

11 December 2017**Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****KEY AREAS OF SERVICE IMPROVEMENT AND CHANGE****Purpose of the Report**

1. To provide an update on the progress of key areas of improvement.
2. To outline future plans for the continued delivery of improvement and change.
3. To approve the posts and funding for the Adult Social Care Transformation Team in order to ensure continued delivery of the transformation programme to meet the Council's strategic objectives.

Information and Advice

4. The Adults Transformation Team comprises the following key areas of work:
 - delivering on a major programme of savings and efficiencies totalling savings delivered of nearly £79 million.
 - the Adult Social Care Strategy – provides a framework for preventing and reducing care needs by promoting independence
 - integration with Health through sustainability and transformation plans (STP) to improve care, health and wellbeing for people in their area though working better together
 - implementing changes to meet new statutory responsibilities, such as Care Act implementation or Deprivation of Liberty Safeguards – whilst a lot of progress has been made in this area over the last two years, including reviewing processes and establishing increased resources, it is still anticipated that demand in this area will continue to rise.
5. Previously, quarterly update reports were submitted to Policy Committee and the former Adult Social Care & Health (ASCH) Committee on the progress of the improvement programme and the last update was reported to this Committee in July 2017 and is available as a background paper. To date this has been achieved with minimal external advice, capacity and support, whilst maintaining relatively good or excellent levels of performance. The combined level of savings alongside performance and overall outcomes means that the Council is often cited for its excellent work in this area. This is down to a variety of actions but the work of the Transformation Team has been critical.

Savings and efficiencies

6. Since 2010/11 ASCH (excluding Public Protection) has delivered savings of £79 million to March 2017. ASCH has an excellent record for delivery of savings with over 90% of targeted savings successfully delivered. There is a total of £28.4 million of planned savings to achieve by 2020 through the delivery of 28 different projects across the department. Details of these projects and a progress report can be found in the Savings and Efficiencies report to Adult Social Care and Public Health (ASC&PH) Committee in July 2017.

Adult Social Care Strategy

7. The Adult Social Care Strategy supports the department's savings and efficiency programme by providing a legal and ethical framework to reduce costs and demands through a promoting independence approach. In 2016/17 the improvement programme included projects to provide early resolution, increase short term support, increase capacity in the workforce and support frontline staff to promote independence. Some examples of projects are included below:

Early resolution: helping people to help themselves

8. The Council is working with people to help themselves based on their own networks of support as well as providing information and advice that aims to strengthen and build upon these networks without recourse to formal social care support. Nottinghamshire Help Yourself is a searchable website that has been developed as a central point of information on universal services available for people with both low level needs that would not be eligible for social care support and for people with eligible needs who can find their own solutions. This website can be accessed by members of the public in a self-service fashion but it is also used by colleagues at the Customer Service Centre and the Adult Access Service as a means of providing good quality advice and information that prevents or delays the need for social care intervention. On average the website pages get 120,000 views a month.
9. The Council is testing out a community based approach called Age Friendly Nottinghamshire. This is based on working within communities to use existing community groups and clubs to prevent loneliness, which is a high risk factor for people receiving social care and health services. There is a growing body of evidence that shows this approach leads to better outcomes and makes better use of limited resources. The two pilot areas are Beeston Central and Ladybrook Mansfield and run until July 2018.
10. The Council has developed its core prevention and early intervention offer based on the evidence of what best avoids or reduces the need for social care. The Connect Service works with older people and people with long term conditions to support access to health services, health improvement and health management; to remove barriers to social connections and reduce loneliness; to identify new ways to develop and sustain independent living such as through skills development or building informal support networks; to improve economic well-being; and to improve the safety and suitability of people's homes.
11. Assistive technology (AT) is targeted at groups whose needs or risks could be reduced through the provision of monitors and alarms.

Short term support: support for as long as is needed

12. Wherever possible decisions about long term support are not taken until a period of short term support or equipment/telecare is tried. For example, START reablement is offered to older people at risk of long term care support to maximise the number of people who are fully re-abled and require no further support from the Council. Currently 89% of people who receive reablement need no care or a reduced care package following the period of reablement.
13. In younger adult services the Council is testing out the use of short term interventions both with existing and new service users. A new team called the Notts Enabling Service has been introduced which includes a number of promoting independence workers who will work with people with a learning and/ or physical disability for up to three months to support them to develop greater independence. The team also includes co-production workers who will build on the success of co-production in mental health to establish this approach in other service areas.

New ways of working to improve productivity

14. New ways of working that have been implemented across the department to improve the efficiency and effectiveness of frontline staff include initiatives such as the scheduling of appointments, the increased use of social care clinics and using tablet devices to make the workforce more mobile. This has seen an increase in productivity across the workforce and in older adults' community services there is an average increase in productivity of 13%. There has also been a similar increase in the number of Social Care Assessments being completed within the 28 day timescales, up to an average of 83% in the last quarter of 2016/17, a 15% increase from the first quarter of the year. This increase in productivity is being used to support the completion of outstanding reviews and to help respond to the increased number of safeguarding cases that need action by the teams, which has increased by 23% in 2015/16. As the new ways of working have been rolled out and embedded these productivity gains have largely been sustained or increased, allowing staff to focus on the other key areas of transformation such as better support planning. The practice of assessment and care management staff when working with people is a significant factor in determining the amount and type of support required and work to maximise the use of best practice in this area could have significant cost benefits to the department. Without this increase in productivity there would either need to be higher levels of staffing or the speed of response and timeliness of the Council's interventions would suffer with an impact on quality and safety.

Cultural change: promoting independence

15. Throughout the life of the Transformation Portfolio work to change practice and behaviour of operational teams and partners, to embed changes, has been woven in to the work that has been completed. This has included engaging with teams to understand support tools required and has resulted in Team Manager Dashboards being developed to provide better information for managers and the support planning tool being redesigned to give a greater focus on Promoting Independence. Work with key partners to share the strategic objectives of the Council has also been a priority with letters to all GP Practices in the County as well as publishing leaflets for hospitals to share on the social care offer. However changing behaviours and shifting mind-sets still remain a challenge. A renewed focus of the

Transformation Team will be working more closely with partners and social care staff to ensure that the key principle of Promoting Independence is turned in to action and that practical support is provided so that changes are sustained and the benefits of reduced costs and improved outcomes are achieved.

Delivering an effective programme of change

16. Key to managing a programme of transformation is being able to use performance data to identify areas for improvement and embed performance to measure and evidence the impact of change through different initiatives. As part of this work each locality's management team is identifying targets, specific to their local area, based on an analysis of their commissioning activity coupled with key local demographic factors. These targets will aim to reduce the variation in practices across the department as well as to help target cohorts of people who could benefit from more intensive involvement from the team to increase their independence in the longer term.

Integration with Health through sustainability and transformation plans (STP)

17. The Nottingham and Nottinghamshire STP covers a planning footprint containing the geographic areas of Mid-Nottinghamshire, South Nottinghamshire and Nottingham City. Bassetlaw has been included in the South Yorkshire planning footprint for STP purposes but has Associate Membership status of the Nottinghamshire STP. In June 2017 NHS England announced that both planning footprints have been selected to be within the first group of eight 'accountable care systems' (ACSs) which will bring together local NHS organisations in partnership with social care services and the voluntary sector to deliver fast track improvements set out in "[Next Steps on the Five Year Forward View](#)". Within Nottinghamshire there will be an early focus on Greater Nottingham and Rushcliffe.
18. There has been significant progress in work to achieve closer integration between health and social care within the STP footprints. Some developments are relevant to the three local areas (Bassetlaw, Mid-Nottinghamshire and South Nottinghamshire). Within the Nottingham and Nottinghamshire Sustainability and Transformation Partnership, each statutory body is required to contribute to the running costs of the Partnership. In 2017/18 this has been agreed between partners as £80,000 per organisation. This STP planning footprint covers a £3.7 billion economy. Approval is requested from the Committee for the allocation of this funding from the Better Care Fund (Care Act).
19. Future reports to Committee will provide updates on the developments of the STPs and work on service development and integration.
20. There are three strategic transformation managers to enable delivery of integration under the STP footprints and below are some highlights of progress on integration with health.

Governance and leadership

21. A cross-party Members Reference Group for Health Integration has met bi-monthly during 2016/17. This provides a useful opportunity for Members to receive a detailed regular briefing about integration developments and gives them a chance to ask questions and debate the issues with more time than is usually available during a Committee meeting. It

ensures that political perspectives can be taken into account and that the Council retains an active involvement in the implementation of integration matters.

22. These discussions are informed by a set of “Guiding Principles for Integration” which were developed by Members from different parties within the Council and approved by ASCH Committee. The purpose of these principles is to guide officers and Members when thinking about what integration proposals to develop and support.

Key achievements

Delayed transfers of care

23. The rate of Delayed Transfers of Care (DToc) from hospital has reduced steadily over the year. Both delays attributable to the NHS and to Social Care have shown improvement. The number of people on the snapshot and the total number of days delayed showed a reduction over the winter period (November 2016 onwards). DToc indicators were better than target at year end and benchmarking indicates ASCH is performing well nationally, and this is illustrated by delayed transfers of care from hospital at 9 per 100,000 population and delayed transfers of care from hospital which are attributable to adult social care at 1.25 per 100,000 population.

Information sharing across health and social care

24. The current health and social care pathway for people with complex needs is too often a fragmented, disparate and frustrating journey for Nottinghamshire people and their carers. One of the significant reasons for this is that staff from different organisations do not have shared access to patient/service user records held by other agencies, even if the staff are all trying their best to work together to support the person as seamlessly as possible. The Council has started to make significant progress in this area. ASCH and ICT colleagues established a working group in July 2016 to start working together on priority integration developments.

Joined up teams

25. Integrated Care Teams are multi-agency teams who proactively identify and work with people in their local GP population who may be at risk of admission to hospital. The Clinical Commissioning Groups (CCGs) fund social care workers to be employed by the Council and be co-located within the teams in most parts of the County, with the exception of Bassetlaw. ASCH was granted funding from the Local Government Association in April 2016 to evaluate the cost-effectiveness and benefits of having a social care worker embedded in the various integrated care teams. The interim report is positive and the evidence suggests better outcomes for service users, improved productivity and better use of social care funding.

Implementing changes to meet new statutory responsibilities

26. In April 2015 the Transformation Team helped to implement the Care Act (Part 1) in Nottinghamshire; this is the most significant piece of social care legislation over the last 60 years.

27. This included:
- Creating new staff guidance and designing and delivering training to over 300 members of staff as well as other learning and development materials
 - Extensive workforce modelling to ensure sufficient capacity existed to undertake the new responsibilities
 - Completing six national stocktakes informing the Local Government Association on implementation progress.
 - Development of online assessment and review options for carers.
28. A social care green paper is expected to respond to the question of future social care funding, but no timetable has been announced. It is anticipated that the government will seek to work with parties across the political spectrum to seek agreement in preparing the green paper. In preparation for a future green paper that will respond to the issue of people who pay for all their own care, the Transformation Team is reviewing the way a personal budget is allocated and planning a review of assessment over the next 12 months.

Adults Transformation Team

29. Currently the Adults Transformation Team leads on the delivery of the key service improvement and change. Resources for this team are agreed on an annual basis and are currently approved until 31st March 2018.
30. The Transformation Team has existed in one form or another since 2012 and has required annual funding approval to date. Approval to establish a proportion of the team is now requested on a permanent basis given the level of change and improvements required. This will enable the future strategic objectives to be met in a more planned, efficient and effective way. The funding for the team could come from as yet unallocated Care Act money and would not therefore add to the base budget pressures.
31. The Council's adult social care duties form a significant and critical part of the Council's responsibility to the citizens of Nottinghamshire, and involve dealing with risks to the safety and wellbeing of citizens as well as reputational and financial implications for the Council. The level of change in local government and social care has been unprecedented in recent years. Social care continues to have to make significant financial reductions, despite rises in demand, costs and increased statutory responsibilities for the health and wellbeing of vulnerable citizens. Therefore, it is anticipated that the pace of change to both maintain good outcomes for residents and make further savings will continue for the foreseeable future.
32. The key strategic objectives over the next four years include:
- a) Implement the revised Adult Social Care Strategy with a focus on the following:
- To increase the consistency of the social care offer across the County by reducing variations in practice informed by data analysis
 - To restructure the way the Council works with existing services users, working actively with those with potential for greater independence to reduce their level of long term reliance on formal social care.

- To provide timely and responsive support where required, by embedding efficient and effective practices.
 - To support teams to change practice and behaviours to deliver sustainable change.
- b) Support the delivery of existing savings plans of £28.4 million until 2020
- c) Design, deliver and implement new savings plans to address the future savings gap for the Council of £62.9 million
- d) Progress integration with health under the STP to meet key requirements by 2020
- e) Design and develop plans to implement social care changes that arise from future government initiatives designed to address the current social care funding issues as referenced in the Queen's speech as well as continuing to respond to the impact of existing changes, such as Deprivation of Liberty Safeguards.
33. Establishing some of the Transformation Team on a permanent basis will address the operational problem of recruitment and retention to the team on short term contracts. The team has struggled to recruit to some posts in year when someone leaves due to the temporary nature and length of contract on offer, secondments are not always supported and those in permanent employment are unlikely to be attracted to temporary posts.
34. Consequently, the Transformation Team always carry vacancies despite the challenging departmental priorities. In short, permanent posts would provide stability to the team to plan future work and enable the team to recruit to specialist roles.
35. The structure for the temporary team will cease at March 2018. It is proposed that there is a new structure, part permanent and part temporary for 2 years from 1st April 2018 to respond to future requirements to support frontline managers and staff to embed the required changes to practice and behaviour. To support this cultural change, the team needs to ensure the organisation recognises and values the new approach through process, performance and quality assurance frameworks.
36. The new structure proposes that 55% (£648,541 p.a) of the funding remain temporary and 45% (£524,933 p.a) is made permanent. The posts that will remain temporary are the more senior posts in the structure as the team finds it harder to recruit to the lower grade posts and it is in the Council's interests to make these permanent to improve recruitment and retention at this level.

Post	FTE	Grade	Cost per fte p.a (with on-costs)	Total cost p.a (with on-costs)	Funding sought until:
Transformation Director	1	H	£94,828	£94,828	31/03/2020
Strategic Development Manager	3	E	£62,186	£186,558	31/03/2020
Strategic Development Manager*	1	D	£55,865	£55,865	2 years from appointment
Strategic Development Manager (DoLS)	1	D	£55,865	£55,865	31/03/2020
Transformation Manager	3	E	£62,186	£186,558	31/03/2020
Project Manager	3	D	£55,865	£167,595	Permanent
HR Project Manager	1	D	£55,865	£55,865	31/03/2020
Programme Officer	2	B	£45,776	£91,552	Permanent
Business Support	0.5	3	£23,412	£11,706	Permanent
Social Care Quality Coach*	4	C	£52,076	£208,304	Permanent

Peripatetic Social Workers	1	B	£45,776	£45,776	Permanent
Strategic Development Officer	1	3	£23,412	£11,706	6 months from 24/12/17
Programme Officer Access	1	5	£45,776	£13,002	12 months from appointment
	22.5			£1,185,180	

* indicates where grades are pending job evaluation.

37. The Programme Officer Access post was previously advertised as an Access Point Community Care Officer post for 12 months as agreed by ASCH Committee in September 2016. Following a round of unsuccessful recruitment, the post has been reviewed and it is proposed that this post be amended to a Programme Officer Access post. This would require the approval of an additional £13,002 for this post from the Better Care Fund.
38. On the 23rd November a Corporate Services consultation was launched. As part of this consultation there is an option to pull together departmental transformation resources under corporate management. The consultation paper can be accessed [here](#) and is available as a background paper to this report. The consultation does not affect the resources required to deliver transformation but may affect d where the resource is managed. In order to ensure continuity this proposal is therefore still being progressed.

Other Options Considered

39. Other options considered includes the Transformation Team continues to be completely funded on a temporary basis for a further year until March 2019. However, all short term contracts will not address the operational problem of recruitment and retention to the team. The team has struggled to recruit in year when someone leaves, due to the temporary nature and length of contract on offer, secondments are not always supported and those in permanent employment are unlikely to be attracted to temporary posts. Consequently, the Transformation Team always carry vacancies despite the challenging departmental priorities. In short, permanent posts would provide stability to the team to plan future work and enable the team to recruit to specialist roles. For further detail, refer to **paragraphs 33 - 36**.

Reason/s for Recommendation/s

40. The Council's adult social care duties form a significant and critical part of the Council's responsibility to the citizens of Nottinghamshire, and involve dealing with risks to the safety and well-being of citizens as well as reputational and financial implications for the Council. The level of change in local government and social care has been unprecedented in recent years. Social care continues to have to make significant financial reductions, despite rises in demand, costs and increased statutory responsibilities for the health and well-being of vulnerable citizens. These recommendations are made to ensure that the Adult Social Care and Health Department has sufficient staffing resource to respond to the pace of change required for the foreseeable future.

Statutory and Policy Implications

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

Financial Implications

42. The cost of the transformation team posts identified in **paragraph 36** can be funded from the mainstream Care Act allocation.
43. The £80,000 contribution to the STP can be funded from the Better Care Fund (Care Act).

Human Resources Implications

44. The changes to the current staffing structure and population of the revised structure will be achieved by following the agreed employment policies and procedures of the Council. The Trade Unions have been consulted on the proposals.

RECOMMENDATION/S

That:

- 1) Committee considers and approves the new proposed funding structure for the Adult Social Care and Health Transformation Team from 1st April 2018, as summarised below:

Post	FTE	Grade	Cost per fte p.a (with on-costs)	Total cost p.a (with on-costs)	Funding sought until:
Transformation Director	1	H	£94,828	£94,828	31/03/2020
Strategic Development Manager	3	E	£62,186	£186,558	31/03/2020
Strategic Development Manager*	1	D	£55,865	£55,865	2 years from appointment
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Programme Officer	2	B	£45,776	£91,552	Permanent
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Programme Officer Access	1	5	£45,776	£13,002	12 months from appointment
	22.5			£1,185,180	

- 2) the post title of Programme Officer Access be amended from the Access Point Community Care Officer approved by the Committee in September 2016, as included in the table above, at an additional £13,002 for the 12 months in addition to the funds already agreed for this post.
- 3) Committee approves the allocation of £80,000 funding from the Better Care Fund (Care Act) as Nottinghamshire County Council's contribution to the Sustainability and Transformation Plan running costs.

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Constitutional Comments (SLB 28/11/17)

45. Adults Social Care and Public Health Committee is the appropriate committee to consider the content of this report.

Financial Comments (KAS 30/11/17)

46. The financial implications are contained within paragraphs 42 and 43 of the report.

HR Comments (SJJ 28/11/17)

47. The HR implications are contained within the report.

Background Papers and Published Documents

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

Progress report on Savings and Efficiencies – report to Adult Social Care and Public Health Committee on 10 July 2017

<http://ws43-0029.nottsc.gov.uk/dmsadmin/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3961/Committee/514/Default.aspx>

Progress report on Savings and Efficiencies – report to Adult Social Care and Public Health Committee on 10 July 2017

<http://ws43-0029.nottsgov.uk/dmsadmin/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3961/Committee/514/Default.aspx>

Better Care Fund – proposed allocation of Care Act funding – report to Adult Social Care and Public Health Committee on 12 September 2016

<http://ws43-0029.nottsgov.uk/dmsadmin/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3755/Committee/480/SelectedTab/Documents/Default.aspx>

Corporate Services Review Consultation 23rd November 2017

http://home.nottsgov.uk/media/127728/csr_consultationlaunchreportfinal.pdf

Electoral Division(s) and Member(s) Affected

All.

ASCPH486