	1873	99%	1612	1599	99%	1636	1613	99%	5149	5085	99%
Homelessness	Hostel Accommodation % exited in a planned way	24	21	88%	44	35	80%	41	38	93%	109	94	86%
	Move on Accommodation % exited in a planned way	17	14	82%	38	38	100%	28	24	86%	83	76	92%

14 June 2021**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR FOR AGEING WELL COMMUNITY
SERVICES****ADULT CARE FINANCIAL SERVICES UPDATE AND FUTURE SERVICE
REVIEW****Purpose of the Report**

1. This report provides an update on Adult Care Financial Services (ACFS), key aspects of the work and sets out aims of the next phase of service review. The report also seeks approval for:
 - a) a budget of up to £65,000 to contract for specialist independent advice and expertise on Local Authority Financial Charging Regulations to scope the next phase of the service review
 - b) permission to review Nottinghamshire County Council's policies relating to financial contributions for social care and the ACFS functions as part of the service review
 - c) the extension of 2 FTE temporary Deputyship Officer (Band A) posts until 31st March 2022
 - d) the extension of a 0.6 FTE temporary Finance Assistant (Grade 4) post until 31st March 2022.

Information

2. Adult Care Financial Services (ACFS) was not in the scope of the 2019/20 Departmental Workforce Remodelling because it was in the final phase of a significant project. This has now been successfully completed and has delivered an improved process for managing the Department's financial contribution systems and billing.
3. The service undertakes five different functions and the workforce establishment is 48.7 FTE posts. Staff in the five areas each have specific specialist knowledge and expertise. The team oversees approximately £42,000,000 of income a year, based on year 2020/21 figures. This amount can go up or down each year because it is means tested and therefore depends on each person's individual financial circumstances and ability to contribute to their care, as well as the service that they receive.

Area 1	Area 2	Area 3	Area 4	Area 5
Financial assessment and charges Team	Residential Assessments Team	Client Finance Team	Community Assessments Team	Direct Payments Team
Delivers	Delivers	Delivers	Delivers	Delivers
Payments and billing	Financial Assessments and contributions	Appointee and deputyship cases	Financial Assessments and contributions	Financial Assessments, audits and contributions

Key up-dates

4. The Care Act 2014 gives local authorities the powers to charge people for their care and support. In doing this, councils have to undertake a means tested financial assessment to calculate how much money a person can afford to contribute to their care. Part of this includes that they must take into account and disregard any Disability Related Expenses (DRE). These are any additional costs that people have to pay due to their disability or illness that the council does not fund. These are assessed on an individual basis and can cover a wide variety of things including: specialised equipment and insurance, or things people have to use more of, for example, higher electricity bills for heating and washing.
5. Local feedback told the Council that people wanted improved clarity on what can be classed as a DRE. Further work has now been completed. The Co-production Steering Group chose this as one of their first pieces of work, working with the ACFS team. A clearer and more up-to-date guidance list of what can be considered as a DRE allowance has now been co-produced. This will help to support staff with conversations with people about DRE. A DRE factsheet for people and their carers has also been co-produced. The Group is now working with the service on how these are communicated.
6. The new guidance will assist staff in ensuring that people's financial assessments are fair and equitable, as well as in line with national guidance. People can already request a review and consideration of their individual circumstances following the initial assessment.
7. Implementing the guidance is therefore the right thing to do, however, it may affect the overall amount of annual income that the Council receives. It is difficult to fully assess the future impact of this, because in any one year the individual financial circumstances of the people the Council supports will change. Additionally, the guidance will improve the conversations that staff have with people about what can and cannot be disregarded, however, it is difficult to predict what the overall impact of this may have on income overall. The clearer guidance may lead to consideration of some new items as being DRE for some people and equally take some items out for others, or remain the same. Due to difficulties in predicting the financial impact a monitoring process has been put in place that will report into the Senior Leadership Team's monthly finance meeting.
8. The Corporate Director of Adult Social Care and Health agreed with the Council's Section 151 Officer that the new guidance would be implemented in April 2021, with the understanding that the Adult Social Care and Public Health Committee would be informed at the June meeting.

Service review

9. Five main areas for potential future improvement have been identified:
 - review of the Department's internal processes, policies and procedures relating to the ACFS functions
 - better customer service for people through greater alignment between ACFS and operational teams
 - more accessible, easy to understand communications with people
 - a shift to more digital ways of working
 - potential changes to the structure of the service and resources in light of findings from the review of the above areas.
10. Minimum requirements regarding charging for care and support are set out in national regulations and statutory guidance that local authorities are required to apply. Councils all have their own policies in place to supplement these minimum requirements and cover areas where there is discretion. Nationally, these local policies are an area that local authorities often face legal challenges on. Nottinghamshire County Council maintains awareness of these through its national and regional networks and legal team, in order to consider if any national challenge highlights practice that needs to be reviewed locally to see if improvement is required. It is, however, good practice at intervals to do a full review of all policies relating to financial contributions and the management of people's money. Approval is therefore requested from Committee to undertake a full review of all policies relating to the ACFS functions as part of the service review.
11. To properly scope these areas and understand the potential benefits that a service review could deliver, it is proposed that external advice and expertise is brought in to do this initial one-off piece of work. This is because it is a very specialist area, requiring knowledge of the legislation, regulations and policy relating to charging for Adult Social Care and how wider social care operates, as well as what different models have been used elsewhere successfully. The specialist will be able to support the identification of areas of best practice and areas of emerging thinking. The review will be co-produced with people who have experience of these services.

Workforce

12. On 9th September 2019, Adult Social Care and Public Health Committee approved 2 FTE temporary Deputyship Officer and 0.6 FTE temporary Finance Assistant posts up to March 2020. The posts were made temporary on the basis that the service was not part of the initial main phase of the departmental workforce remodel and would soon be the subject of a future service review, which would accurately assess the demand for and impact of the posts. This review has been delayed due to the impact of managing the Covid pandemic. The posts were initially extended up to June 2020 using emergency powers and approval has now lapsed. There is ongoing need for the 2.6 FTE posts to be extended to the end of March 2022, pending the outcome of the service review which will now take place this year. Funding is available for these in the Departmental budget.

13. A Deputyship is where the Court of Protection grants the Council greater authority to act in all financial matters for someone that the Council works with and for whom no suitable alternative person is available to take on this role. Since January 2020 the deputyship volumes have remained stable. The team currently manage 338 deputyship cases, compared with this time last year at 336 cases, so the work has remained steady and there is the demand for this service within the current operating model. This is a non-statutory function that the Council provides because it allows people to maintain their independence and achieve their goals whilst safeguarding them from financial abuse.
14. The Finance Assistants provide practical support to the Deputyship Officers and are part of a wider pool of Finance Assistants supporting work across ACFS. They manage people's money and also ensure bills are paid promptly.
15. To illustrate the role, a Deputyship Officer has been working with person 'C', who has a learning disability and mental ill-health for several years. They support 'C' to manage their money so that they do not get in to debt. 'C' has always said that they would like to live on the street where they grew up. When they were left some money this dream became a real option. The Deputyship Officer supported them through all the negotiations until 'C' picked up the keys to their own house - six doors away from the house 'C' grew up.
16. The posts are also required in order to maintain the case load levels advised by the Office of the Public Guardian (OPG) during a recent assurance visit and benchmark in line with other local authority caseloads.
17. Committee is therefore requested to approve the following, pending the outcome of the service review:
 - a) the extension of 2 full-time equivalent (FTE) temporary Deputyship Officer (Band A) posts until 31st March 2022 (£42,779 per FTE)
 - b) the extension of a 0.6 FTE temporary Finance Assistant (Grade 4) post until 31st March 2022 (£30,284 per FTE).

Other Options Considered

18. Options have been considered to utilise internal generic project resources with input from the finance specialist who worked on the first phase of the systems finance and billing project. This was discounted due to the specialist knowledge required by the Deputyship Officer.

Reason/s for Recommendation/s

19. A specialist external business partner is sought from an agency with technical experience in the ACFS systems and functions as outlined in the report. The specialist can help the Council to develop a service that will better suit the needs of the people it serves, be more localised and place based to enhance a strength based service.
20. This specialist can advise on the future potential for reducing back office functions, delivering a cultural shift from potential alignments with localised teams and deliver opportunities for technological and reconfiguration options, to deliver improved outcomes for people's experience. This option would enable the delivery of a review that would make

the financial services offer more accessible and better suited to a future model for better experiences for the people the Council serves into the future.

Statutory and Policy Implications

21. 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

22. The sourcing of a discrete specialised agency project manager to undertake the review and early implementation is likely to take up to six months at an estimated cost of up to £65,000. This project will be met from departmental reserves.
23. The cost of the 2 FTE Deputyship Officer posts is £85,558 and the 0.6 FTE Finance Assistant post is £18,170. The total cost of the temporary posts proposed is £103,728 to 31st March 2022.
24. It has been confirmed that these posts are already in the budget, it was set up this way at the time of the initial report for the posts in September 2019 and highlighted for review.

Human Resources Implications

25. Extension of the Deputyship Officer and Finance Assistant posts will be undertaken in line with the Council's relevant policy.
26. Extending the posts for a further period of 12 months may mean that the postholders have more than two years' service with the Council and will therefore have accrued certain employment rights. The implications of this will be managed in line with the Council's employment procedures.

Smarter Working Implications

27. Although the post holders would ordinarily be office based and undertake face to face visits, due to the current emergency response to the pandemic the expectation is that post holders will be home based. This will be kept under review as Government guidance changes.

RECOMMENDATION/S

That Committee:

- 1) considers the update on the work of Adult Care Financial Services and whether there are any further actions it requires arising from the information in this report

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

Sue Batty
Service Director, Ageing Well Community Services

For any enquiries about this report please contact:

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

Constitutional Comments (CEH 02/06/21)

28. The report and recommendations fall within the remit of Adult Social Care and Public Health Committee under its terms of reference. Committee should note that if the review of the policies relating to financial contributions for social care and the ACFS functions mean a new policy/ies are required or the existing policies need changes which have significant financial or other impacts then a report will need to be taken to Policy Committee for approval.

Financial Comments (ZB 01/06/21)

29. The financial impact of the DRE guidance implementation is unknown as yet, however this will be monitored and reported to Senior Leadership Team on a monthly basis.
30. The total cost of the posts is £103,728 for the financial year to 31st March 2022. This is comprised of 2 FTE temporary Deputyship officer posts (Band A, £85,558) and 0.6 FTE temporary Finance Assistant post (Grade 4, £18,170), which will be funded by existing budgets within the ACFS team.
31. The cost of the agency Project Manager of £65,000 will be met in year by departmental reserves.

HR Comments (WI 01/06/21)

32. The temporary fixed term contracts will be extended for the current incumbents in the Deputyship Officer and Finance Assistant posts for the duration outlined in the report. Consideration will also be given to the implications outlined in **paragraph 26**.

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.

[Interim Review of structure within Adult Social Care Financial Services – further to wider workforce review – report to Adult Social Care & Public Health Committee on 9th September 2019](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH762 final

14 June 2021**Agenda Item: 11****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH****MARKET MANAGEMENT POSITION STATEMENT****Purpose of the Report**

1. To inform Committee about the work undertaken by the Quality and Market Management Team (QMMT) in response to the Local Authority's statutory duty to ensure that there is a robust and sustainable social care market available for people who live in the County.
2. To provide Committee with an update about social care services that have had their contract with the Council suspended; this information is contained in the **Exempt Appendix**.

Information

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

Financial support to Providers – Update June 2021

4. The Government announced a further third round of the Infection Control Fund (ICF) Grant. This allocation again has been made available for providers in April 2021 and the funding covers up to June 2021. The same conditions remain with this allocation in that the providers must ensure they complete a monthly return on the spend of their allocation and also complete the NHS Capacity Tracker (for care homes and domiciliary care agencies).

Covid 19 Taskforce

5. In November 2020 the Covid 19 Taskforce was set up to support the market, in particular those services that experienced significant outbreaks which then impacted on service delivery and workforce. This multi-agency group of partners met daily to ensure that there was an overall understanding of where the risks and issues were in the social care market.

At the height of the outbreaks in December/January 2021 there were over 100 services that were being supported by the Taskforce.

6. In March 2021, in line with the national picture, Nottinghamshire experienced a reduction in the number of outbreaks and more recently seeing the number reduce to zero. The Taskforce has responded to this in that the meetings have stepped down to fortnightly. This group can at any point step back up again to support the market and the meetings now focus on supporting services to recover in managing Covid and also support in any changes to guidance which impacts on service provision/delivery.

Emergency Staffing Support

7. The QMMT, jointly with operational colleagues in Adult Social Care, is currently exploring maintaining a support service for care homes that was established back in November 2020. This support service consists of a group of care staff, employed by the Council, who have volunteered to support external care homes during an emergency situation, whether it be Covid or quality related issues. This support was set up to respond to extreme circumstances when a care home's workforce was impacted to the level where urgent staff would be needed to keep a service safe. Whilst the situation with the outbreaks in Nottinghamshire has improved, the QMMT continues to support on an on-going basis the monitoring of risks in respect of the workforce, quality and financial viability.

Information Sharing

8. The QMMT continues to manage and support the well-established Information Sharing processes for the County. There is a meeting held monthly with key partners, the Care Quality Commission (CQC), Clinical Commissioning Group (CCG) and Healthwatch. This meeting supports a joint approach to action planning and next steps in supporting the market.

QMMT Working 7 days

9. Since March 2020 the QMMT has supported the social care market to ensure that there is ongoing delivery of safe care. The support from the QMMT has been available seven days a week, with the team making contact or visiting services outside of the normal working hours. Due to the reduction in outbreaks the team has reverted back to business as usual with auditing and monitoring of services. There are still occasions when the team will need to work outside of normal working hours to respond to escalating quality concerns. The seven day working will be stepped up again if needed in the future to support the market.

Home Care – Early Deterioration in Home Care (Better Care Fund)

10. In September 2020, the Early Deterioration in Home Care Project was set up following a successful bid for Better Care Fund monies by Fosse Healthcare which was joined up with a similar project proposed by the Nottingham and Nottinghamshire Clinical Commissioning Group.
11. The project was set up to explore the concept of how domiciliary care could contribute to the early identification of changes in service users' habits and routines that would identify a significant change in their health and wellbeing.

12. In January 2021, Fosse Healthcare implemented the RESTORE2 Mini Managing Deterioration tool and appropriate escalation pathways within the Newark district, enabling care workers to recognise and respond to 'soft sign' changes of approximately 150 care recipients.
13. Since 8th March 2021, the next phase of the project commenced with the introduction of a new role called the Level 2 Care Worker who have been visiting service users to measure their baseline vital sign readings as well as respond to soft sign concerns raised by carers in the community. They record information digitally using a care app developed by Birdie, including vital sign measurements (such blood pressure checks, temperature etc.) and structured contextual observations, based on the established NEWS2 and SBARD methodologies. Once recorded, this information is shared via NHSmail with the GP practices in the Newark Primary Care Network to provide a clinical response if appropriate.
14. One of the key developments for the project was around the development of a digital application that connects care providers/workers with GPs, emergency services and the NHS to identify and treat soft signs of deterioration before they escalate in to a potential hospital admission. This has enabled detailed observation to be digitally shared with the service users' GP using the digital application developed by Birdie Care.
15. Some of the benefits to the service users and involved professionals are starting to be realised.

Service user and/or family:

- reported an increase in health and wellbeing and peace of mind for both the client and their family
- a number had reported not having their blood pressure taken for a number of months and found this reassuring
- contact with frail and elderly service users who have been detached from their GP/Practice due to Covid 19.

East Midlands Ambulance Service (EMAS)/Paramedics:

- prevented admission to A&E through early detection of underlying health condition(s)
- information is being passed to the clinician (e.g. GP, 111, EMAS) which helps them make earlier, robust clinical decisions (including remotely).

GPs/Practices:

- have baseline readings of service users on the Fosse Healthcare HBC Contract
- are confident in the abilities of the Level 2 Care Workers
- rely on further support that the Level 2 Care Workers are able to offer such as increased visits or monitoring
- growing engagement with the Primary Care Network in Newark.

Digital Technology:

- robust data capture using digital applications developed by Birdie

- improved communication between adult social care and healthcare partners.

Care Workers:

- reduce attrition levels, therefore increasing care continuity
 - provide a genuine career progression pathway within social care.
16. The project is intended to run for a period of 4-6 months. During this time, the academic partners, secured by the East Midlands Academic Health Science Network, will undertake a robust evaluation and provide an objective analysis of outcomes and benefits for service users, home care providers, health systems and their constituent organisations. Securing an academic partner will provide regional and national assurance and credibility and provide a further potential programme for spread and adoption locally and nationally.
 17. The next step for the project is to include in scope the Housing with Care Schemes in Newark including the Assessment Units at Gladstone House. This will broaden the evaluation to include a different subset of data to measure around the health and wellbeing of people in different care settings and those discharged from hospital or the community in the assessment units.
 18. Further funding streams are being explored to extend the current project and provide a longer evaluation timeline. There is also the potential to move the project into other districts.

Home Care – Collaborative Working Between Home Based Care Lead Providers

19. Work is continuing with the Home Based Care Lead Providers to explore and develop collaborative working approaches and to share best practice. A number of meetings have taken place already and will continue to meet on a monthly basis, with meetings being provider led. The providers will share their discussion and work with the County Council at strategic level.

Communication Between Home Based Care Providers – Experts by Experience

20. In March 2021, a Task and Finish Group was created to look at where improvements in communication between Home Based Care Providers and the people they provide care for could be made.
21. The QMMT is working with a group of Experts by Experience to create two separate surveys. The surveys will be used to gain an understanding of the positives and negatives around communication, particularly considering the Covid Pandemic and the impact that this may have had on clear and effective communication channels and where to focus developments and improvements.
22. The first survey will be completed over the telephone with Quality and Contracts Officers (QCO) calling a sample group of people who receive services for each managed home based care provider whilst the second survey will be completed electronically by all managed home based care providers. The Group is keen to ensure a varied cohort of employees complete the provider survey, to ensure that a broad reflection of the communication practices are reported.

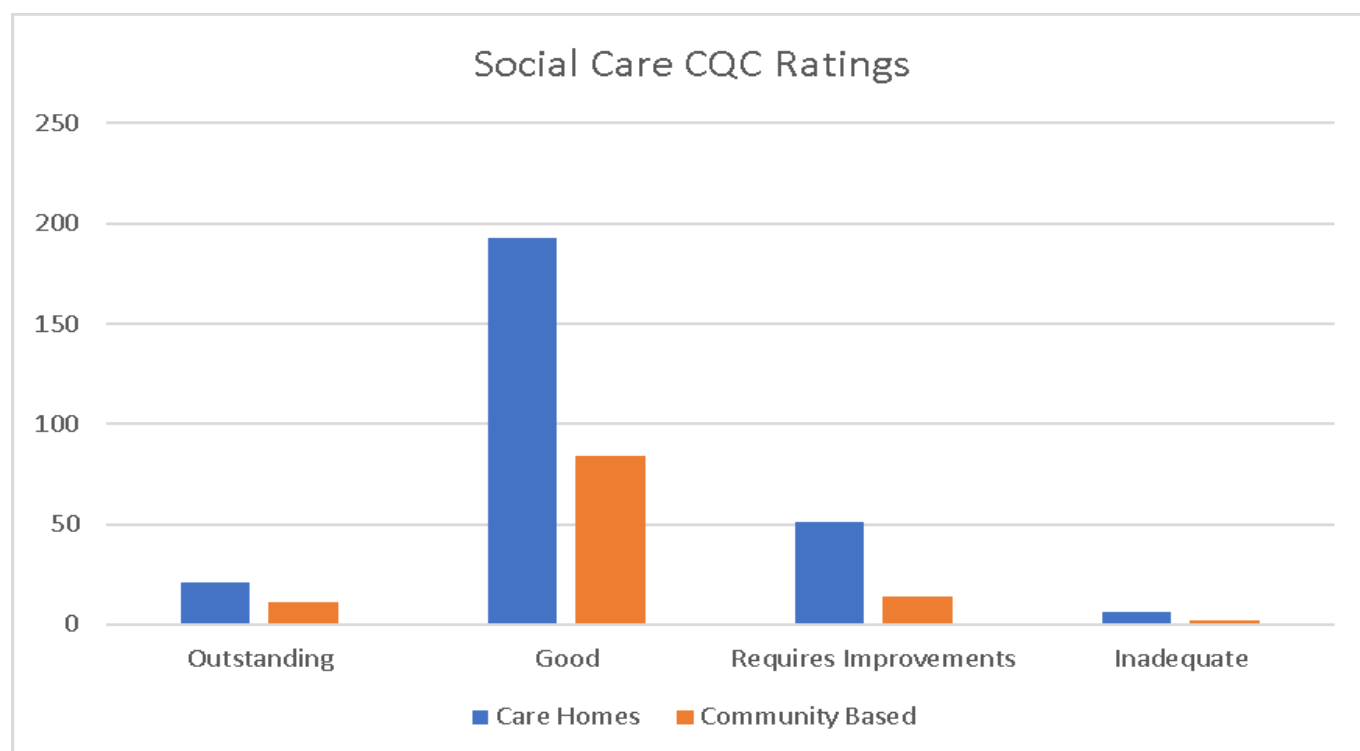
23. Both surveys have been reviewed by the Communications and Marketing Team and the aim is to go live by the end of May for completion at the end of June. Once the survey data is gathered the Task and Finish Group will meet in July to agree workstreams and the information will be shared with providers in Contract Management Meetings and the Home Based Care Forums.

Workforce – Care Friends Licences for Home Based Care Lead and Additional Providers

24. Care Friends is a digital app that can be downloaded to a mobile phone. The app is an employee referral and engagement tool to support social care recruitment by encouraging providers' care staff to share jobs with their friends and contacts. By doing this the staff members can earn points that translate in to cash rewards.
25. Using the Workforce Capacity Fund, the County Council has purchased a number of Care Friends licences to support contracted providers with recruitment.

Quality Monitoring

26. The QMMT continues to provide support through the well-established quality monitoring process. The team is now in the planning stages for implementing their business as usual for the next 6-12 months. The team is planning quality monitoring/audits for the following services:
- Ageing Well Care Homes
 - Living Well Care Homes
 - Home Based Care
 - Housing with Care
 - Supported Living
 - Day Care.
27. The QMMT will maintain the risk assessment of services based on quality data, Covid data, financial information and other intelligence that informed the level of monitoring/support needed. The team will support services as required to ensure good quality service provision.
28. The CQC has not carried out the normal inspection regime in the last year as they would do and this has meant for some services that their inspections are overdue. An overview of the current ratings for care homes in Nottinghamshire for the past two years are as follows:



29. Since the last report there has been a small increase in the number of Inadequate rated services. The number of Outstanding care homes (21 care homes, 11 community based services) remained the same with a small reduction of Good rated services.

Contract suspensions

30. Sometimes it is necessary to suspend a contract with a provider. This means that they continue to provide the service but for a period of time the Council does not give any new work to the provider. This is usually due to concerns about poor quality and when this happens the service is monitored closely, usually through an Action Plan, to ensure that the required improvements are made and sustained before lifting the contract suspension is considered.
31. Services that have a contract suspension currently are as follows:

Type of service	Number of services	Contract Status	District
Care Home – Ageing Well	7	Suspended	Gedling, Bassetlaw, Newark, Mansfield, Ashfield
Care Home – Living Well	2	Suspended	Bassetlaw
Homecare	2	Suspended	Newark, Rushcliffe, Gedling

32. Since the previous report to Committee in March 2021 there has been an increase in the number of contract suspensions.

Other Options Considered

33. No other options have been considered.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

35. 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

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

Implications for Service Users

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

RECOMMENDATION/S

That:

- 1) Members consider whether there are any actions they require in relation to the issues contained within the report.
- 2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Melanie Brooks

Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Gemma Shelton

Interim Group Manager, Quality & Market Management

Adult Social Care and Health

T: 0115 9773789

E: gemma.shelton@nottscc.gov.uk

Constitutional Comments (AK 17/05/21)

38. This report falls within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DG 14/05/21)

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

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH761 final

14 June 2021

Agenda Item: 12

REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

Information

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

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

Marjorie Toward
Service Director, Customers, Governance & Employees

For any enquiries about this report please contact: Jo Toomey – jo.toomey@nottscg.gov.uk.

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
26 July 2021			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 4)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Commissioning Plan for Domestic Abuse		Director of Public Health	Catherine Pritchard/ Rebecca Atchinson
Resources to support the delivery of the three year roadmap for learning disability and Autism		Service Director, Strategic Commissioning and Integration	Mercy Lett-Charnock
Tender for Integrated Community Equipment Loan Service (ICELS)		Service Director, Strategic Commissioning and Integration	Jane Cashmore
Development of Adult Social Care Strategy	To provide an update on work to produce an updated ASC Strategy and to update Committee on Health and Wellbeing Strategy and progress on Prevention and Early Intervention Strategy.		
September 2021 date tbc			
Refresh of the Adult Social Care & Public Health Department's Digital Strategy for 2021-2024		Corporate Director, Adult Social Care and Health	Grace Natoli/ Jennifer Allen
Child Death Overview Arrangements		Director of Public Health	Louise Lester
Review of workforce restructure in Adult Social Care	To update the Committee on progress with the new workforce model implemented in Sept 2020.	Service Director, Living Well/ Service Director, Ageing Well	Sue Batty/Ainsley MacDonnell

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Day opportunities and carers and short breaks strategies	To present to committee the outcome of co-production work and proposed strategies for day opportunities and carers and short breaks support.	Service Director, Living Well/ Service Director, Ageing Well	Sue Batty/Ainsley MacDonnell
To be placed			
Commissioning Proposals - Deaf Services	Was due to go in January but put on hold	Service Director, Strategic Commissioning and Integration	Clare Gilbert/ Veronica Price-Job
Commissioning Proposals - Brighter Futures		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Commissioning Proposals – Connect Services		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Home working and impacts on health (smoking, drugs, alcohol, obesity, isolation, mental health & wellbeing)	Requested at November meeting – need to decide when to take it		
Interim evaluation of routine enquiry into Adversity in Childhood (REACH) Programme	To provide members with an update on the findings of the interim report on the REACH Programme in Nottinghamshire – for Dec 2021	Consultant in Public Health	Sarah Quilty
Commissioning intentions: Single homelessness support service	To seek approval to proposed commissioning intentions for this service TBC – date depends on advice from procurement (postponed from Jan 2019)	Consultant in Public Health	Dawn Jenkin / Susan March
Nottingham and Notts Mental Health Strategy	Report outlining the work to progress a new MH Strategy	Service Director, Strategic Commissioning and Integration	