

Adult Social Care and Public Health Departmental Strategy



Contents

Introduction

- **Your Nottinghamshire Your Future** 3

Section One

- **Strategic Context and
Commissioning Challenges** 4 - 7

Section Two

- **Departmental Operating Model** 8

Section Three

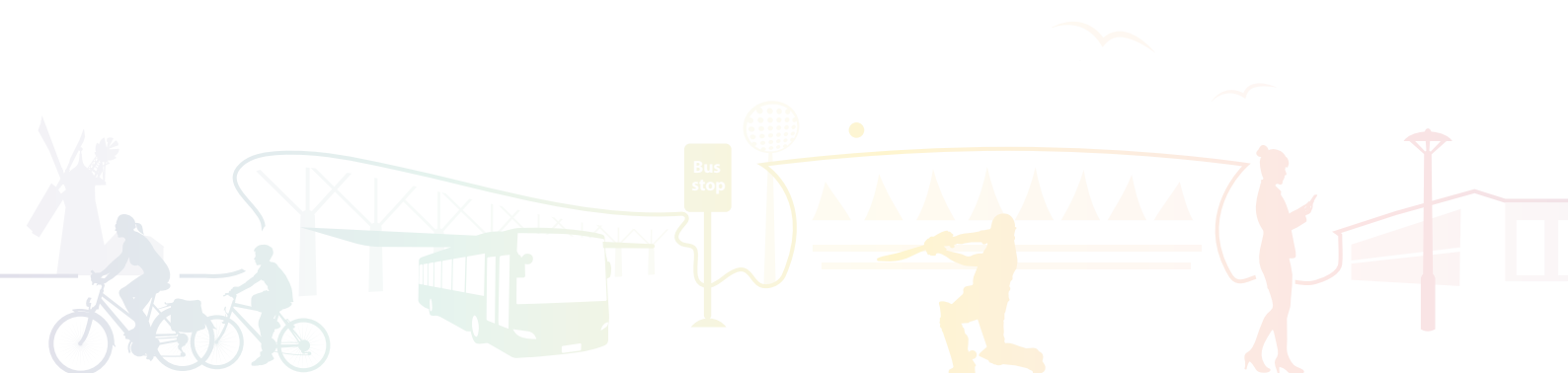
- **Priorities and Key Activities that
Support the Delivery of the Council Plan** 9 - 11

Section Four

- **Improvement and Change Portfolio** 12 - 14

Section Five

- **Departmental Core Data Set** 15 - 16



Your Nottinghamshire Your Future

Our new Council Plan “Your Nottinghamshire Your Future” sets out an ambitious vision for the future of Nottinghamshire in which the county is at the forefront of modern Britain. We want Nottinghamshire to stand out as:

- **A great place to bring up your family**
- **A great place to fulfil your ambition**
- **A great place to enjoy your later life**
- **A great place to start and grow your business**

As a Council our duty is to provide a diverse range of services, to protect and shape the environment in which we live, and to create the right conditions for a strong local economy.

Our Council Plan sets out 12 commitments covering all aspects of the Council’s role in our County and the outcomes we wish to achieve for the people of Nottinghamshire.

This Adult Social Care and Public Health Strategy is one of four strategies setting out how each department will support the delivery of the Council Plan. Each of the strategies outlines the priorities and programmes of activity that will be pursued in the coming year to achieve this. The Departmental Strategies will be refreshed on an annual basis.

The Council must act as a single organisation with all departments working corporately together to maximise opportunities and expertise to ensure that the Council Plan commitments are delivered.

These Strategies are agreed by the Council’s Policy Committee as part of its responsibility for approving the policies and strategies of the Council. Policy Committee will monitor the progress of these Strategies enabling elected Councillors to ensure that the Council Plan is effectively implemented.



Strategic Context and Commissioning Challenges

Introduction

The overarching purpose of Adult Social Care and Public Health is to promote and improve the health, wellbeing and independence of people in Nottinghamshire. We provide and commission advice, support and services which improve health and wellbeing, and prevent ill-health and loss of independence.

Public Health is about creating the environments in which all of us can stay healthy for longer, starting from conception right through to later years. It includes tackling the causes of ill-health such as the take-up of smoking, low physical activity, poor housing and air quality, as well as providing services to support individuals making healthy lifestyle choices.

The role of the public health function in the local authority is determined by the Health and Social Care Act 2012. It places on local authorities general duties to improve and protect the health of the local population. This includes specific statutory duties including:

- the commissioning of certain mandatory services to residents (these include local implementation of the National Child Measurement programme, assessment and conduct of health checks and open access sexual health and contraception services)
- the provision of specialist advice to the local NHS
- health protection advice to organisations across the local system.

Taken together, the public health services commissioned by the Council deliver direct benefits to thousands of residents each year, with many more of us benefitting over the longer term from the positive cumulative impacts of healthier environments.

Adult social care provides support to adults over the age of 18 who have a physical disability, a long term health condition and/or mental health issues. In 2016/17 over 10,000 people received care and support services.

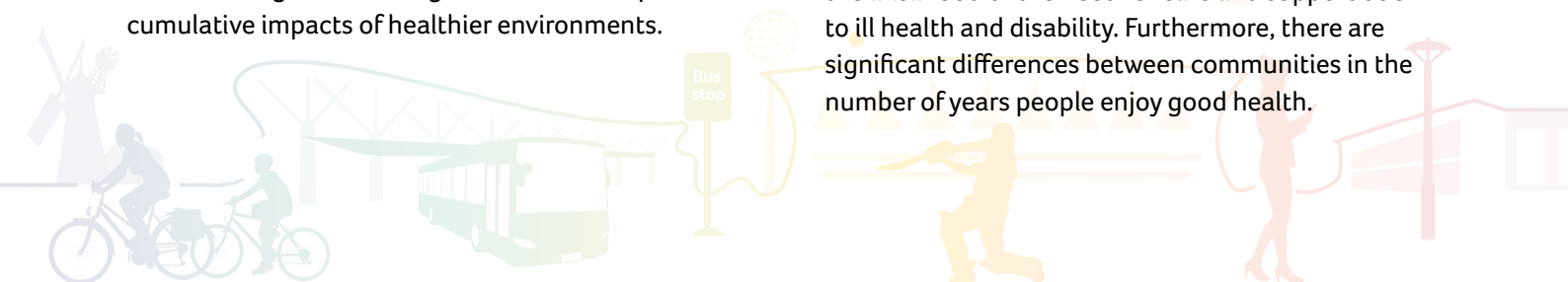
The department provides a range of statutory services under the Care Act 2014 including:

- advice and information
- promotion of well-being and prevention
- market management (so all members of the public can benefit from and use care services with confidence)
- assessment of social care needs
- person centred care and support planning
- adult safeguarding, mental capacity, mental health, and deprivation of liberty assessments to protect vulnerable people from harm
- support to carers
- charging, financial assessments and deferred payments (to ensure people do not have to sell their home in their lifetime).

The department also runs a range of services that provide care and support such as day services, short breaks units, Care and Support Centres, Shared Lives and enablement-focused support teams that work with people in their homes and communities.

Strategic context

In Nottinghamshire it is a cause for celebration that our citizens are living longer. However, the average number of years people spend in good health has not kept pace. The factors identified below increase the likelihood of the need for care and support due to ill health and disability. Furthermore, there are significant differences between communities in the number of years people enjoy good health.



On average, women in Rushcliffe enjoy good health until the age of 70 and live until 85 years. By contrast, by the age of 70, women in Mansfield have already spent more than a decade in ill health, and can expect to live only until they are aged 81. There are very similar differences for men.

Most of these differences are due to reasons unrelated to the provision of NHS and social care services.

Like all Councils, we face increasing need and demand as a result of demographic changes at the same time as financial resources are under strain. Our population is predicted to continue to age and by 2030 the number of people aged 65-84 is expected to increase by over 30% and people aged 85+ by over 90%. Older people are more likely to experience disability and limiting long-term illnesses. By 2030 there is also an expected increase in people with learning disabilities which equates to a total of 17,000 people in Nottinghamshire. The increase is expected to be concentrated in the older age range, with 48% growth in people with learning disabilities aged over 65.

More than half of ill health is caused by three groups of diseases and conditions: circulatory disease, cancer, and diabetes and other metabolic disorders. We also know that about half of the total disease burden in Nottinghamshire can be linked to diet, smoking and overweight. Other significant risk factors include alcohol and drug use, low levels of physical activity, occupational health risks and man-made air pollution.

The relationship between risk factors and conditions and diseases is complex. There is no single risk factor which should be tackled above all others. There are also risk factors that increase the likelihood of people needing social care support; these are loneliness, incontinence, falls, dementia and stroke.

Evidence shows that good health and wellbeing starts at or even before birth and is strongly shaped by the environment in which we grow, live and work. Furthermore, securing good health involves addressing needs across the whole life course and across the whole population.

The Adult Social Care Strategy, the Charter for the Future of Adult Social Care and the Health and Wellbeing Strategy provide the strategic context within which the department operates. The Adult Social Care Strategy is focused on promoting independence and wellbeing, promoting choice and control, and ensuring value for money for all Nottinghamshire's citizens. The Charter outlines what the public can expect from adult social services at the Council.

Partnership Context

The factors influencing health and wellbeing and inequalities in their distribution go well beyond the provision of good healthcare and are closely linked to the environments in which we grow, live and work. Therefore, in pursuing improvements in healthy life expectancy, wellbeing and the promotion of independence, the department not only works with providers of NHS healthcare and Public Health England, but also with district and borough councils, schools, employers, and providers of our local public health services.

The department is a key partner in the Sustainability and Transformation Partnerships (STP) for Nottingham and Nottinghamshire and in South Yorkshire and Bassetlaw. These partnerships are leading a five year plan for the future of health and social care and their integration by 2020. The Nottinghamshire STP partnership covers the whole of the county with the exception of Bassetlaw. Bassetlaw is part of the South Yorkshire and Bassetlaw STP, and the Council has a representative on the STP Board.

There are 3 major transformation partnerships in Nottinghamshire: Mid-Nottinghamshire Alliance, Greater Nottingham and Bassetlaw to deliver on STP.

The Health and Wellbeing Board provides a framework for key public service organisations to work in partnership to improve the health and wellbeing of the people in their area, reduce inequalities and promote the integration of services.



With regard to social care, the department works, on an individual basis, with service users and their carers and families to provide advice, information, guidance and care and support in a way that is meaningful to the people involved. At a more strategic level we involve and consult service users and carers on our services and any changes that we propose to how support is provided, for example, through our well-established Learning Disability and Autism Partnership Board.

The majority of the budgets for adult social care and public health are spent on externally provided support and services from the independent and voluntary sector in order to meet people's assessed needs. This includes public health services to tackle lifestyle-related causes of ill-health and disability, early intervention and prevention services, home care, supported living, day services, residential care and nursing home care. We work closely with all the providers of these services to ensure they are providing good quality and appropriate support to meet the identified outcomes of the people who need them, and good value for money for Nottinghamshire.

Outcomes

The high level outcomes sought for service users and citizens of Nottinghamshire are:

- **Healthy life expectancy** - the national Public Health Outcomes Framework describes a comprehensive set of county-level indicators for the factors which influence the health of the population. For many of these, there are significant variations at local level. The Nottinghamshire Health and Wellbeing Strategy will identify healthy life expectancy, and a reduction in its variation as the overarching indicator of health and wellbeing for Nottinghamshire
- **Helping people to help themselves** - connecting people with solutions and support available in their local communities, and helping them to make the best use of their existing support networks
- **Helping people when they need it** – working with people in a timely and proportionate way to meet their care and support needs, and helping to restore, maintain or increase their independence

- **Support to maximise independence** – working with people in a personalised and meaningful way with a clear plan for achieving their desired outcomes and maximising their independence
- **Keeping things under review** – working with people to ensure that desired outcomes are achieved and that care and support is reduced, maintained or increased according to assessed need.

Commissioning challenges

Commissioning good outcomes for the people of Nottinghamshire will be framed by the principles of promoting and improving health and independence, ensuring value for money and offering choice and control, informed by the evidence of what works. These principles provide a framework for responding to the key challenges we face in commissioning services in the future including:

- increases in the average number of years people spend living with ill-health or reduced independence, leading to increased demand for social care
- wide variations in the healthy life expectancy of different communities
- patterns of ill-health and loss of independence reflect risks which accumulate over our entire lifetimes and which are closely linked to our family, home, school, workplace and communal environments
- a national system which is challenged in its commitment to give the same priority to promoting long term wellbeing and independence as it does to managing short term demand for health and social care
- reductions in the amount of funding the Council receives for improving the health of residents through public health arrangements, and the end of the Public Health Grant in 2019
- people being discharged from hospital into the community at an earlier point rather than into institutional settings



- legislative changes such as the funding reforms under the Care Act (Part 2), which is currently scheduled to be implemented from April 2020. A Green Paper is expected from the Government in early 2018 to include proposals on funding for social care
- national challenges regarding sustainability of social care providers (home based care, supported living, residential and nursing care) and their capacity to manage the complex needs of older people and people with disabilities and mental health needs
- financial gap in social care - the additional Improved Better Care Fund of £2 billion nationally only partially closes the gap and there are national conditions and targets attached to the grant, including a renewed focus on hospital discharge.

The authority is required to invest its public health grant in a way that significantly impacts the health of the population, giving regard to the need to reduce inequalities and improve the take up of, and outcomes from, drug and alcohol misuse treatment services. The majority of the grant is invested in commissioning services to residents; the remainder funds statutory obligations related to the provision of public health advice, coordination of joint strategic needs assessment, other mandatory functions, and prevention and control of infection in community settings.

Public health commissions services for diverse outcomes, some of which carry significant clinical risk and the need for high levels of integration with existing healthcare provision. To secure best value for money from current contracts, we will maintain rigorous contract management.

Going forward, the potential for securing improved value for money from recommissioning public health services largely depends on reconfiguration of patient pathways (e.g. extending the reach of sexual health services through digital technology), and bundling contracts together (to make the tendered contract attractive to a wider market of competing providers).

The specific commissioning priorities for older adults will be:

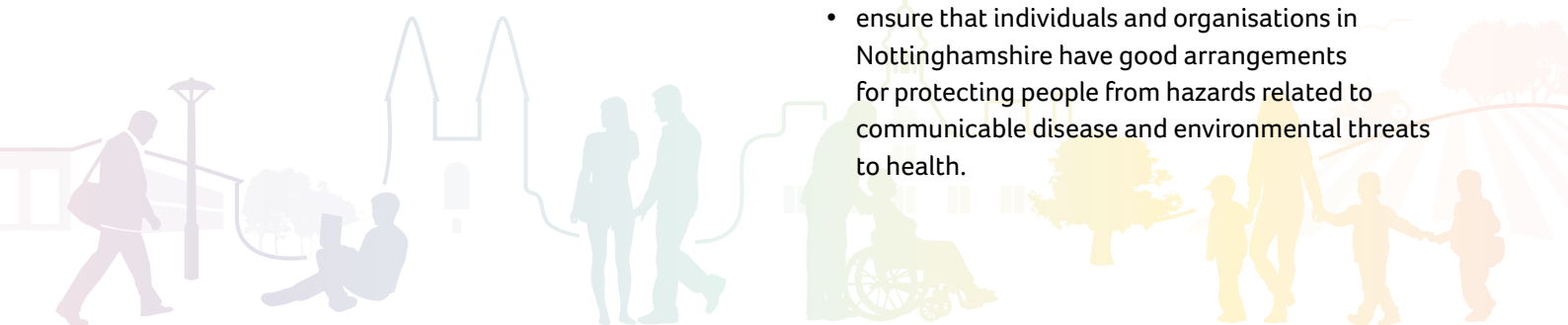
- increasing capacity in services to support and promote independence, for example reablement and enablement
- co-ordinated hospital discharge and hospital avoidance services that are able to respond rapidly
- provision of short term assessment beds and apartments
- sustainable homecare market
- increasing residential and nursing care for people with multiple complex conditions and/or dementia
- a system-wide housing plan to support people living longer in their own homes and to ensure a range of appropriate housing from general needs to specialist supported housing. This priority applies to older and younger adults.

The specific commissioning priorities for younger adults will be:

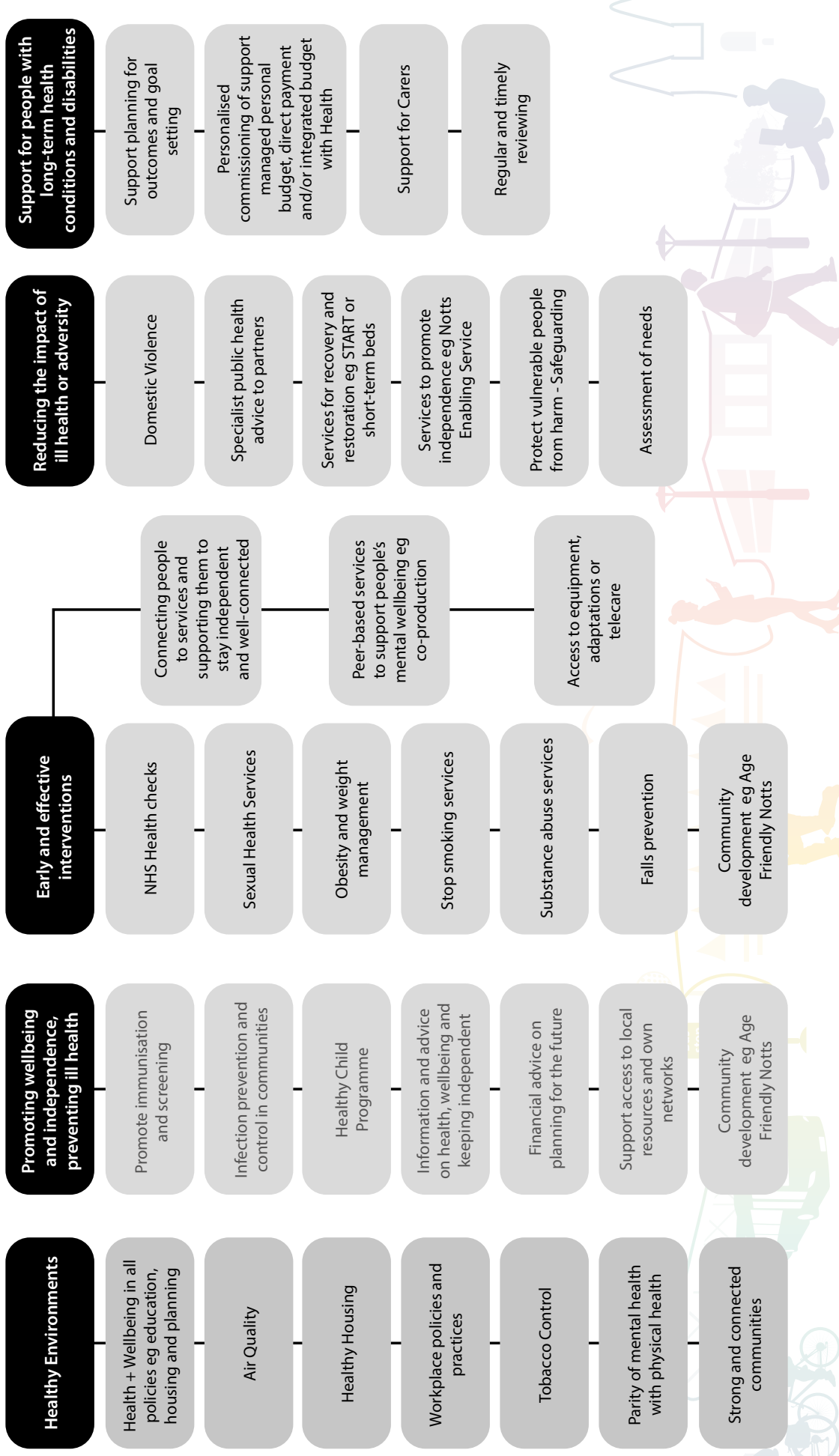
- increased supported living accommodation and sustainable provider market
- increased specialist service availability for adults with behaviour which challenges
- increased autism awareness and specialist staff training
- increased nursing care provision for younger people with long term conditions.

The commissioning priorities for public health will be:

- maintain and improve access and outcomes for services which support people to improve their health and wellbeing, and reduce their exposure to risk factors for ill-health
- ensure that these services significantly impact the health of all communities, and especially those whose health outcomes are poorest
- statutory obligations related to the provision of public health advice, co-ordination of the joint strategic needs assessment and other mandatory functions
- ensure that individuals and organisations in Nottinghamshire have good arrangements for protecting people from hazards related to communicable disease and environmental threats to health.



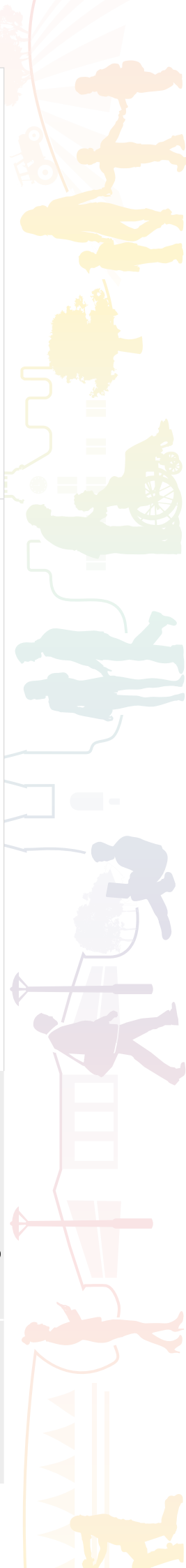
Departmental Operating Model



Priorities and Key Activities that Support the Delivery of the Council Plan

The Department will have responsibility for delivering the following commitments, as set out in the Council Plan, over the next four years:

Commitment	Success measures	Activities	Council Plan Key Measures of Success
A great place to bring up your family			
Commitment 1: Families prosper and achieve their potential	Young people will have improved physical and mental health	We will lead the commissioning of services to promote healthy lifestyles and address ill-health amongst all children, young people and families	The proportion of children in Notts who are covered by the Healthy Child Programme
Commitment 2: Children are kept safe from harm	Children at risk are appropriately identified, supported and protected	We will commission services to address the needs of people who experience domestic violence.	Number of children and young people supported in Domestic Violence services
Commitment 3: Children and Young People go to good schools	Vulnerable children are less likely to miss education	We will commission a Healthy Families Programme to support school readiness, secure improved emotional and physical health of school age children, and contribute to reducing the number of young people not in education, employment or training due to unplanned pregnancy.	The proportion of children in Notts from less advantaged backgrounds who achieve a good level of development at the end of reception.
Commitment 4 Nottinghamshire has a thriving jobs market	More people are in higher paid and skilled jobs More apprenticeships available for people of all ages	We will promote careers in social care and public health for young people, through apprenticeships and placements. We will work with partners and the wider community to improve the number of adults with disabilities in meaningful employment.	Number of people supported by the Council in apprenticeships and placements related to social care and public health. Number of adults with disabilities supported into employment by the Council.



Commitment	Success measures	Activities	Council Plan Key Measures of Success
A great place to fulfil your ambition			
Commitment 5 Nottinghamshire is a great place to live, work, visit and relax	People live in communities supported by good housing and infrastructure	We will work with partners to develop housing, built environment, and transport which supports healthy lifestyles and reduces exposure to poor air quality. We will work with partners to develop housing that will meet the needs of an ageing population and increasing numbers of people with disabilities.	Reduction in the number of life-years lost in Notts due to poor air quality.
Commitment 6: People are healthier	Healthy life expectancy increases Life expectancy rises fastest in those areas where outcomes have previously been poor	We will commission services which provide support for residents seeking a healthier life-style including reducing their exposure to substance misuse, tobacco, excess weight and low physical activity, and sexually transmitted infections.	Proportion of adults with learning disabilities who live in their own home or with their family. Average number of years people live in good health Reduction in the proportion of adults who smoke, are overweight, or who are physically inactive Proportion of eligible population who are offered / invited an NHS Health Check
A great place to enjoy your later life			
Commitment 7: People live in vibrant and supportive communities	Older people are treated with dignity and their independence is respected Our most vulnerable residents will be protected and kept safe from harm	We will work with people to connect them to their community and local networks in order to remain as independent as possible. We will work with people to ensure they feel safe in their homes and communities. Where people experience abuse and neglect, we will provide support that is responsive to their needs and personalised.	Number of adults referred/linked to community resources to promote independence and social inclusion % of safeguarding services users who were satisfied that their outcomes were fully achieved



Commitment	Success measures	Activities	Council Plan Key Measures of Success
<p>Commitment 8: People live independently for as long as possible</p>	<p>Carers receive the support they need Better access to financial advice so that older people can make more informed decisions People will have the opportunity to live independently in their local community.</p>	<p>We will provide support for carers We will provide information, advice and guidance to support people to live independently. We will provide effective short term interventions for people with care and support needs, and invest in rapid response services to enable people to return home from hospital as quickly as possible.</p>	<p>Number of carers given advice and information Number of carers who are supported Number of people who receive financial or benefits advice Number of people who receive short term services to recover, recuperate and maximise independence</p>
<p>Commitment 9: People can access the right care and support</p>	<p>People's needs are met in a quick and responsive way Services improve as a result of better integration of health and social care.</p>	<p>We will provide good quality advice, information and support to people with disabilities and long term health conditions to enable them to lead productive and independent lives for as long as possible We will provide intensive support at times of crisis and care needs will be reviewed once the immediate crisis has passed. We will work with the health service colleagues to provide more seamless services (where there is a benefit), with people at the centre of the care and support provided. We will provide statutory specialist advice to NHS commissioners and co-ordinate joint strategic needs assessment across health and social care.</p>	<p>Qualitative feedback from surveys of people who use the Notts Help Yourself website and receive advice, guidance and signposting from the Customer Service Centre Proportion of people whose needs are resolved at the first point of contact 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) Numbers of delayed discharges attributable to social care Qualitative feedback from Accountable Officers of local CCGs / ACS (Annual)</p>



The Adult and Public Health Improvement and Change Portfolio

Senior responsible officer: Corporate Director of Adult Social Care and Health and the Director of Public Health as delegated.

Lead Members: Chairman of the Adult Social Care and Public Health Committee

Description

Improving health and wellbeing across the population, and improving the way we deliver social care support to adults in Nottinghamshire.

There are 6 programmes of work that will support this portfolio.

Programmes

01

Deliver the next stage of the Adult Social Care Strategy

This programme will focus on helping people to help themselves through the provision of good quality advice and information, resolving queries in a timely and responsive way and providing a proportionate and appropriate response where people have social care needs, with the aim of maximising their independence.

Key milestones for the next year include:

- ▶ Testing and evaluation of new models to resolve people's needs as quickly as possible by April 2018
- ▶ Expansion of social care clinics in community settings by June 2018
- ▶ Review of the carers' strategy with partners to enable carers to access good quality advice, information and support by September 2018.

02

Commercialisation of the Council's directly provided social care services

Working with the Council's Commercial Development Unit to explore and develop a range of initiatives to generate new business opportunities and income within the Council's directly provided social care services, subject to Local Authority powers to trade; promote greater community use of the services and their assets; and create opportunities for people who fund their own care to purchase support from the Council's direct service provision.

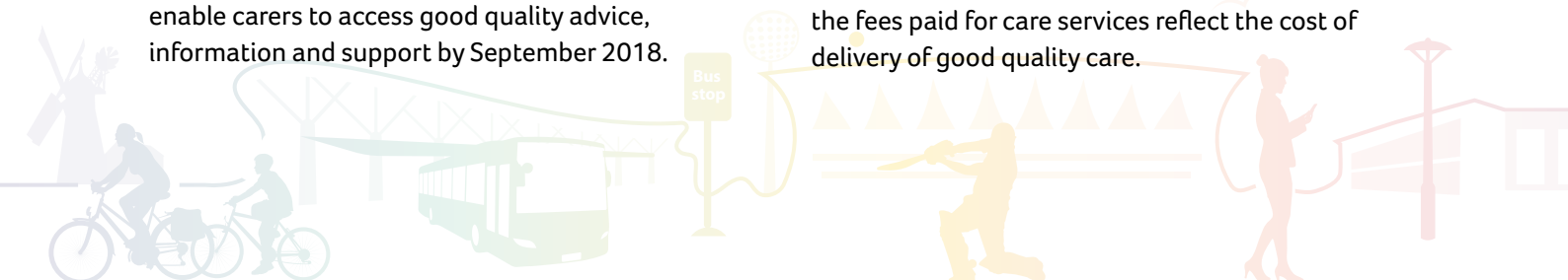
Key milestones for the next year include:

- ▶ A commercial business case for the Council's County Horticulture Service by March 2018 (pending Committee approval)
- ▶ Assessment of the commercialisation potential of County Enterprise Foods by April 2018.

03

High quality and sustainable public health and social care services

The vast majority of adult social care services are commissioned from independent sector providers, with a mixture of large and small, national and local, private organisations and some not for profit/charitable organisations. There are various pressures faced by the care and support providers and there is wide recognition that the care market is not able to deliver sufficient volumes of care and support services to meet needs due to difficulties in staff recruitment and retention. The Council is working with care providers to understand their pressures and to ensure the fees paid for care services reflect the cost of delivery of good quality care.



The key projects that will deliver this work are increasing home care capacity and sustainability of care providers; review of older people's care home fee levels (Fair Price for Care), and review of residential care for younger adults in accordance with the savings and efficiencies programme.

The public health budget is invested in a range of evidence-based services which fulfil statutory duties, and deliver clear public health outcomes and a good return on investment for public money. Many of these services will be due for reprocurement in the period of this plan. Previous rounds of procurement have yielded significant savings and service improvements. The challenge will be to identify ways to sustain outcomes and secure improved value for money using a reduced budget and public health workforce.

The scope will include all public health commissioned services, emerging evidence from other areas of innovations which are proving effective, best available intelligence about the national and local market for service provision, and consideration of how best to engage with these markets to get best value for money.

Key milestones for the next year include:

- ▶ Tender for home care services to commence in autumn 2017 with new contracts awarded and services to commence in autumn 2018
- ▶ Tender for rapid response homecare to support people to remain at home in a crisis and to facilitate hospital discharge to be completed
- ▶ Fair Price for Care review (fees paid for care homes for older people) to be completed by March 2018
- ▶ Development of commissioning intentions to confirm proposed approach to recommissioning key Public Health services, incorporating consideration of options for developing their reach and effectiveness (December 2017, with phased procurement starting in 2018/19)

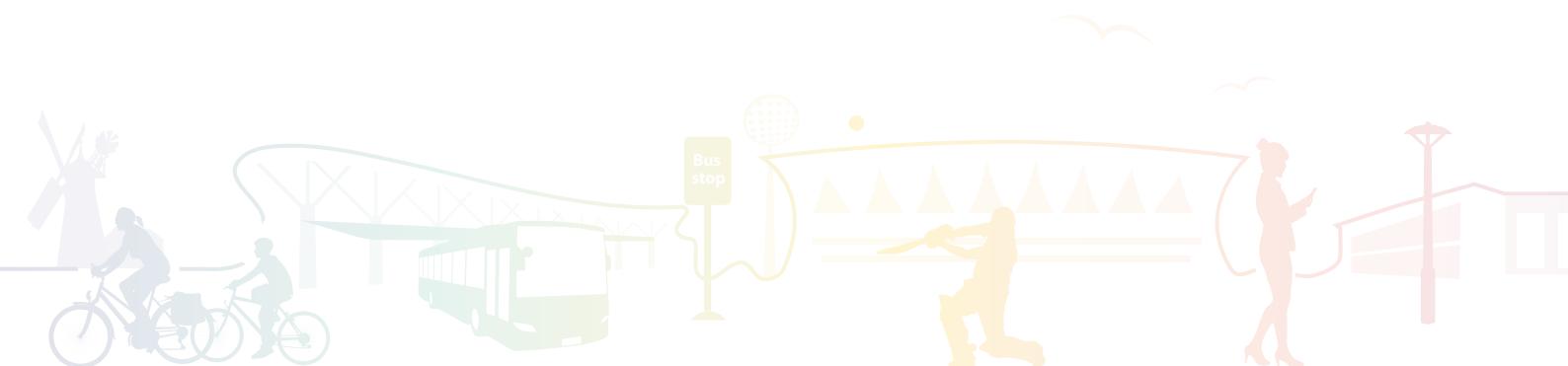
04 Work with our local health services

We are working with health partners to develop and evaluate new models of care that meet both the social care and health needs of people in the county. The key projects for this work in adult social care are:

- improving integrated services to plan and arrange transfer from hospital to home as quickly as possible
- local integrated care teams, with a GP lead, supporting people at home who are identified as high risk for hospital admission
- alignment of the adult social care short term independence service with community health services that are focused on rehabilitation and reablement
- evidence-based prevention, early intervention, self-care, health promotion, information and advice services
- improved information recording and sharing to support effective decision making by health and social professionals, and avoid people having to tell their story more than once.

Key milestones for the next year include:

- ▶ Agree a vision for 7 day working for social care staff across health and social care settings by March 2018
- ▶ Embed Home First approach in hospitals to ensure people are only assessed for long term services outside of a hospital setting by September 2018
- ▶ Agree best practice models for local integrated care teams (joint teams with health and social care) by March 2018
- ▶ Develop a multi-agency toolkit on prevention and early intervention for key staff groups and pilot by September 2018
- ▶ Deliver IT project at Kings Mill Hospital to share information more easily between health and social care staff by July 2018



Departmental Core Data Set

Adult Social Care and Public Health

National Key Performance Indicator

- ▶ Admissions of younger adults per 100,000 popn (ASCOF 2A)
- ▶ Admissions of older adults per 100,000 popn (ASCOF 2A)
- ▶ Delayed transfers of care attributable to adult social care (and joint) (ASCOF 2C)
- ▶ Delayed transfers of care (all) (ASCOF 2C)
- ▶ Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)
- ▶ Percentage of adults with Learning Disability in paid employment (ASCOF 1E)
- ▶ Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)
- ▶ Proportion of service users receiving a direct payment (ASCOF 1C part 2a)
- ▶ Proportion of carers receiving a direct payment (ASCOF 1C part 2b)
- ▶ Number of younger adults supported in residential or nursing placements (Stat return)
- ▶ Number of older adults supported in residential or nursing placements (Stat return)
- ▶ Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return)
- ▶ Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)
- ▶ Healthy Life Expectancy (PHOF 0.1)
- ▶ School readiness (PHOF 1.02)
- ▶ Proportion of children aged 2-2½ offered Ages and Stages Questionnaire-3 (PHOF 2.05)
- ▶ Percentage of adults overweight or obese (PHOF 2.13)
- ▶ Smoking prevalence in adults (PHOF 2.14) and in routine and manual occupations (PHOF 2.14)
- ▶ Cumulative percentage of population offered health check (PHOF 2.22)
- ▶ Fraction of all-cause adult mortality attributed to anthropogenic particulate air pollution (PHOF 3.05)
- ▶ Proportion of dependent drinkers not in treatment (PH Dashboard)
- ▶ Chlamydia detection rate in 15-24 year olds (PHOF)



Local Key Performance Indicator

- ▶ Percentage of new assessments completed within 28 days
- ▶ Percentage of reviews of long term service users completed in year
- ▶ Percentage of older adults admissions direct from hospital
- ▶ Percentage of safeguarding service users who were asked what outcomes they wanted
- ▶ Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved
- ▶ Percentage of completed Deprivation of Liberty Safeguards (DoLS) assessments
- ▶ Number of adults referred/linked to community resources to promote independence and social inclusion
- ▶ Number of people supported by the Council in apprenticeships and placements related to social care and public health
- ▶ Number of adults with disabilities supported into employment by the Council
- ▶ Number of people who receive financial or benefits advice
- ▶ Qualitative feedback from surveys of people who use Notts Help Yourself website and receive advice, guidance and signposting from the Customer Service Centre
- ▶ Number of children and young people supported in Domestic Violence services (from Quarterly Contract Monitoring)
- ▶ Number of planned exits from substance misuse services (from Quarterly Contract Monitoring)
- ▶ Number of smokers who successfully quit (from Quarterly Contract Monitoring)
- ▶ Number of adults supported by weight management service (from Quarterly Contract Monitoring)
- ▶ Service user survey (annual) and carers' survey (bi-annual)
- ▶ Social care-related quality of life
- ▶ Proportion of people who use services who have control over their daily life
- ▶ Carer-reported quality of life
- ▶ Proportion of people who use services who reported that they had as much social contact as they would like
- ▶ Proportion of carers who reported that they had as much social contact as they would like
- ▶ Overall satisfaction of people who use services with their care and support
- ▶ Overall satisfaction of carers with social services
- ▶ Proportion of carers who report that they have been included or consulted in discussion about the person they care for
- ▶ Proportion of people who use services who find it easy to find information about services
- ▶ Proportion of carers who find it easy to find information about services
- ▶ Proportion of people who use services who feel safe
- ▶ Proportion of people who use services who say that those services have made them feel safe and secure
- ▶ Qualitative feedback from Accountable Officers of local Clinical Commissioning Groups / Accountable Care Systems regarding quality of specialist public health (Annual)



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