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**Nottingham
City Council**

Nottingham City Council Health and Adult Social Care Scrutiny Committee

Date: Thursday, 12 January 2023

Time: 10.00 am (pre-meeting for Committee members at 9:30am)

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Director for Legal and Governance

Senior Governance Officer: Jane Garrard

Direct Dial: 0115 876 4315

- 1 Apologies for absence**
- 2 Declarations of interest**
- 3 Minutes**
To confirm the minutes of the meeting held on 15 December 2022
- 4 Adult Social Care Winter Plan 2022/23 - Mid Winter Position** 3 - 8
- 5 Budget and Medium Term Financial Plan** 9 - 10
 - a Adult Social Care** 11 - 20
 - b Public Health Grant** 21 - 32
- 6 Work Programme** 33 - 40

If you need any advice on declaring an interest in any item on the agenda, please contact the Governance Officer shown above, if possible before the day of the meeting.

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**Health and Adult Social Care Scrutiny Committee
12 January 2023**

Adult Social Care Winter Plan 2022/23 – Mid Winter Position

Report of the Head of Legal and Governance

1. Purpose

- 1.1 To review delivery of the winter plan for adult social care and current position, in the context of the wider health and care system.

2. Action required

- 1.1 The Committee is asked whether:

- a) it wishes to make any comments or recommendations; and
- b) any further scrutiny is required, and if so the focus and timescales.

3. Background information

- 3.1 Each year the Council puts in place a winter plan to ensure that adult social care services are able to respond to need during this period of particularly high pressure.
- 3.2 The Portfolio Holder for Adults and Health and Director for Adult Health and Care have submitted a report on the 2022/23 mid-winter position, and will be attending the meeting to provide a verbal update on the latest position and answer questions from the Committee. A representative of the Nottingham and Nottinghamshire Integrated Care Board will be attending the meeting to provide a wider health and care system perspective.

4. List of attached information

- 4.1 Briefing on the Adult Social Care Winter Plan 2022/23 – Mid Winter Position from the Director for Adult Health and Care and the Portfolio Holder for Adults and Health

5. Background papers, other than published works or those disclosing exempt or confidential information

- 5.1 None

6. Published documents referred to in compiling this report

- 6.1 None

7. Wards affected

- 7.1 All

8. Contact information

- 8.1 Jane Garrard, Senior Governance Officer
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Adult Social Care Winter Plan 22/23 - Mid Winter Position Report

Author: Richard Groves, Head Of Service for Access and Prevention

Director: Sara Storey

Portfolio Holder: Cllr Linda Woodings

Introduction

The Council puts plans in place each winter to ensure that Adult Social Care needs are responded to effectively during the winter period when demand is usually higher.

Planning

The Council has followed the guidance set out by the Department of Health and Social care in 2021 when devising the plan which sets out the key actions that have or will be taken to ensure citizens continue to receive the care and support they need.

Those key actions, the City Council will be taking in collaboration with the NHS, care providers, citizens with care and support needs and their families and carers. Working together will ensure that high-quality, safe and timely care is provided to everyone who needs it, whilst protecting people who need care, their carers and the social care workforce.

Position going into winter

- Pre October waits for Social Care Reablement had peaked at 177 people.
- Pathway 1 business case, funded by the Integrated Care Board to support timely supported discharges to a citizens own home, to increase capacity in Adult Social Care services was drafted.
- Temporary posts linked to non-recurrent funding remained vacant.
- Revision of the thresholds for the Operational Pressures Escalation levels to match current demand pressures. (Opel)
- Significant pressure across social care in terms of assessment and providers reflective of the national landscape.
- Overall Management of discharge flow remains good.
- Continued use of interim beds in residential care to support flow from discharge and waits for Social Care Reablement.
- The Gateway team (formerly TEST) has been made a permanent feature of the Reablement service to support flow from the community and hospital into homecare.

Delivery of Adult Social Care Winter Plan

- Engagement with partners through existing system calls, Discharge cells, Market Management Cell and the greater Nottingham/shire joint bulletin.
- Reablement from Hospital continues to be the preferred option for supporting people on pathway 1 (supported discharge) to promote independence.
- Additional capacity created within homecare through block contracts, brokerage and spot contracting with providers who would not usually meet contract requirements.
- Engagement with system at daily system calls for review and escalation of current pressures.
- There is a strong working relationship with system partners across all strategic and operational levels of the Council.
- Supporting the resilience, health and well-being of our workforce through regular and meaningful engagement with Managers and senior leadership.
- Non recurrent funding has been annualised to enable permanent recruitment of vacant temporary posts.
- Strength Based Practice continues to be promoted within services with learning now being fed back into the adult social care Transformation Programme for review and development.

Impact of winter pressure planning

- Significant reduction in citizens waiting for Reablement through optimization of additional capacity and brokerage within the Care Bureau.
- Additional staff resource has been agreed giving assurance to staff in temporary contracts and creating additional posts.
- Winter mitigation planning creating additional homecare capacity.
- Continued use of block interim bed capacity and review to support ICS Best value.

Impact of Winter Pressures: Workforce

- Workforce has been a significant risk across all health and social care organisations in Nottingham and Nottinghamshire.
- There has been a reduction in the overall level of capacity due to COVID absence, isolation absence and other illnesses - mirroring community transmission and usual seasonal illnesses.
- A reduction in the efficiency of staff due to having to do things differently to keep settings and services COVID secure.
- Combined with an increase in demand, and the impact of significant backlogs for both health and social care increasing levels of need.

Demand pressures

- Hospitals continue to see significant pressures through unplanned admissions combined with a backlog elective care.
- Demand for Social Care continues to increase in both number and complexity impacting the ability to intervene early/apply prevention.
- Winter pressures from October - however pressures had not really reduced from last winter levels.
- All health and care organisations are impacted – the ambulance service, primary care, etc. as well as acute care.

Achievements

- Agreement of the Pathway 1 Discharge to Assess Business case to create additional capacity within assessment and provider services.
- Adult Social Care has supported NUH to maintain good flow into the community from Hospital and demonstrated resilience and responsiveness at times of critical need.
- Successful implementation of the integrated Transfer Of Care Hub at NUH to promote an effective discharge to assess model, enabling a timely discharge from acute hospital settings on the same or next day following the citizen becoming medically safe for discharge.
- Work through the Adult Social Care Transformation Programme has reduced the number of outstanding reviews significantly.

Next steps

- Recruitment to all posts agreed within the Pathway 1 Discharge to Assess Business case.
- Identify a provider for the additional Block Homecare contract provided by the Pathway 1 Business case.
- Continue to review the operations of the new Transfer of Care Hub to promote efficiency and collaboration that support timely and safe discharge.
- Continued monitoring & analysis of demand & performance is being used to inform our service delivery.
- The Adult Social Care transformation programme is being embedded across all operational levels of Adult Social Care with new programmes that support prevention and promote independence.
- Utilisation of the Government granted, Adult Social Care Discharge Fund to increase capacity in general Adult Social Care workforce, expedite discharge to an appropriate location and free up hospital beds.
 1. Recruit, retain and incentivize workforce.
 2. Use of agency in assessment and community care.

3. Brokerage to support and quality assure providers.
4. Procurement Officer to support commissioning and use of fund.
5. Through the night care to facilitate discharge.

**Health and Adult Social Care Scrutiny Committee
12 January 2023**

Budget and Medium Term Financial Plan

Report of the Head of Legal and Governance

1. Purpose

- 1.1 To consider the financial position for the two main Council service areas within its remit: adult social care and public health.

2. Action required

- 1.1 The Committee is asked to:
- a) identify any comments it wishes to make in response to consultation on the Council's budget and Medium Term Financial Plan; and
 - b) any further scrutiny required, and if so the focus and timescales.

3. Background information

3.1 Adult Social Care

On 20 December 2022, Executive Board noted progress in developing a budget for 2023/24 and a Medium Financial Plan (MFTP) for 2024/25 to 2026/27 and endorsed draft public consultation proposals. At this meeting it was noted that funding for adult social care and whole life disability services currently make up 37% of the Council's total budget and that issues such as difficulties with recruitment and retention and provision of home care packages create significant problems for both local authorities and the NHS. The Board also noted that transformation work is underway seeking to achieve savings while also achieving better outcomes for people through early intervention, reductions in hospital and care home admissions and enabling people to stay in their own homes for longer. On 4 January the Overview and Scrutiny Committee looked at the overall proposals for the Council's budget and MFTP, and this meeting aims to give members of the Health and Adult Social Care Scrutiny Committee opportunity to focus on the position specifically relating to adult social care including progress of transformation and proposed savings related to adult social care in the Council's proposed budget for 2023/24 and MFTP which is currently being consulted on. A paper updating the Committee is attached and the Portfolio Holder for Adults and Health and Director for Adult Health and Care will be attending the meeting to answer questions. The Committee may wish to identify a response to consultation on the draft budget and MFTP. The Committee will also need to identify how it wishes to take forward further scrutiny on the delivery of transformation and agreed savings relating to adult social care.

3.2 Public Health

The Public Health Grant is a ring-fenced grant provided to local authorities to support the duty to improve the health and wellbeing of the local population and there are a number of prescribed functions that the grant must resource. A paper updating the Committee on the review of Public Health Grant usage that was carried out to ensure effective and eligible use of the Grant is attached, and the Portfolio Holder for Adults and Health and Director for Public Health will be attending the meeting to answer questions.

4. List of attached information

- 4.1 Briefing on the Adult Social Care Transformation Programme from the Director for Adult Health and Care and the Portfolio Holder for Adults and Health
- 4.2 Briefing on the Public Health Grant Review from the Director for Public Health and the Portfolio Holder for Adults and Health

5. Background papers, other than published works or those disclosing exempt or confidential information

- 5.1 None

6. Published documents referred to in compiling this report

- 6.1 'Medium Term Financial Plan 2023/24 to 2026/27' report to Executive Board on 20 December 2022 and minutes of that meeting.
- 6.2 'The Council's Budget Proposals 2023/24' report to Overview and Scrutiny Committee on 4 January 2023

7. Wards affected

- 7.1 All

8. Contact information

- 8.1 Jane Garrard, Senior Governance Officer
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Report to Overview and Scrutiny Committee

Thursday 12th January 2023

Item Name: Adult Social Care Transformation Programme

Lead Officer: Sara Storey, Director for Adult Health and Social Care

Lead Portfolio Holder: Councillor Linda Woodings

1. Purpose:

- I. The purpose of the report is to provide an update on the Adult Social Care Transformation Programme and progress to date.

2. Actions and Recommendations

Following the previous presentation on the Adult Social Care Transformation Programme to the Overview and Scrutiny Committee:

- I. The Committee is provided with the programme overview; the ambition, expected outcomes, and scope of the Adult Social Care Transformation Programme
- II. To note the progress across the Adult Social Care Programme to date
- III. To note the new projects identified aligned to the Adult Social Care Strategy and proposed to be included in the Medium Term Financial 2023/2024 to 2026/2027

3. Programme Overview

- I. Adults Health and Social Care is delivering transformation to address challenges of increasing demand, workforce retention and financial pressures. In response, the programme of change is focusing on improving service quality, providing better outcomes for citizens and delivering financial savings for the Council.
- II. The programme is designed to work towards delivering the outcomes from the Social Care Futures enquiry: ***“We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us”***.

The 5 key changes that the programme is working towards are:

- Communities where everyone belongs
- Living in the place we call home
- Leading the lives we want to live
- More resources, better used
- Sharing power as equals

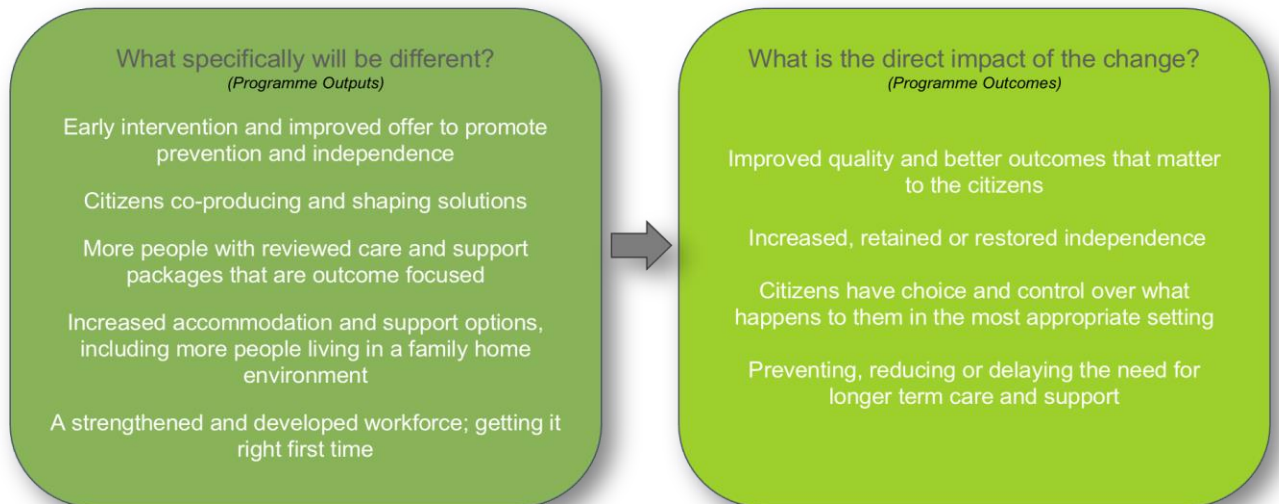
III. The Adults Social Care Programme covers three key areas of transformation - the programme ambition:

<p>Promoting independence, preventing and delaying the need for longer term care</p>	<p>Developing the service offer to provide better outcomes</p>	<p>Strengthening and developing the workforce</p>
<p>We will promote and maintain independence, providing early intervention to 'prevent, reduce or delay' the need for care and support including maximising our use of digital technology to help maintain or increase people's independence.</p>	<p>We will focus on outcomes that matter to the individual, supporting people to define what they want to achieve and have choice and control over what happens to them, in the most appropriate setting, and how support meets their needs.</p>	<p>We will strengthen and develop the workforce, including effective workforce recruitment and retention and a developed strengths based practice model to provide better quality and improved decision making and outcomes; getting it right first time</p>

IV. The objectives the programme aims to achieve for citizens:

- **Help people to stay safe and well**; support prevention, promote healthy lifestyles and intervene early when people's wellbeing is at risk to avoid crisis and loss of independence
- **Support personal and community resilience and strengths**, ensuring citizens are connected to the resources and support in their local neighbourhoods
- **Increase, retain or restore independence** and reduce the dependence on council funded care and support where possible to benefit the individual
- **View the citizen in the driving seat**, as the expert in their own life; co-producing

V. The expected impact of the change and outcomes for citizens as a result of programme:



4. Programme Financial Benefits

- I. The total financial impact of the transformation programme as stated in the Medium-Term Financial Plan 2022/23 to 2025/26 is £16.914m net (and £18.031m gross), which were approved in separate reports.

5. Governance

- I. The Adults Programme Board continues to meet monthly, providing effective decision-making, steer and direction to support delivery of the programme. Presentations on progress of the projects are supported by robust project performance reporting against the expected outcomes and financial benefits.
- II. To further support governance, updates are provided to People Leadership Team and the Transformation Board.

6. Scope of Programme

- I. The projects within the Adults Social Care programme are varied in their scope, timelines, costs and benefits. Collectively, the overall programme will improve outcomes for residents through the provision of services in a more cost-effective way.
- II. The projects will be underpinned by moving to a more strengths-based practice model across Adults Health and Social Care with the supporting training and development, processes and case management across all areas of the service.
- III. The projects within scope of the programme and the aim of each project and the level of financial savings expected over the four-year period:

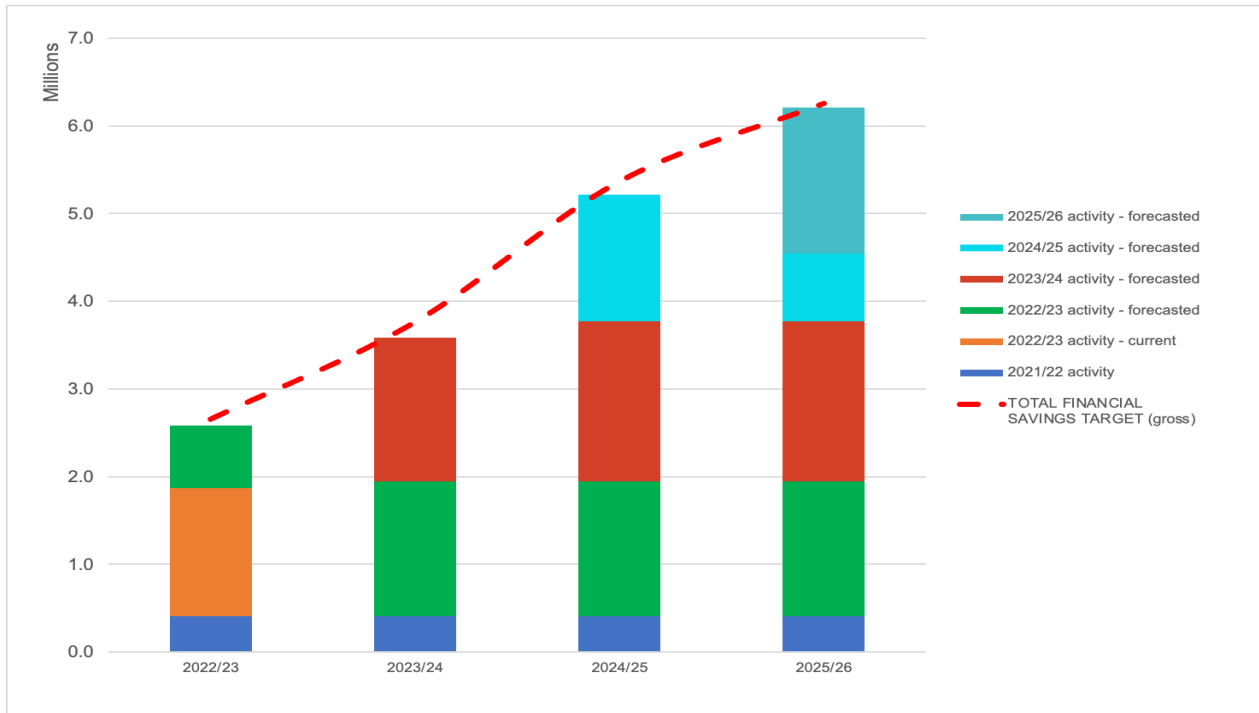
<p>1 Housing and Support Strategy Action Plan</p> <p><i>Create a strategy and plan to develop accommodation and support options that promote independence, provide choice and are less restrictive</i></p>	<p>2 Strengths Based and Occupational Therapy Prevention Led Reviews</p> <p><i>Increase strengths based reviews of care and support packages to maximise independence and prevent or delay the need for longer term care</i></p>	<p>3 Development of options for more Independent Living</p> <p><i>To promote independence and increase the number of citizens in supported living arrangements</i></p>
<p>4 Workforce and Organisational Development Strategy</p> <p><i>Create and deliver a workforce development plan, including a new recruitment and retention strategy; career progression pathways; as well as training and development approaches that provide better quality and improved outcomes for our citizens</i></p>	<p>5 Increase Independence for Older People</p> <p><i>Improve the offer for older people, have strength based conversations and promote independence to prevent and reduce stays in residential and nursing care</i></p>	<p>6 Performance Framework</p> <p><i>Develop a performance framework to enable benchmarking and evaluation of the delivery of improved outcomes and realization of benefits</i></p>
<p>7 Development of new model of service for Adult Social Care</p> <p><i>Implement a new model of service that maximises quality and outcomes for citizens</i></p>	<p>8 Expanding Shared Lives</p> <p><i>Expansion of the Shared Lives service to make more placements available for people to live in a family home environment with personalised care provided from within the family unit</i></p>	<p>9 Extending face to face prevention work for new people</p> <p><i>Supports the prevention agenda to tackle the root causes of issues and not just the symptoms through taking a strength based approach</i></p>
<p>10 Liberty Protection Transformation</p> <p><i>Preparation and implementation of new Liberty Protection Safeguards legislation</i></p>	<p>11 Extend the range of options and approaches to facilitate how needs are met</p> <p><i>Increased range of options and choice for people to buy and manage support that is safe and assured</i></p>	<p>12 Information, Advice and Access</p> <p><i>People can find the information and advice they need easily and through the channels they prefer to make informed choices early on and reduce the risk of crisis and escalation.</i></p> <p><small>*Delivered through the Customer First Programme</small></p>

Financial savings over £1m	
Financial savings £500k to £999k	
Financial savings under £249k	
No Financial savings	

III. The programme is also starting to develop projects to support the implementation of the Care Reforms that are going ahead.

7. Delivery against financial benefits

- I. The Adult Social Care Transformation Programme is delivering against the financial savings target:
 - I. The total four-year gross savings target for the Adult Social Care Transformation Programme for 2022/23 to 2025/26 is £18.031m.
 - II. Based on actual savings delivered in this financial year, early delivery in last financial year and the forecasted savings, as of 9 December 2022, the programme is set to deliver £17.589m against this target, with an overall shortfall of £0.442m, as presented in the charts below.
 - III. Month on month as the programme and projects mature and progress this position is expected to change.



	Year 1 2022/23 £m	Year 2 2023/24 £m	Year 3 2024/25 £m	Year 4 2025/26 £m	TOTAL over 4 years
2021/2022 - Last year's activity (started ahead of schedule)	(0.405)	(0.405)	(0.405)	(0.405)	(1.621)
2022/2023 - Current activity	(1.462)	-			(1.462)
2022/2023 - Forecasted activity for this financial year	(0.716)	(1.537)	(1.537)	(1.537)	(5.327)
2023/2024 - Forecasted activity for next financial year		(1.639)	(1.830)	(1.830)	(5.298)
2024/2025 - Forecasted activity for 2024/25			(1.446)	(0.770)	(2.216)
2025/2026 - Forecasted activity for 2025/26				(1.665)	(1.665)
TOTAL EXPECTED FINANCIAL SAVINGS	(2.584)	(3.581)	(5.218)	(6.206)	(17.589)
TOTAL FINANCIAL SAVINGS TARGET (gross)	(2.654)	(3.760)	(5.364)	(6.254)	(18.031)
TOTAL VARIANCE	0.070	0.179	0.146	0.047	0.442

8. Progress to date

I. The Workforce and Organisational Development Strategy

- c. Workforce and Organisational Development Strategy developed to support workforce development, to provide better quality and improved outcomes for our citizens. Draft strategy has been supported by Peoples Leadership Team.
- d. Ratification of the Strategy and establishment of the Board will take place in the New Year.
- e. Aspects of the strategy have continued to progress; there have been positive developments in the Social Work apprenticeship programme, development of the Career Progression Framework and participation in the Local Enterprise Partnership research, for Derby, Derbyshire, Nottingham and Nottinghamshire, in relation to recruitment and progression processes for black/racialised minority social work professionals.

II. Strengths based reviews and Occupational Therapy prevention led Project

- c. The allocation of cases to review existing care and support packages to an external provider continues; citizens are having strengths-based conversations

and as a result financial efficiencies are being delivered. The November 2022 project report showed over 750 citizens had their care and support reviewed through the project.

- d. Project performance reporting shows delivery against financial savings. The reporting enables the project team to take corrective action to meet expected targets.
- e. Anticipated underspends within this financial year are to be re-invested into Occupational Therapy review capacity, and the procurement of this is being explored further with colleagues across the Council. The lessons learned from the second quarterly lessons learned, which specifically focused on the current contract with the provider, have been applied to the Occupational Therapy specification.

IV. Development of options for more independent living Project:

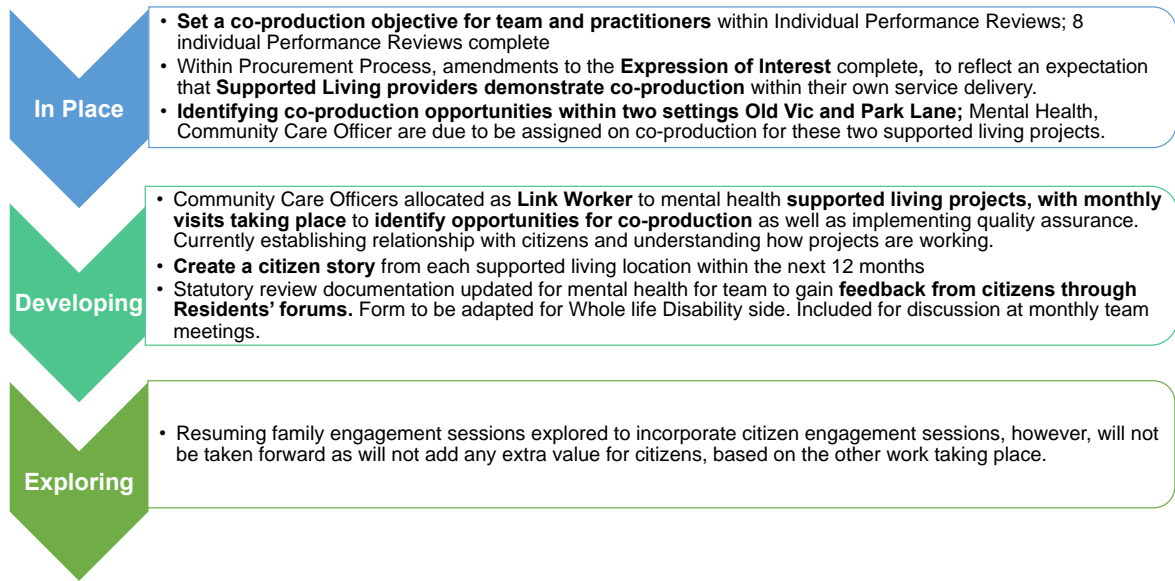
- a. Project in delivery to further increase supported living options; promoting the shift from residential care to supported living arrangements, enabling people to live as independently as possible and in the least restrictive settings.
- b. A total of 38 moves have taken place through the project (as at November 2022), for both people with mental health support needs and people with learning disabilities, from residential care into high quality supported living accommodation, resulting in better value for money with the financial savings target for this financial year being met.
- c. Plan in place assisting the project in delivering its aim in expanding supported living opportunities for people with learning disabilities.
- d. Further citizens are provided supported living as an alternative to residential care. For 2022/23, 75% of moves into supported living are from non-residential settings. Work has started on approach to capturing cost avoidance savings for these moves.

A citizen with a history of **complex mental health issues** and living in different facilities, has **recently moved in to St Andrews Hall** with a package of core support. He is now:

- **Walking into town independently** on a daily basis either with staff or family
- Having **regular contact with family**
- **Cooking, cleaning and washing himself**
- **Managing on his current money allowance** and reports no issues with this
- Is reported to be **happy** with the placement and **enjoying his own space**, something he has been asking for ever since he was first detained
- Staff have raised no management issues

- e. The citizen 'case study' above demonstrates the positive impact on the move to supported living.
- f. The Supported Living team identified ideas on co-production with citizens; these ideas have translated into implementation, as shown below and co-production will continue to develop through the project.

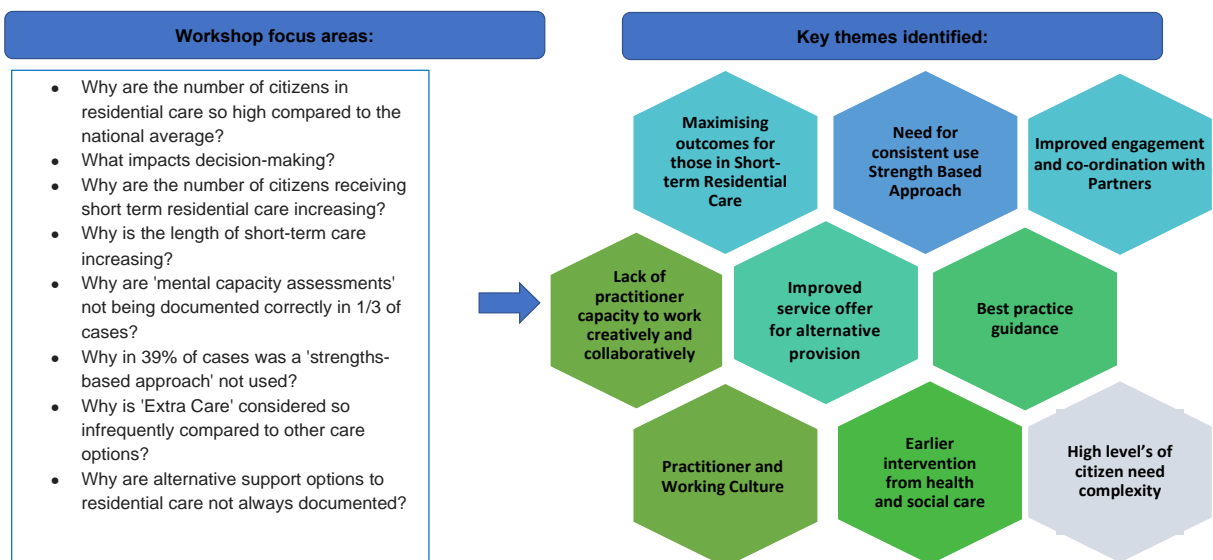
Co-Production – ideas translated into implementation and progress



V. Increase independence for older people Project:

- Project underway to improve the offer for older people; to have strengths-based conversations and promote independence, preventing and reducing stays in residential and nursing care.
- Data analysis has provided a better understanding of placements of citizens in residential care.
- Themes from the citizens journey analysis and data analysis for citizens placed in residential care shared in workshops with managers, senior practitioners and practitioners and insight collated, as presented below.

Key Themes Identified from Staff Workshops



VI. Expanding Shared Lives

- a. Project to develop the Shared Lives service and increase placements for people to live within a family home environment with personalised care provision started.
- b. The project intends to increase the number of Shared Lives placements by expanding the criteria, introducing placements for citizens with complex needs and by increasing the pool of respite carers for short breaks and support to long term carers.
- c. The first project performance report has been produced, capturing new Shared Lives placements for 2022/23 and associated cost avoidance savings. This year's financial savings target has been met.

Co-Production and engagement – Key feedback from engagement sessions

Theme 1. Strengths and Barriers to expanding Shared Lives


<p>Strengths</p> <ul style="list-style-type: none"> Shared Lives placements provides a family environment, where citizens are happy and able to live varying levels of independence, with tailored support. 	<p>Opportunities</p> <ul style="list-style-type: none"> A number of Shared Lives placements come from a continuation of a foster care placement. This can be optimised by improved engagement with fostering teams. There is a high demand to provide placements for citizens with complex needs – This creates an opportunity to expand shared Lives placements to reflect higher levels of complexity of need. 	<p>Barriers</p> <ul style="list-style-type: none"> There is a low level of awareness of the Shared Lives service with social work teams and health providers. Contact with carers has reduced since Covid and recruitment of new staff. Increase contact between staff and carers.
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Theme 2. Payments to Carers

<p>Retention of carers</p> <ul style="list-style-type: none"> Review of rates of pay for carers. Recommend increase in line with the work that is required by Shared Lives carers, for example, in responding to personal care needs, challenging behaviours and where citizens do not sleep through Increase payment in line with the increased cost of living and factoring in additional costs. 	<p>Expansion</p> <ul style="list-style-type: none"> In proposing a new complex rate for citizens with behavioural challenges and complex mobility needs. Eligibility may need to include robust home environment or willingness to have adaptations to homes and previous experience with citizens with complex needs.
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Theme 3. Recruitment of Carers

<p>Recruitment</p> <ul style="list-style-type: none"> Create a recruitment campaign – targeted to reach a diverse range of citizens Identify opportunities to partner with Fostering teams on promotional open evenings 	<p>Awareness</p> <ul style="list-style-type: none"> Create Shared Lives promotional material and have a presence at locations with a large footfall. Identify stakeholders within Community and Voluntary Sector that the service can connect with. "Celebrating Carers" campaign.
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- d. Engagement and co-production with shared lives citizens, carers and social work teams is complete. The feedback, as shown above, will inform improvements to expanding the service.

VII. Nottingham Pathway Strengths Based Approach

- a. Project championing preventive approaches for citizens; supporting access to work, volunteering, travel training and other activities they choose.
- b. Identification of opportunities to further improve project outcomes and extend delivery against savings target including expansion of referral criteria, gateways for referral and review of standard intervention timeframe.

VIII. Backdated and extended Fairer Charging for care services

- a. Charging for Care and Support Policy launched, along with practice guidance and supporting documentation. Financial savings being captured from launch of new policy.

9. New projects proposed to be included in the Medium-Term Financial Plan 2023/2024 to 2026/27

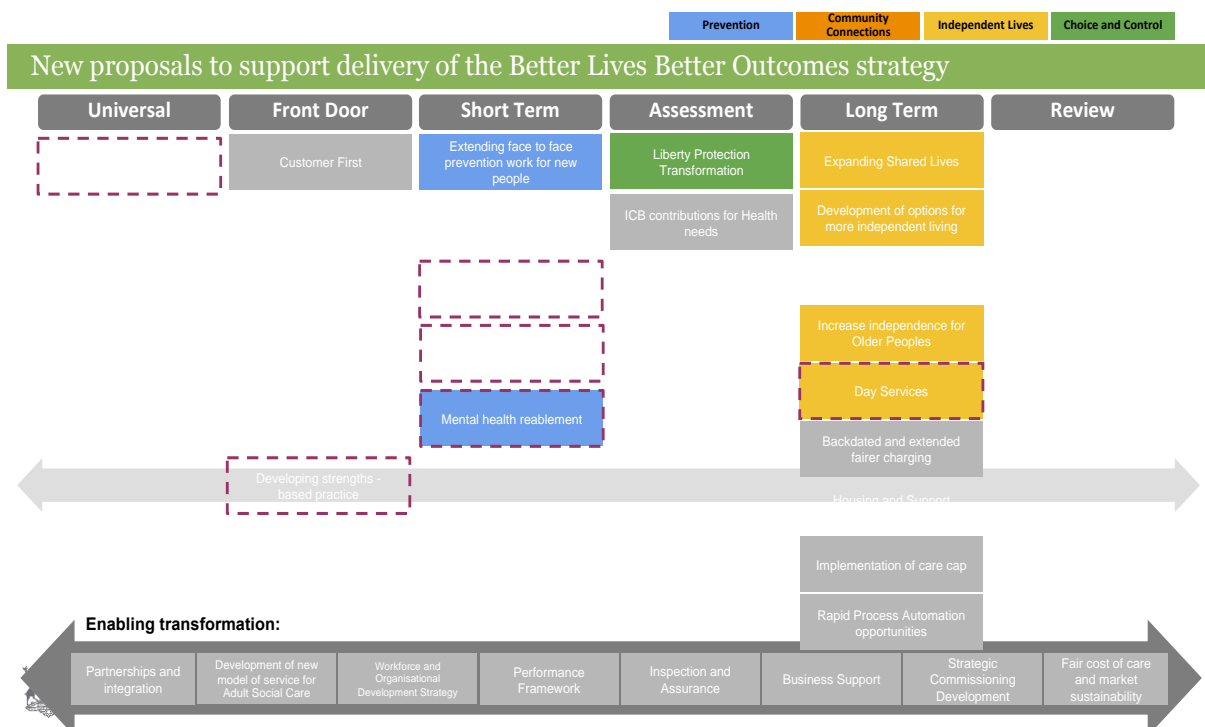
I. Adults Social Care Transformation Programme workshop was held to assess the current projects against Better Lives, Better Outcomes strategy and to support the council with identifying any additional savings opportunities.

a. The diagram below describes the Better Lives, Better Outcomes strategy

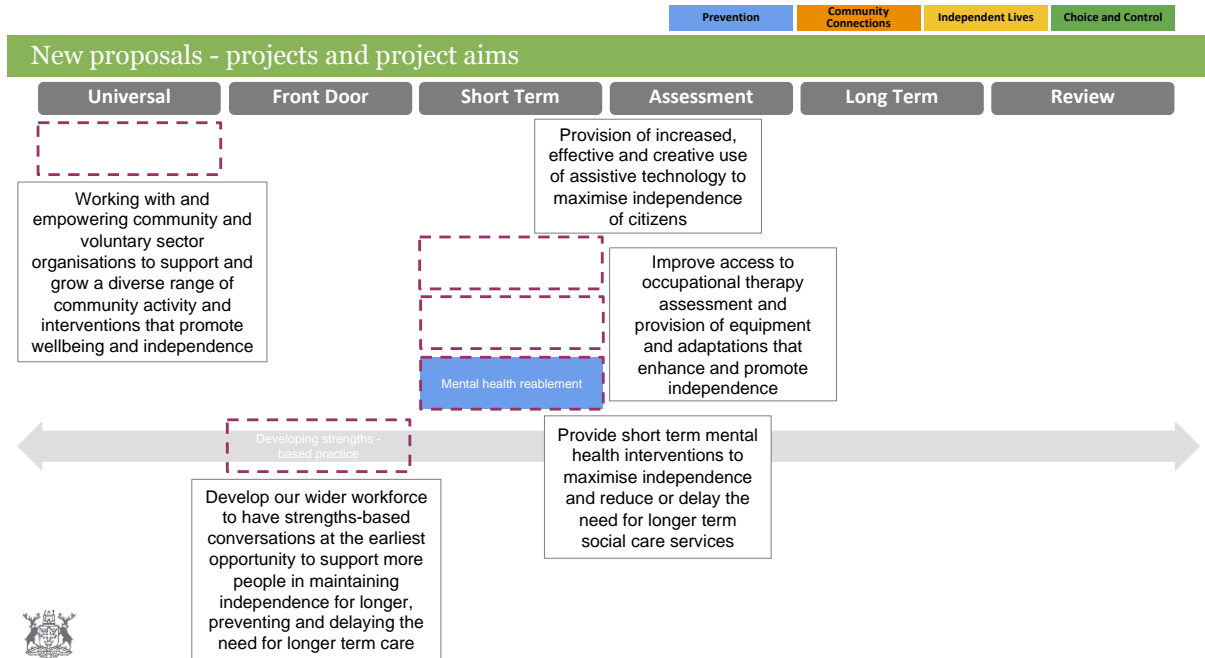
Our strategy: Better Lives, Better Outcomes



b. The Adult Social Care Transformation projects below show how the existing and new proposed prevention projects (highlighted with a dotted border) support the Better Lives Better Outcomes strategy.



- c. The aims of the new prevention projects are presented below; these projects are proposed to be included within the Medium-Term Financial plan 2023/24 to 2026/27, to support the Council in delivering further financial savings. On approval on the Medium-Term Financial plan the projects will be included within the scope of the Adult Social Care Transformation Programme.



Sara Storey
Director for Adult Health and Social Care

**Health and Adult Social Care Scrutiny Committee
12 January 2023**

Public health grant review

Report of the Director of Public Health

1 Purpose

- 1.1 To brief the Committee on the work undertaken to review the use of the public health grant, to ensure that it;
- is clearly and demonstrably eligible as per the conditions of the grant,
 - provides best value
 - improves the health and wellbeing outcomes for Nottingham's population and reduces health inequalities.

2 Action required

- 2.1 The Committee is asked:
- a) whether it wishes to make any comments or observations; and
 - b) to note the work undertaken to ensure the effective and eligible use of the ring-fenced public health grant.

3 Background information

- 3.1 The public health ring-fenced grant is provided to local authorities to support the duty to improve the health and wellbeing of the local population, as per the National Health Service Act 2006. The conditions require that the 'main and primary purpose of all spend from the grant is public health'. The value of the public health grant allocated to Nottingham City Council in 2022/23 is £35,458,795. The 2023/24 allocation is not expected to be announced until February/March 2023.
- 3.2 Local authorities are required to provide a Statement of Assurance to the Office for Health Improvement and Disparities (OHID) and a Revenue Outturn form to the Ministry of Housing, Communities and Local Government (MHCLG) confirming that the grant has been used for the purposes intended and the amounts shown on the Statement relate to eligible expenditure on public health. These returns must be certified and signed by the authority's Chief Executive/S151 Officer and the Director of Public Health.

3.3 There are a number of prescribed public health functions of a local authority which the public health grant must resource:¹

- a) Weighing and measuring of children (Reception and Year 6)
- b) Health checks (aged 40 to 74 years)
- c) Sexual health services
- d) Public health advice service (to the health system)
- e) Protection the health of the local population
- f) Universal health visitor reviews

In addition, the conditions of the public health grant require local authorities to;

- g) Have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services

In addition, the public health grant conditions expect that expenditure on non-prescribed activities will be incurred, in line with a list of specified categories provided.

4 List of attached information

- 4.1 Briefing Paper: Public health grant review
Appendix 1 – Categories for reporting local authority public health spend
Appendix 2 – Local Authority Health Profile for Nottingham

5 Background papers, other than published works or those disclosing exempt or confidential information

- 5.1 None

6 Published documents referred to in compiling this report

- 6.1 [Public health ringfenced grant 2022 to 2023: local authority circular](#)

7 Wards affected

- 7.1 All

8 Contact information

- 8.1 Nancy Cordy,
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¹ The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, Part 2

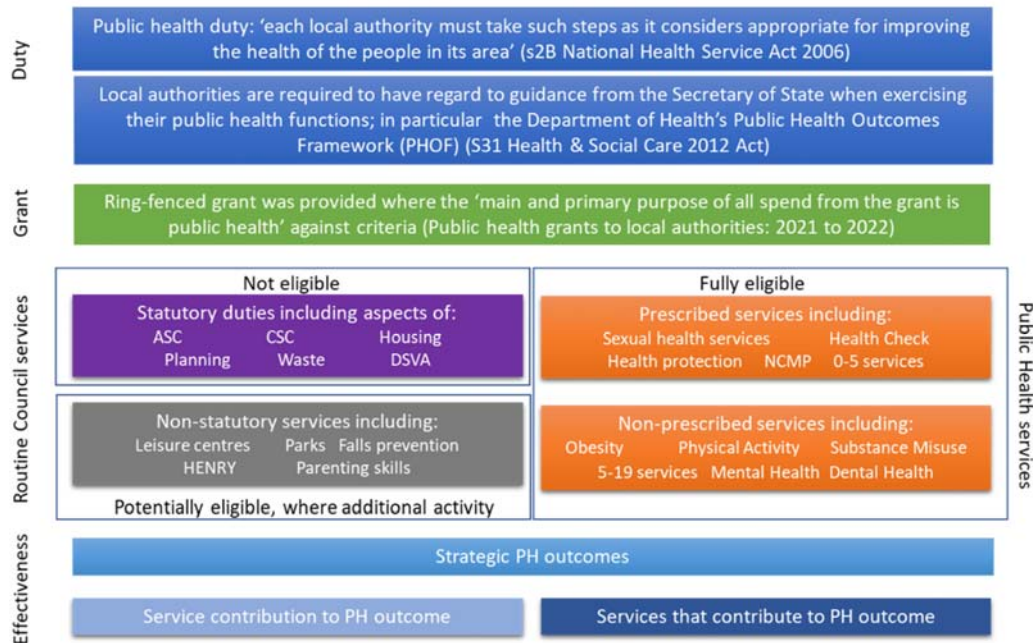
Briefing Paper: Public health grant review

1. Background

Under the National Health Service Act 2006, local authorities were given responsibilities for public health functions, namely ‘each local authority must take such steps as it considers appropriate for improving the health of the people in its area’ (s2B). Alongside this duty, a ring-fenced grant was provided where the ‘main and primary purpose of all spend from the grant is public health’¹. The Director of Public Health and Chief Executive/S151 officer have to confirm that expenditure of the grant is in line with the grant determination criteria.

Nottingham City Council is required to ensure provision of services in line with the terms of the grant, as set out in the figure 1. It remains essential that funds are only spent on activities whose main or primary purpose is to improve the public health of local populations and local authorities must have regard to other guidance as required by the Secretary of State, including Public Health Outcomes Framework and Best Value. The terms of the grant outlines prescribed (those services mandated in the NHS Act 2006) and non-prescribed services, which are required as part of the conditions of the grant (appendix 1).

Figure 1: Public health duty in local authorities



Requirements for grant allocation assurance

The value of the grant is calculated using the standardised mortality rate for under 75s, adjusted for age, gender and health outcomes. Nottingham benefits with a higher per capita allocation than surrounding areas. The terms

¹ [Public health grants to local authorities: 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/102222/public-health-grants-to-local-authorities-2021-to-2022.pdf)

of the public health grant means that it is ring-fenced for specific purposes, as outlined in appendix 1.

1. Local authorities are required to forecast and report against the sub-categories in the Revenue Account (RA) and Revenue Outturn (RO) returns to the Department for Levelling Up, Housing and Communities (DLUHC) which share data with DHSC. The Office for Health Improvement and Disparities (OHID) oversees the use of the grant with councils on behalf of DHSC.
2. Additionally, local authorities have to provide an annual Statement of Assurance confirming that the amounts shown on the Statement relate to eligible expenditure on public health and that the grant has been used for the purposes intended. The returns must be certified by the authority's Chief Executive (or the authority's S151 Officer) and the Director of Public Health.
3. Any breach in the terms or conditions of the Grant, such as the Chief Executive, DPH or S151 officer unable to confirm that spend fairly presents the eligible expenditure, may mean that the Secretary of State may reduce, suspend or withhold grant payments or require the repayment of the whole or any part of the grant monies paid.

2. Reviews of the public health grant usage

To ensure that the local authority has completed its duties with regard to the use of the grant, three inter-connected reviews have been completed: eligibility of expenditure; best value; and improvement of public health outcomes.

Grant expenditure review

In summer 2021, a two-phase review into the current expenditure commitments of the public health grant was commenced. Phase 1 focused on internal re-investments and was completed in October 2021. The review focused on ensuring eligibility of spend and contribution towards improving outcomes. The recommendations and a three-year transition plan to ensure eligible use of the grant in the future were included in the medium-term financial plan (MTFP), agreed at full Council. Additionally, OHID were informed of the subsequent changes and provided assurance of the robustness of the process undertaken, stating '[OHID] has confidence that the DPH and the City Council has put in place the appropriate levels of checks and balances to ensure that the public health grant is used in the most productive manner to support local communities'. Quarterly meetings have continued with OHID as the transition plan has been implemented.

Phase 2 of the review considers commissioned services, ensuring value for money in delivery of outcomes. Currently, substance use and sexual health services are in the process of being re-commissioned.

As a consequence of this review, expenditure of the public health grant to improve outcomes is now demonstrable through service level agreements/contracts.

Best Value review

Best Value is defined in the statutory guidance as a duty to “*make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.*”

Having established the eligible use of the grant, a Best Value assessment was completed in autumn 2022. The reviews of investments and subsequent improvements in commissioning, management and structure have addressed key challenges identified and good progress has been made on the improvement journey.

- **Economy:** the review of the use of the ring-fenced public health grant ensures eligible use of the grant in the future. A revised Joint Health and Wellbeing Strategy, based on population need and national priorities, agreed by the Health & Wellbeing Board.
- **Efficiency:** Internal re-investments embedded in service level agreements and subject to annual review. A commissioning pipeline has been developed for commissioned services and reviewed at monthly multi-divisional PH programme board meetings. Revised service models and governance for substance use and sexual health services developed, and review of 0-19 services completed to ensure efficient use of contract sum. PH participating in council transformation programmes for neighbourhood development and sport and leisure services.
- **Effectiveness:** Benchmarking for outcomes shows that Nottingham has significantly worse outcomes in all key domains. This is being addressed through focused investment in public health interventions directly improving outcomes.

Public Health Outcomes

The Health and Wellbeing Board have a statutory duty to prepare a joint strategic needs assessment² (JSNA), that sets out the key risks, causes, burden of disease and evidence for effective interventions. In 2023/24 a new JSNA dashboard will be published, as a partnership between the Public Health Team and NHS Strategic Analysis and Intelligence Unit.

As summarised in table 1, the population of Nottingham have lower life expectancy than regional or national comparisons and will live less of their lives in good health. People experiencing the greatest deprivation have shorter life expectancy, and this is inequality increases over time for women. The trends of key outcomes are either plateauing or worsening, demonstrating

² [Joint Strategic Needs Assessment - Nottingham Insight](#)

the need for more focused investment in effective interventions that impact on the health and wellbeing of the population.

Table 1: Life expectancy for Nottingham (2018-2020)³

	Nottingham	Region	England
Healthy life expectancy at birth (Male)	57.42	61.98	63.14
Healthy life expectancy at birth (Female)	57.05	61.85	63.87
Life expectancy at birth (Male)	76.58	79.16	79.4
Life expectancy at birth (Female)	81.02	82.72	83.14
Inequality in life expectancy at birth (Male)	8.4	9.2	9.7
Inequality in life expectancy at birth (Female)	7.6	7.6	7.9
Inequality in life expectancy at 65 (Male)	5	5	5.2
Inequality in life expectancy at 65 (Female)	6.4	4.7	4.8

The Joint Health and Wellbeing Strategy (JHWS) outlines these poor outcomes and identifies that the main burden of disease is caused by preventable illnesses, such as cancer and cardiovascular disease. The JHWS also recognises the role of wider socio-economic factors in health and wellbeing, and has prioritised collective action on four areas to have the greatest impact on outcomes: smoking and tobacco control; eating and moving for good health; severe multiple deprivation; financial wellbeing.

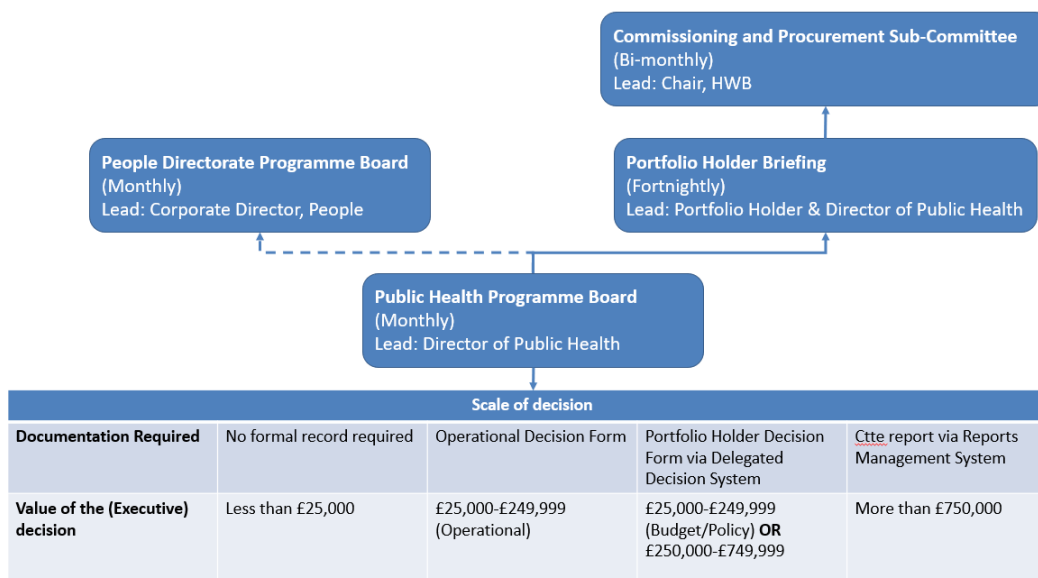
The public health grant will be aligned to ensure that delivery of the mandatory elements and effective delivery of interventions to support addressing these causes of ill-health are prioritised.

3. Governance of the public health grant

In line with the council's constitution, the strategic focus for the activities of the Public Health Team are shaped by the democratically approved Joint Health and Wellbeing Strategy, Integrated Care Strategy and Strategic Council Plan. Operational delivery and decision-making is in line with the commissioning framework, that is refreshed annually and approved by the Commissioning and Procurement Executive Committee. Officer-level governance is through the multi-divisional Public Health Programme Board. This ensures that all decision-making is properly recorded and enacted in line with the constitution and terms and conditions of the grant, as shown in figure 2.

Figure 2: Public Health Division governance structure

³ [Public Health Outcomes Framework - Data - PHOF \(phof.org.uk\)](https://publichealthoutcomesframework.org.uk)



Additionally, as outlined above, national reporting is through the annual statement of assurance, and RA/RO forms, agreed and signed by the Director of Public Health and the Chief Executive/S151 Officer. This is supplemented locally with quarterly assurance meetings with OHID, to oversee the implementation of the grant transition plan.

4. Public health grant expenditure – 2022/23

Nottingham City Council's public health grant allocation for 2022/23 totalled £35,458,795, ringfenced for use on public health functions. Notification of the public health grant allocations are often very late in the financial year (usually February/March) and this can have implications for effective financial planning.

Local authorities are required to forecast and report public health grant expenditure against provided sub-categories. Table 2 (below) provides a summarised breakdown of the planned use of the public health grant in 2022/23 against the RA categories, as reported to the Department for Levelling Up Housing and communities (DLUHC).

Table 2: Summary of Revenue Account (RA) for 2022/23 outlining planned use of public health grant allocation

Prescribed functions:	
Sexual health services <i>Includes STI testing and treatment, contraception,</i>	£5,343,547
NHS Health Check programme	£164,708
Local authority role in health protection	£412,124
Children (prescribed) <i>Includes National child measurement programme, prescribed children's 0 to 5 services (i.e. universal health visitor checks)</i>	£5,951,008
Public health advice to NHS commissioners	£836,543
Non-prescribed functions:	

Sexual health services <i>Includes promotion, prevention and advice</i>	£383,896
Obesity <i>Adults and Children</i>	£1,099,798
Physical activity <i>Adults and Children</i>	£2,036,372
Substance use <i>Includes preventing and reducing harm from drug and alcohol misuse in adults, treatment for drug and alcohol misuse in adults, specialist drug and alcohol misuse services for children and young people</i>	£7,119,927
Smoking and tobacco <i>Includes stop smoking services and interventions, wider tobacco control</i>	£839,585
Children (non-prescribed) <i>Includes children 5 to 19 public health programmes, other children's 0 to 5 services non-prescribed</i>	£6,841,812
Health at work	£343,958
Public mental health	£1,127,273
Miscellaneous public health services <i>Includes (not exhaustive) dental public health, refugee and asylum seeker health, financial wellbeing, violence prevention</i>	£2,937,065

Type of expenditure can be separated in to one of three broad categories, as shown in table 3. The Best Value review completed indicated that Nottingham remains an outlier in relation to the high proportion of internal reinvestments.

Table 3: Summary of public health grant allocation in broad categories

	£0.000m	% of total PH grant allocation
Staffing and support	£2.300	6.5%
PH Commissioned Services	£25.122	70.8%
Wider Council Services	£8.037	22.7%
TOTAL	£35.459	100%

Public health grant reserves

The public health grant conditions allow for the carrying forward of any unspent public health grant into the next financial year, as part of a ringfenced public health reserve. All the conditions that apply to the use of the grant continue to apply to any funds carried over/public health reserve. The DHSC reserve the right to reduce the public health grant if excessive reserves are maintained.

In line with council policy, from 2022/23 a reserve of 3% is maintained. This supports any in year pressures, new interventions and mitigates impact from late notification of the public health grant allocations. Reserves held in excess of this are considered to support interventions that can improve health and wellbeing not normally commissioned and not requiring recurrent funding. Examples may include innovation, such as commissioning behavioural insights research to better target interventions, or initial pump-priming of interventions, such as developing a mental health reablement service.

5. Conclusion

Focussed activity since 2021 has ensured that Nottingham City Council's public health grant allocation is used effectively to improve the health and wellbeing of the population in line with strategic priorities and can demonstrate eligible and efficient use through recommissioning and redevelopment of service level agreements/contracts.

The delivery of the JHWS priorities through the Place-based Partnership demonstrates a new model of embedding the responsibility for improving the health and wellbeing of the population across system partners, which will be further enhanced by the new Integrated Care Strategy. Ensuring that health and wellbeing are at the heart of the emerging revised Strategic Council Plan will enable greater opportunities for the effective use of the public health grant.

Appendix 1 - Categories for reporting local authority public health spend

Prescribed functions:	Non-prescribed functions:
<p>Sexual health services - STI testing and treatment Sexual health services – Contraception NHS Health Check programme Local authority role in health protection Public health advice to NHS Commissioners National Child Measurement programme Prescribed Children’s 0-5 services</p>	<p>Sexual health services - Advice, prevention and promotion Obesity – adults Obesity - children Physical activity – adults Physical activity - children Treatment for drug misuse in adults Treatment for alcohol misuse in adults Preventing and reducing harm from drug misuse in adults Preventing and reducing harm from alcohol misuse in adults Specialist drugs and alcohol misuse services for children and young people Stop smoking services and interventions Wider tobacco control Children 5-19 public health programmes Other Children’s 0-5 services non-prescribed Health at work Public mental health Miscellaneous, can include but is not exclusive to:</p> <ul style="list-style-type: none"> • Nutrition initiatives • Accidents Prevention • General prevention • Community safety, violence prevention & social exclusion • Dental public health • Fluoridation • Infectious disease surveillance and control • Environmental hazards protection • Seasonal death reduction initiatives • Birth defect preventions <p>Test, track and trace and outbreak planning Other public health spend relating to COVID-19</p>

Appendix 2 – Local Authority Health Profile for Nottingham

Indicator	Period	Nottingham				Region England		England		
		Recent Trend	Count	Value	Value	Value	Value	Worst	Range	Best
Life expectancy and causes of death										
Life expectancy at birth (Male, 3 year range)	2018 - 20	↔	-	76.6	79.2	79.4		74.1		
Life expectancy at birth (Male, 1 year range)	2020	↔	-	75.6	78.5	78.7		73.6		3
Life expectancy at birth (Female, 3 year range)	2018 - 20	↔	-	81.0	82.7	83.1		79.0		
Life expectancy at birth (Female, 1 year range)	2020	↔	-	80.7	82.3	82.6		78.0		
Under 75 mortality rate from all causes (3 year range)	2018 - 20	↔	2,917	468.4	342.9	336.5		570.7		221.0
Under 75 mortality rate from all causes (1 year range)	2020	↔	1,043	500.1	362.5	358.5		622.8		205.8
Under 75 mortality rate from all cardiovascular diseases (3 year range)	2017 - 19	↔	594	99.8	72.1	70.4		121.6		43.6
Under 75 mortality rate from all cardiovascular diseases (1 year range)	2020	↔	232	114.8	75.7	73.8		137.1		36.1
Under 75 mortality rate from cancer (3 year range)	2017 - 19	↔	940	157.4	131.3	129.2		182.4		7.4
Under 75 mortality rate from cancer (1 year range)	2020	↔	306	150.4	128.5	125.1		187.1		3
Suicide rate	2019 - 21	↔	94	11.2	10.3	10.4		19.8		4.8
Injuries and ill health										
Killed and seriously injured (KSI) casualties on England's roads	2020	↔	116	132.4*	90.3*	86.1*		433.9		24.1
Emergency Hospital Admissions for Intentional Self-Harm	2020/21	↓	775	203.2	189.6	181.2		471.7		41.5
Hip fractures in people aged 65 and over	2020/21	↔	225	563	565	529		723		
Percentage of cancers diagnosed at stages 1 and 2	2019	↔	386	49.2%	51.7%	55.0%	-		Insufficient number of values for a spine chart	
Estimated diabetes diagnosis rate	2018	↔	-	75.2%	84.6%	78.0%		54.3%		5%
Estimated dementia diagnosis rate (aged 65 and over)	2022	↔	2,096	77.8%	64.0%	62.0%		50.3%		
Behavioural risk factors										
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	↔	45	21.7	23.9	29.3		83.8		7.7
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2020/21	↔	1,713	666	502	456		805		251
Smoking Prevalence in adults (18+) - current smokers (APS) New data	2021	↔	-	16.5%	13.4%	13.0%		22.0%		6.6%
Percentage of physically active adults	2020/21	↔	-	64.1%	64.5%	65.9%		48.8%		76.5%
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	↔	-	66.9%	66.6%	63.5%		76.3%		
Child health										
Under 18s conception rate / 1,000	2020	↔	93	19.3	12.5	13.0		30.4		2.7
Smoking status at time of delivery	2021/22	↓	405	13.0%	11.8%	9.1%		21.1%		3.1%
Baby's first feed breastmilk	2018/19	↔	-	58.7%	64.7%	67.4%		43.6%		
Infant mortality rate	2018 - 20	↔	68	6.1	4.2	3.9		6.8		1.7
Year 6: Prevalence of obesity (including severe obesity) New data	2021/22	↑	1,075	29.7%	23.4%	23.4%		34.0%		
Inequalities										
Deprivation score (IMD 2019)	2019	↔	-	34.9	20.4	21.7		45.0		5.8
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS) New data	2020	↔	-	22.5%	23.6%	24.5%		42.1%		
Inequality in life expectancy at birth (Male)	2018 - 20	↔	-	8.4	9.2	9.7		17.0		
Inequality in life expectancy at birth (Female)	2018 - 20	↔	-	7.6	7.6	7.9		13.9		
Wider determinants of health										
Children in relative low income families (under 16s)	2020/21	↓	15,694	25.1%	16.1%	18.5%		42.4%		6.2%
Children in absolute low income families (under 16s)	2020/21	↓	11,708	18.7%	12.3%	15.1%		39.2%		5.2%
Average Attainment 8 score	2020/21	↔	147,754	46.1	49.6	50.9		42.9		
Percentage of people in employment	2021/22	↑	157,200	70.3%	74.8%	75.4%		62.9%		1%
Homelessness - households owed a duty under the Homelessness Reduction Act	2020/21	↔	2,768	21.3	9.8	11.3		26.6		2.7
Violent crime - hospital admissions for violence (including sexual violence)	2018/19 - 20/21	↔	620	56.6	32.9	41.9		116.8		12.0
Health protection										
Excess winter deaths index	Aug 2019 - Jul 2020	↔	130	18.0%	18.4%	17.4%		50.2%		0.7%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2021	↓	-	513	262	394		2,634		103
TB incidence (three year average)	2018 - 20	↔	117	11.8	6.9	8.0		43.1		0.6

[Local Authority Health Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

**Health and Adult Social Care Scrutiny Committee
12 January 2023**

Work Programme

Report of the Head of Legal and Governance

1. Purpose

1.1 To consider the Committee's work programme for 2022/23 based on areas of work identified by the Committee at previous committee meetings and any further suggestions raised at this meeting.

2. Action required

1.1 The Committee is asked to note the work that is currently planned for the municipal year 2022/23 and make amendments to this programme as appropriate.

3. Background information

3.1 The purpose of the Health and Adult Social Scrutiny Committee is to act as a lever to improve the health of local people. The role includes:

- strengthening the voice of local people in decision making, through democratically elected councillors, to ensure that their needs and experiences are considered as part of the commissioning and delivery of health services;
- taking a strategic overview of the integration of health, including public health, and social care;
- proactively seeking information about the performance of local health services and challenging and testing information provided to it by health service commissioners and providers; and
- being part of the accountability of the whole health system and engaging with the commissioners and providers of health services and other relevant partners such as the Care Quality Commission and Healthwatch.

3.2 As well as the broad powers held by all overview and scrutiny committees, committees carrying out health scrutiny hold the following additional powers and rights:

- to review any matter relating to the planning, provision and operation of health services in the area;
- to require information from certain health bodies¹ about the planning, provision and operation of health services in the area;
- to require attendance at meetings from members and employees working in certain health bodies¹;
- to make reports and recommendations to clinical commissioning groups, NHS England and local authorities as commissioners of NHS and/or public health services about the planning, provision and operation of health services in the area, and expect a response within 28 days (they are not required to accept or implement recommendations);

¹ This applies to clinical commissioning groups; NHS England; local authorities as commissioners and/or providers of NHS or public health services; GP practices and other providers of primary care including pharmacists, opticians and dentists; and private, voluntary sector and third sector bodies commissioned to provide NHS or public health services.

- to be consulted by commissioners of NHS and public health services when there are proposals for substantial developments or variations to services, and to make comment on those proposals. (When providers are considering a substantial development or variation they need to inform commissioners so that they can comply with requirements to consult.)
- in certain circumstances, the power to refer decisions about substantial variations or developments in health services to the Secretary of State for Health.

3.3 While a 'substantial development or variation' of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area. Health scrutiny committees have statutory responsibilities in relation to substantial developments and variations in health services. These are to consider the following matters in relation to any substantial development or variation that impacts on those in receipt of services:

- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of the local health service.

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

3.4 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.5 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately.

3.6 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.7 The current work programme for the municipal year 2022/23 is attached at Appendix 1.

4. List of attached information

4.1 Health and Adult Social Care Scrutiny Committee Work Programme 2022/23

5. Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6. Published documents referred to in compiling this report

6.1 None

7. Wards affected

7.1 All

8. Contact information

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Health and Adult Social Care Scrutiny Committee 2022/23 Work Programme

Date	Items
12 May 2022	<ul style="list-style-type: none"> <li data-bbox="568 304 1487 368">• Nottingham University Hospitals NHS Trust Maternity Services To review progress in improvements to maternity services. <li data-bbox="568 408 1352 472">• ‘Tomorrow’s NUH’ To consider the findings of pre-consultation engagement. <li data-bbox="568 512 976 544">• Work Programme 2022/23
23 June 2022	<ul style="list-style-type: none"> <li data-bbox="568 616 1738 679">• Adult Social Care Transformation Programme To consider an overview of the programme and review progress of the first six projects <li data-bbox="568 719 1839 815">• Services for individuals with co-existing mental health conditions and addictions Progress since most recent Prevention of Future Death Notices to seek assurance that what is needed is in place <li data-bbox="568 855 1413 919">• Quality Account comments To note the comments submitted to Quality Accounts 2021/22 <li data-bbox="568 959 976 991">• Work Programme 2022/23
14 July 2022	<ul style="list-style-type: none"> <li data-bbox="568 1067 1234 1131">• Integrated Care System Equalities Approach To review Equalities Approach of the ICS <li data-bbox="568 1171 1816 1235">• Neurology Services To consider access to neurology services provided by Nottingham University Hospitals Trust <li data-bbox="568 1275 1693 1339">• Changes to Colorectal and Hepatobiliary Services To review proposals to transfer colorectal and hepatobiliary service to City Campus <li data-bbox="568 1378 976 1410">• Work Programme 2022/23

Date	Items
15 September 2022	<ul style="list-style-type: none"> • Step 4 Psychological Therapies To review progress in reducing waiting times for assessment and treatment for Step 4 Psychological Therapies • Maternity Services To look at how the local system and region is doing to address the issues with maternity services provided by Nottingham University Hospitals. • Work Programme 2022/23
13 October 2022	<ul style="list-style-type: none"> • Adult Eating Disorder Service To hear about how the Service has developed to improve accessibility and reduce waiting times for treatment • Integrated Care Strategy and Integrated Care Board Forward Plan To consider engagement and consultation on development of the Integrated Care Strategy and Integrated Care Board's Forward Plan. • Changes to Neonatal Services To consider proposals for changes to neonatal services • Reconfiguration of Acute Stroke Services To consider to make reconfiguration of acute stroke services permanent • Work Programme 2022/23
17 November 2022	<ul style="list-style-type: none"> • Access to NHS and Community Dental Services To explore issues relating to access to NHS and Community Dental Health Services • Primary Care Strategy To comment on proposals for the ICB's Primary Care Strategy • Work Programme 2022/23

Date	Items
15 December 2022	<ul style="list-style-type: none"> • Nottingham University Hospitals NHS Trust – Well Led To review progress in addressing issues raised in the CQC inspection of Well Led. • Work Programme 2022/23
12 January 2023	<ul style="list-style-type: none"> • Adult Social Care Winter Review To review delivery of the winter plan for adult social care and current position, in the context of the wider health and social care system • Medium Term Financial Plan <ul style="list-style-type: none"> a) Adult Social Care To review in-year position; delivery of savings during 2021/22; and proposals for MTFP as part of wider consultation b) Public Health To look at use of Public Health Grant • Work Programme 2022/23
16 February 2023	<ul style="list-style-type: none"> • Work Programme 2022/23
16 March 2023	<ul style="list-style-type: none"> • Adult Social Care Reforms To review progress in preparation for adult social care reforms • Work Programme 2023/24

2023/24

- Implementation of Mental Health Transformation in the City (year 3 of programmes)
- Eating Disorders Update
- Nottingham City Safeguarding Adults Board Annual Report 2022/23
- Adult Social Care Organisational Development and Workforce Strategy

