

Adult Social Care and Health Committee

Monday, 07 March 2016 at 10:30

County Hall, County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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|----|--|----------|
| 1 | Minutes of the last meeting held on 8 February 2016 | 5 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Outcome of Adult Social Care Health Check 2015 | 9 - 18 |
| 5 | Demonstration of the Notts Help Yourself Website by John Stronach and Laura Chambers, Strategic Commissioning | |
| 6 | Mid Nottinghamshire "Better Together" Alliance Agreement Contract | 19 - 54 |
| 7 | Adult Social Care and Health - Overview of Current Developments | 55 - 62 |
| 8 | Departmental Savings and Efficiencies Programme - Adult Social Care and Health | 63 - 82 |
| 9 | Future of Ollerton Day Service | 83 - 90 |
| 10 | Integrated Community Equipment Loans Service (ICELS) | 91 - 98 |
| 11 | Proposal to Restructure the County Horticulture Staff Team | 99 - 108 |

12	Extension of Contracts for Support to East Midlands Improvement Programme in Adult Social Care	109 - 112
13	National Children and Adult Services Conference 2016	113 - 116
14	Work Programme	117 - 122

- 15 Exclusion of the Public
The Committee will be invited to resolve:-

“That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

Note

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

- 16 Exempt Appendix to Item 6: Mid Nottinghamshire "Better Together" Alliance Agreement Contract
- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977

3299) or a colleague in Democratic Services prior to the meeting.

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

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 11 January 2016 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Muriel Weisz (Chair)
Alan Bell (Vice-Chair)

John Cottee
Sybil Fielding
David Martin
Mike Pringle
Pam Skelding

Stuart Wallace
Jacky Williams
Yvonne Woodhead
Liz Yates

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, ASCH&PP
Sue Batty, Service Director, ASCH&PP
Sue Bearman, Senior Solicitor, Resources
Paul Davies, Advanced Democratic Services Officer, Resources
Cherry Dunk, Group Manager, Strategic Commissioning, ASCH&PP
Jennie Kennington, Senior Executive Officer, ASCH&PP
Ainsley McDonnell, Service Director, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Jane North, Transformation Programme Director, ASCH&PP
David Pearson, Corporate Director, ASCH&PP
Penny Spice, Commissioning Manager, ASCH&PP

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 11 January 2016 were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillor Martin had been appointed to the committee in place of Councillor Zadrozny.

CARE HOMES UPDATE

Paul McKay informed the committee of the background to recent incidents at Coppice Lodge, Arnold, and Lawn Park, Ashfield, and of the action which the authority was taking in response.

CARERS HUB INFORMATION AND ADVICE SERVICE

RESOLVED 2016/011

That the development of the Carers Hub service delivered by Carers Trust East Midlands be noted.

ADDITIONAL EXTRA CARE ACCOMMODATION FOR NOTTINGHAMSHIRE

RESOLVED 2016/012

That approval be given for the Council to enter into an agreement with Mansfield District Council regarding the Mansfield Extra Care scheme on the former hospital site as set out in paragraphs 3 to 5 of the report.

FUTURE ADVOCACY SERVICE PROPOSALS

RESOLVED 2016/013

- (1) That the update on the key issues impacting on the provision of independent advocacy services and the financial implications arising from the legislative and policy changes be noted.
- (2) That the summary findings from the consultation on the future of the advocacy service provision be noted.
- (3) That the Council cease funding all discretionary advocacy services and only fund services that it has a legal duty to do so from the commencement of the new contract.
- (4) That the budget allocated for statutory advocacy services be approved as outlined in paragraph 38 of the report.
- (5) That the tender process be commenced in 2016 in partnership with the City Council and the City and County Clinical Commissioning Groups.
- (6) That authority for the approval of the contract award be delegated to the agreed responsible officer.

PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH

RESOLVED 2016/014

- (1) That the performance update for Adult Social Care and Health for the period 1 April to 30 September 2015 be noted.
- (2) That the update on the Adult Social Care and Health Portfolio within Redefining Your Council for the period 1 October to 24 December 2015 be noted.

DIRECT SERVICES DELIVERY GROUP UPDATE

RESOLVED: 2016/015

That the update on the current portfolio of savings and transformation projects which are overseen by the Direct Services Delivery Group be noted.

DIRECT PAYMENTS IN CARE HOMES TRAILBLAZER

RESOLVED: 2016/016

- (1) That the update on the direct payments in care homes trailblazer in Nottinghamshire and the Government's postponement of the national roll out of direct payments until 2020 be noted.
- (2) That the Council continues to offer direct payments in residential care in the interim period until 2020, in line with the Direct Payments Policy and the Adult Social Care Strategy.

WORK PROGRAMME

RESOLVED: 2016/017

That the work programme be noted, subject to a progress report on the Carers Hub in 6-7 months, and a report on Ollerton Day Centre in March 2016.

The meeting closed at 12.30 pm.

CHAIR

7th March 2016

Agenda Item: 4

**REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING****OUTCOME OF THE ADULT SOCIAL CARE HEALTH CHECK 2015****Purpose of the Report**

1. To provide feedback to the Committee on the outcome of the Adult Social Care health check carried out between June and August 2015. Committee is also asked to note the action plan (attached as **Appendix 1**) which outlines further work to be completed within the department.

Information and Advice

2. Standard 1 of the Standards for Employers of Social Workers in England, May 2014 requires Local authorities to:

*“complete, review and publish **an annual ‘health check’ or audit** to assess whether the practice conditions and working environment of the organisation’s social work workforce are safe, effective, caring, responsive and well-led.”*
3. The last health check for the Adult Social Care, Health and Public Protection Department (ASCH&PP) was completed in 2010 and a report of the findings was published in January 2011.
4. Agreement to undertake a further health check was given by the Senior Leadership Team in March 2015. As a result a working group, with representation from Public Health, the Trades Unions, Human Resources, Workforce Development, Adult Social Care practitioners, and the Performance Team, was set up to co-ordinate the work. The working group was chaired by the Principal Social Worker for Adult Social Care.
5. Data was collected using:
 - a survey completed by assessment and care management staff, team managers and group managers
 - a series of focus groups for all frontline staff, team managers and group managers
 - interrogation of management information systems relating to compliments and complaints, and human resources

- feedback from service users and carers collected from the Adult Social Care Outcomes Framework.
6. All the comments made were recorded and a final report was prepared using all the evidence gathered. The report was presented to the department's Senior Leadership Team on 11th November 2015. It provides an appraisal of how the department's workforce is coping at a time of significant change, and identifies issues that need to be addressed to ensure that staff are supported to work safely and effectively in future.
 7. Findings were recorded under the following headings:
 - effective workload management
 - personal development including opportunities for training and career development
 - working in ASCH&PP
 - tools for the job.
 8. Staff welcomed the opportunity to work more flexibly using Thinkpads. There was support for developing a workload management tool like the one used in Children, Families and Cultural Services.
 9. An action plan has now been prepared and a summary of it has been circulated to all staff within the scope of the survey. The summary includes a link to the full report which has been published on the Adult Social Care intranet page. The summary is attached as **Appendix 1** to this report.
 10. The Working Group has been retained to oversee implementation of the action plan and to undertake some of the detailed work.
 11. Reports on progress are expected by the Senior Leadership Team every 3 months. A further health check will be carried out in autumn 2016. Lead officers from the Senior Leadership Team were identified as Programme Director Transformation and the Service Director for North Nottinghamshire and Direct Services.

Other Options Considered

12. The requirement to undertake the health check is set out in the 'Standards for employers of Social Workers' which are set by the Local Government Organisation. Although some revision was made to capture local data, no other options are available for consideration.

Reason/s for Recommendation/s

13. The report is for noting only.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, 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, sustainability and the environment and ways of working 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

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

Human Resources Implications

16. There are a number of initiatives/actions identified in the health check and subsequent action plan that have HR implications and some will require consideration at a corporate level. Any implications will be addressed as appropriate action is agreed. The department has been working jointly with Trade Union colleagues who are members of the working group and will be involved in the implementation of the action plan.

Ways of Working Implications

17. The report identifies ways of working implications for some district offices, for example, issues to do with the availability of personal lockers, quiet areas to work and problems with parking. These will be raised with the Ways of Working Team.

RECOMMENDATION/S

- 1) That the outcome of the Adult Social Care health check carried out between June and August 2015 and the action plan outlining further work to be completed within the department, attached as **Appendix 1**, be noted.

Caroline Baria

Service Director, Strategic Commissioning, Access and Safeguarding

For any enquiries about this report please contact:

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Constitutional Comments

18. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 11/02/16)

19. The financial implications are contained within paragraph 15 of 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.

Health Check for Social Workers and Community Care Officers within the Adult Social care, Health and Public Protection Department (2010) – Final Findings – January 2011

Health Check Report for the Adult Social Care, Health & Public Protection Department – November 2015

Adult Social Care, Health & Public Protection Technical Report 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH376

Adult Social Care, Health and Public Protection Department

Health Check Report – Action Plan

March 2016

1. Time and Workload Management

Action	Anticipated completion date	Lead	Activity
Develop a workload management tool.	October 2016	Principal Social Worker (PSW)	<ul style="list-style-type: none"> Researching models from other authorities is underway Discussions have been held with union colleagues on the best way forward The Health Check working group is considering options and the best model for NCC
Develop a formal process for managing waiting lists and risk assessing unallocated cases.	August 2016	PSW	<ul style="list-style-type: none"> Work being undertaken by a project team to reduce the current waiting lists PSW to work with project team to ensure risk assessment guidance is developed for unallocated cases
Review of current Assessment and Care Management documentation to reduce process time.	Late 2016 at the earliest	ASCH Transformation Team	<ul style="list-style-type: none"> A number of areas have been identified for Lean+ reviews to streamline processes and to reduce unnecessary tasks The Programmes and Projects Team to continue to support the department to introduce new ways of working The ASCH Transformation Team to review processes for commissioning transport and day services Ways for the public to contact the department via electronic forms are being developed and an online 'Contact Us' option is currently live on the public website
Review tasks undertaken by frontline employees in each role to ensure appropriate skill level, balanced with efficient use of resources.	March 2017	PSW	<ul style="list-style-type: none"> Further research to be undertaken to identify tasks that could be completed in a different way. Resource for this is yet to be identified Liaison with business support review colleagues is required to ensure alignment with this work
Effectively communicate with employees the agreed method for recording hours worked, and the flexible working options available.	April 2016	PSW	<ul style="list-style-type: none"> Corporate guidance has been agreed and is available Communicating with, and supporting employees to accurately record working hours Working with managers to balance requests to work flexibly with the needs of the service

2. Learning and Development

Action	Anticipated completion date	Lead	Activity
Develop a departmental learning and development strategy linked to the Corporate EPDR and competency framework that ensures links to professional registration and professional capability frameworks.	January 2017	ASCH Transformation Team	<ul style="list-style-type: none"> • Workforce Delivery Group has been established to govern this work. • HR Project Manager seconded from HR to support the department with this work • Benchmarking underway with other Local Authorities • A new Safeguarding Manager and Officer training package is being developed that will be available as of April 2016. This will be compulsory for all employees with safeguarding responsibility
Develop a departmental induction programme and social care career pathway.	January 2017	Service Director North Notts and Direct Services.	<ul style="list-style-type: none"> • New departmental induction material is being developed to help new starters understand adult social care and their role in service delivery • The career pathway work will be progressed by the HR Project Manager in the ASCH Transformation Team
Focus on coaching for cultural change as a way of supporting and engaging the workforce in a positive way, in line with the corporate plan.	In line with corporate activity	ASCH Transformation team	<ul style="list-style-type: none"> • Driving the uptake of employees that are undertaking the corporate 'manager as Coach' training and full coaching ILM level 5 award • Working with Managers to embed a coaching culture across the department

3. Wellbeing at work and the working environment

Action	Anticipated completion date	lead	Activity
Make sure that all teams are aware of the well-worker stress management tool and the benefits of its use.	April 2016	PSW	<ul style="list-style-type: none"> To be included in update to Managers and Team Talk
Develop policy on zero tolerance of abuse of staff, and how to respond to concerns about staff safety.	September 2016	PSW in conjunction with HR	<ul style="list-style-type: none"> Work with HR and union colleagues to consolidate the existing best practice and guidance and develop a useful tool for employees
Liaise with Health & Safety to consider the relevant aspects of the Health Check report and any resulting actions.	September 2016	PSW in conjunction with H & S	<ul style="list-style-type: none"> The Health Check report is being considered by the Health and Safety team with particular reference to time spent on computers, home-based working and the use of lone working devices Further discussion required to agree actions and the timeframe for implementing them if required
Share activity planned for ASCH under the new ways of working initiatives across the different office locations.	In line with Smarter Working Programme undertaken by the Programmes and Projects Team	ASCH Transformation Team	<ul style="list-style-type: none"> Ensure there is support available to employees following implementation of new ways of working, e.g. Mobilisation aftercare programme Link with the smarter working programme to ensure opportunities to feed into their planning activity Have a clear programme of communication with all employees Support mobile working by ensuring that all touch down zones are appropriately resourced with areas for making confidential phone calls. Provide maps on reception to welcome and inform staff of touchdown areas and facilities available to them

4. Communicating change

Action	Anticipated completion date	Lead	Activity
Ensuring good communication across the department on new initiatives.	April 2016	ASCH Transformation team	<ul style="list-style-type: none">• Senior Leadership Team breakfast meetings and Promoting Independence events took place with employees in November 2015 to deliver key messages and increase engagement• The Communication and Engagement group has been established to oversee communication of the Adult Social Care Strategy and the Adults Transformation Portfolio• Continued and increased use of existing communication channels such as 'Team Talk' and 'In the Loop'

Tina Morley-Ramage
Principal Social Worker
Adult Social Care & Health and Public Protection
19th February 2016

7 March 2015**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE****THE MID-NOTTINGHAMSHIRE 'BETTER TOGETHER' ALLIANCE
AGREEMENT CONTRACT****Purpose of the Report**

1. The purpose of the report is to:
 - a) seek approval for the Council to sign the Mid-Nottinghamshire Alliance Agreement contract as a Full Member
 - b) seek delegated authority to agree any final drafting changes to the Corporate Director for Adult Social Care, Health and Public Protection in consultation with the Chair of the Adult Social Care and Health Committee and the Group Manager for Legal Services
 - c) seek approval for the Corporate Director for Adult Social Care, Health and Public Protection (or his authorised senior officer delegate) to be the Nottinghamshire County Council representative on the Alliance Leadership Development Board with delegated authority to cast votes on behalf of the Council subject to a requirement to bring all strategic, policy, resource and financial decisions including the approval of the outcome of the transition activities to this Committee or such other body of the Council as may be appropriate in the circumstances
 - d) seek approval for the Service Director for Adult Social Care in Mid-Nottinghamshire to be the Nottinghamshire County Council representative on the Operational Oversight Group.
2. The report:
 - a) describes the national policy and legislative landscape for the integration of health and social care
 - b) identifies progress with the Mid-Nottinghamshire 'Better Together' programme and development of the Alliance agreement
 - c) identifies the key issues and implications of the Alliance Contract Agreement for the Council (**Exempt Appendix**).

Information and Advice

3. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances, on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information relates to sensitive financial

and business affairs of the Council and other organisations and is not yet in its final form. It also contains legal advice. The exempt information is set out in the **Exempt Appendix**.

National legislation and policy

4. More people are living longer and there are more people with disabilities who need care and support. Social care provides support, care and safeguards for those people in our communities who have the highest level of need, and for their carers. Good care and support transforms lives, helping people to live good lives, or the best they can, in a variety of circumstances. It enhances health and wellbeing, increasing independence, choice and control and is distinctive, valued and personal.
5. Closer integration between health and social care is a fundamental part of national policy to promote health and wellbeing, deliver better outcomes for service users and promote easier access. It is as much about integrating parts of the health service, such as hospitals, community health providers and General Practice, as it is about integrating health with social care. National and international evidence does not yet offer any robust research to show that integration will deliver the level of savings required across the whole system, although demonstrable benefits in terms of citizen experience have already been delivered in Mid Nottinghamshire. Nevertheless, there is a national and local move to integration in which the County Council is a key player, ensuring that positive outcomes for local people are maximised, retaining and promoting the unique offer that social care brings and ensuring that future plans align and support the Redefining Your Council Transformation programme and objectives.
6. Integration is not a new policy issue, however, recent drivers have set out clearer expectations in relation to scale and pace. Current key drivers on integration are: the Care Act 2014; the Better Care Fund; the NHS Five Year Forward View and the 2015 Challenge Manifesto. In March 2015, the national Association of Directors of Adult Social Services (ADASS) published 'Distinctive, Valued, Personal. Why Social Care Matters: The Next Five Years'. This outlined the necessary steps to ensure a safe, secure and joined up personalised care and health system for older and disabled people.
7. The 2015 determination of the Greater Manchester Health and Social Care devolution paved the way for announcements of the Government's commitment to devolving power across the country. Nottinghamshire County Council's Policy Committee has been involved in detailed deliberation of the national policy and proposals in relation to devolution. As part of the reforms there is the potential for greater devolution of health responsibilities, particularly in the context of the integration of health and social care.

Spending Review and Autumn Statement 2015

8. The previous (2013) Spending Review established the Better Care Fund (BCF). BCF is intended to drive the integration of funding for health and social care and enable services to be commissioned together. In 2015/16 the NHS and local authorities in England shared £5.3 billion in pooled budgets. The 2015 Spending Review states that *'The Government will continue the Better Care Fund, maintaining the NHS's mandated contribution in real terms over the Parliament. From 2017 the government will make funding available to local government, worth £1.5 billion in 2019-20, to be included in the*

Better Care Fund'.¹ The majority of this funding, however, is back-loaded and, coupled with a sharp reduction in government grants of 30% in 2016/17, creates a significant additional funding gap over the next two financial years. The Spending Review also makes the local option of a social care precept (2% increase in Council Tax above the existing threshold) available to local authorities with social care responsibilities. Even with the option of the social care precept, a funding gap will exist.

9. The BCF has set the foundation, but Government has indicated its intentions to move further and faster to deliver joined up care. The Spending Review states that: *'by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements, meeting the government's key criteria for devolution'*.² This links emerging plans for integration with devolution.
10. Following the Spending Review, *'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21'* was published. The planning guidance requires that health and care systems come together to create their own ambitious plans for implementing the Forward View in the form of Sustainability and Transformation Plans (STP). STPs will be overarching strategic plans covering the period between October 2016 and March 2021. These plans will be submitted nationally in June 2016 and will be formally assessed in July 2016. They must include better integration with local authority services, (including but not limited to prevention and social care) and reflect health and wellbeing strategies. The STP will need to create a clear overall vision with an associated place based plan for the area. Clinical Commissioning Groups (CCGs) have also been asked to consider their "geographies" for sustainability and transformation and make proposals to NHS England by 29 January 2016. This should be determined by taking into account existing natural communities, existing working relationships, scale of transformation ambition and requirement, public health programmes, the fit with other footprints, for example plans to become paper free through use of new technology, other units of planning and collaborative commissioning arrangements.
11. As part of the Transforming Care Programme, plans are being submitted to the Department of Health and NHS England (NHSE) to improve services for people with learning disabilities. The Nottinghamshire Transforming Care Partnership (TCP) consists of the County Council, the six county CCGs, the City Council, the City CCG and NHSE Specialised Commissioning. The TCP has had its plan approved by NHSE and has commenced implementation of the plan, with a view to pooling the health and social care budgets.
12. Integration can take many forms and be applied to both the direct frontline provision of services, strategic commissioning and contractual arrangements. It is important to fully appraise all the options, in order to identify the most proportionate and least resource intensive way of achieving the desired benefits of integration. At its simplest, integration can be about aligning and/or co-locating services to better deliver jointly agreed objectives. It can also involve significant movement of staff and other organisational changes, as well as the delegation of functions from one organisation to another, pooling

¹ HM Treasury, Spending Review and Autumn Statement 2015, Paragraph 1.110

² HM Treasury, Spending Review and Autumn Statement 2015, Paragraph 1.112

of budgets and/or the establishment of a separate vehicle to deliver these functions. Under any circumstances responsibility for social care duties as set out in the Care Act and other legislation remains with the local authority.

13. The Government does not intend to impose a national model of integration and accepts that integration will vary according to local need and history. Some parts of the country are already demonstrating different approaches, which reflect models that the Government supports. These include:
 - Devolution deals (such as Greater Manchester)
 - Joining up health and social care across a large urban area
 - Accountable Care Organisations (such as Northumberland) with a single partnership responsible for meeting all health and social care needs
 - Lead Commissioners, such as the NHS in North East Lincolnshire which is spending all health and social care funding under a single plan.
14. Nationally, the transformational work in Nottinghamshire has been recognised. Nottinghamshire was the only two tier Council to be a fast track site for the Better Care Fund, the South and Mid-Nottinghamshire areas are Integration Pioneers and three Vanguard sites are running across the County. The Vanguard sites are leading on the development of the new integrated models of care, set out in the NHS Five Year Forward View, and were selected following a rigorous process. In Rushcliffe, a local partnership is developing a multi-speciality care provider (MCP) in primary care. Mid-Nottinghamshire is developing a primary and acute care system (PACS) and Nottingham City is implementing 'enhanced health in care homes'. This aims to provide better, joined-up health, care and rehabilitation services for older people in residential and nursing care. This range of initiatives provides many local opportunities to share learning and link into the national networks and support.

The Nottinghamshire County local context

15. There are multiple levels of governance presently across Nottinghamshire, with the County and City Councils, seven Clinical Commissioning Groups (CCGs), three acute trusts, a mental health trust, two community providers and seven District Councils. Three transformation Planning Areas have emerged to drive the local plans; South Notts; 'Better Together'; Mid-Nottinghamshire and Bassetlaw. Nottinghamshire's BCF Programme and Health and Wellbeing Board provide a countywide overview and the opportunity to share learning.
16. A Members workshop was held on 1 June 2015 at which key considerations regarding integration were identified. These included:
 - Maintaining the Council's statutory duties and underpinning social care principles
 - Governance
 - Social Care Leadership
 - Finance
 - Performance
 - Workforce
 - Balancing strategic consistency and economies of scale with local need.

17. Based on this work, a set of guiding principles for integration has been agreed (attached as **Appendix 1**). The establishment of a Members Reference Group to drive local integration was approved by the Adult Social Care and Health (ASCH) Committee on 29 June 2015, underpinned by these principles.
18. The CCGs are considering different integrated models, with different scope and at a different pace. The guiding principles have therefore been key to ensuring that a consistent message is given across the three planning areas, with the aim of ensuring that the Council can sustain the quality of its delivery of social care, retain economies of scale whilst responding flexibly to local need and avoid fragmentation of services. Although the three areas are geographically different and the needs of the residents may vary, the suggested models for service delivery do have common themes, even though the initiatives may have different names in each area. These are: the establishment of proactive GP led care of patients at risk of admission, local multi-disciplinary teams (social workers, GPs, nurses, therapists, voluntary sector), systematic profiling of the local population, targeting services at people most at risk and promoting self care to support people to manage their condition(s).
19. Some countywide services already deliver excellent outcomes, such as the Customer Service Centre and Adult Access Team, which resolve 70% of all incoming contacts to the Department. The position is being held that the Council will not change such arrangements unless it is assured that any new model is cost effective and able to deliver improved outcomes. It may be that it will be better and more sustainable to continue to deliver some specialised services on a countywide basis, for example, the Deprivation of Liberty Safeguards (DoLS) service.

The Mid-Nottinghamshire Better Together Transformation Programme and development of an Alliance Agreement contract

20. A report to ASCH Committee on 2nd February 2015 updated Members on progress with the Better Together programme, which is a partnership between Ashfield and Mansfield Clinical Commissioning Group (CCG), Newark and Sherwood CCG, Nottinghamshire County Council, seven NHS health providers and voluntary sector partners. The aim of the Better Together programme is to connect services together to deliver better preventative, self-care approaches and ensure that people can get the right advice in the right place, at the right time. In addition, it aims to put in place joined up, responsive urgent care services, that operate outside of hospital wherever possible.
21. The programme has the following core work-streams:
 - urgent and proactive care (including care for people with long term conditions such as diabetes, asthma, and frail older people)
 - elective care
 - maternity and paediatric care.
22. The Better Together partnership agreed a five year vision in 2013 and many of the integration schemes are delivered through the BCF. A joint CCG, Social Care and Public Health outcomes framework has been developed and is included in the Alliance Agreement (attached as **Appendix 2**). The majority of the joint work with social care has

been within the Urgent and Proactive work-stream initiatives. These focus on people who have multiple long term conditions and who are at risk of hospital admission, many of whom are frail and elderly. Progress with key projects includes:

- **Local Integrated Care Teams (LICTs)** 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. These eight teams started in December 2015. Each has a social worker co-located within the team, as well as links into the local district social work teams. Evaluation concluded that they have had a positive effect on reducing hospital admission. Further data is being gathered regarding detail of the impact of the approach on preventing, delaying or reducing the need for packages of social care.
- **The Self-Care Hub** based at Ashfield Health and Wellbeing Village commenced in July 2015. Its main objective is to help people better manage their health condition(s) themselves. Plans are underway for Nottinghamshire County Council Social Work and Occupational Therapy Clinics to take place in the centre. The new Council commissioned short term prevention service 'Connect' started in January and is meeting with the Self Care Hub to plan a local co-ordinated approach.
- **Transfer to Assess** schemes aim to avoid people being delayed in hospital any longer than necessary. Once people are medically well enough to move out of an acute ward, any further assessments required will be carried out in another setting, ideally their own home. This has had a positive impact on reducing the number of Delayed Transfers of Care from hospital. It is acknowledged, however, that the schemes in Mid-Nottinghamshire rely too heavily on the use of interim residential and nursing care beds as the place of assessment and further planning is now being undertaken to achieve the aim that wherever possible, people return to their own homes for assessment. This provides the best opportunity for people to regain their independence and confidence.
- **Call for Care** is a service that health and social care professional staff will be able to contact to identify what appropriate service(s) have available capacity to put in place quickly to avoid emergency hospital admissions. This is being rolled out in stages and commenced at a restricted level for the ambulance service and GPs in November 2015. It does not yet include access into social care. This is planned to be included during 2016 following work with the district teams and Customer Care/Adult Access Service to ensure the positive performance of resolving 70% of all enquiries at the front end is maintained.
- **Specialist Intermediate Care Teams and Crisis Response (SICT)** are not fully implemented across the County and the model is being reviewed in light of the difficulty in recruiting some key roles. A new joint plan is being developed, reviewing which health, care and housing services should be put in place to most effectively prevent hospital and residential care home admissions, support people home from hospital quickly and maintain people in their own homes for as long as possible.
- **Housing input to Integrated Discharge Team.** Innovative and integrated working is developing from the bottom up as well as top down. Whilst not being part of the initial Better Together programme, work was piloted with Mansfield District Council to

improve discharges from hospital. A named Housing Officer works alongside health and social care staff at King's Mill Hospital as part of the discharge service and is able to offer solutions to issues such as inappropriate housing, and homelessness. Initial independent evaluation of the pilot by Nottingham Trent University showed clear benefits of earlier discharge and taking into account the cost of providing the service evidenced savings on bed days, which could rise further if the service was to be scaled up. The pilot has been extended to March 2016 and included housing support to the LICTs in the second phase.

23. The Better Together Programme Board was the original partnership established to initiate the work and drive the programme. In order to meet the scale and complexity of the challenges that the health and social care system face, the Programme Board agreed that a different type of partnership was required for the future. This partnership would have a different relationship with health providers, focus less on managing issues through individual CCG/NCC contracts and more on collaborating to deliver jointly agreed outcomes that require the input of more than one partner. A new partnership also needed to jointly consider and actively sign up to a set of principles that would support difficult decision making, based on what is best for local people and the most effective use of public funds.
24. On 2 November 2015, the ASCH Committee gave approval for the Council to continue discussions to develop and agree a Memorandum of Understanding (MoU). This committed the Council to working with partners to develop a Commissioner Provider Alliance Agreement, to be operational from April 2016. Delegated authority was given to the Corporate Director, Adult Social Care, Health and Public Protection (ASCH&PP), in consultation with the Chair of the Adult Social Care and Health Committee, who agreed and signed the final version of the MOU with advice from the Group Manager, Legal and Democratic Services. Discussions involving all partners to the MoU have taken place since November 2015 to develop the Alliance agreement.
25. As agreed at the November 2015 ASCH Committee meeting, the Corporate Director for ASCH&PP and the Chairman of the ASCH Committee have participated in the Alliance Development Leadership Board, which has supervised and approved the work to date, with all partners taking the Agreement to their respective governance processes for a decision. The planned start date is April 2016. Signing the Alliance Agreement contract will mean that the Council agrees to work within the Alliance partnership, committing to the proposed purpose, objectives and behaviours. At this stage, it does not require the Council to change its existing arrangements for management of staff or services, or to delegate any areas of finance, strategy or performance. However during the next 12 months the proposal involves further consideration of which social care resources and contracts might be included in the Alliance in the long term, appraisal of the option of creating a formal pooled budget and how the risks and rewards relating to the overall health and social care services provided under the umbrella of the Alliance might be shared between the participants.

What is the Alliance?

26. The Alliance is made up of three main elements:
 - (i) the collaborative partnership and governance system

- (ii) transparency on the respective local budgets for the CCGs and NCC
- (iii) how the money is spent. This includes elements of the CCG contracts with health provider Alliance Members being linked into the Alliance contract, starting to be developed into outcome based capitated contracts. The CCG and NCC also have other contracts that currently sit fully outside of the Alliance Agreement. Alongside this sits the Council's system for assessing eligibility for and allocating personal budgets for people's individual care and support packages. This includes the option of people taking the money in the form of a Direct Payment to purchase their own services. During the transition phase a selection process will be undertaken to select key social care providers who have a contract with the Council, to join the Alliance.

Purpose of the Alliance

27. The purpose of the Alliance is to provide a financial, governance and contractual framework that delivers the commissioner participants' key current objectives, as well as form a robust partnership to meet future demand from changing levels of need, changing funding levels, new legislation and/or policy imperatives, by:
 - (i) ensuring health and care system sustainability through more effectively managing system cost whilst maintaining appropriate quality and service user safety
 - (ii) securing best value for the public sector budget in terms of outcomes per pound spent
 - (iii) ensuring that integrated health and care services are delivered coherently and that fragmentation of service delivery is minimised by reducing organisational, professional and service boundaries
 - (iv) directing resources to the right place in order to adequately and sustainably fund the right care for improved patient outcomes
 - (v) incentivising the achievement of positive outcomes for the benefit of the population's health and wellbeing
 - (vi) supporting the process of transition to new care, support and well-being models delivering improved outcomes for service users
 - (vii) protecting and promoting service user choice.
28. Building on the principles agreed in the MoU, the Alliance contract includes a set of principles, objectives and behaviours that the Council would be signing up to on joining the Alliance. These are now given legally binding status so as to commit all parties to continually working collaboratively towards "best for service" outcomes (see **Appendix 3**).

Key issues and implications of the Alliance Agreement for the Council:

29. Some of the key issues and implications of the Alliance Agreement are set out below and further legal advice and information regarding the membership arrangements has been provided in a separate key risks and issues paper set out in the **Exempt Appendix**.

a) Scope of the Alliance

30. For the Council, signing the Alliance Agreement will mean that it will be committed to the partnership, working to make collective decisions on the use of available public funds in

the best interests of meeting local people's needs. The CCG plans to link the contracts it holds with the seven potential participating health providers into the Alliance contract, with a commitment to develop and implement new payment mechanisms using outcomes based capitated contracts. This means rather than pay by results for each treatment completed, providers start to be paid for outcomes such as improving the health of the local population, or reducing hospital admissions. Mid-Nottinghamshire is a Vanguard site leading on the development of capitated payment mechanisms. The work is in its very early stages and is one of the main areas for the Alliance to develop further in the transition phase. The Council will not be changing the care and support contracts it holds with social care providers to a capitated model because this does not offer the ability to give individuals who have been assessed as eligible for social care a Personal Budget or Direct Payment.

31. The CCG holds other contracts with providers who are not in the Alliance. These, as well as the Council's single and jointly commissioned contracts, currently sit outside of the Alliance. The Council will not have to change any of its current commissioning arrangements or contracts due to becoming an Alliance Member but will be obliged where possible to review those contracts and consider how they might become a part of the Alliance arrangements, in line with the Alliance principles. As contracts become due for renewal the Council will continue to be able to consider whether there is benefit to increasingly integrated arrangements with the CCGs and/or other partners, what type of contract is most appropriate and how to achieve strategic countywide economies of scale whilst meeting local objectives.
32. The current summary of scope of the services included with the Alliance is attached as **Appendix 4**. The long term intent is that, if the Alliance contract is a successful delivery model for the Better Together objectives, then it will be rolled out across all health and social care services for younger, as well as older adults, in Mid-Nottinghamshire. As set out in **paragraph 22** above, to date, the priorities and projects of the Better Together programme have focused mainly on older adults. Social care and health organise their services in very different ways and the focus of the work in the current Better Together programme, is mainly relevant to older adults teams and services, with some crossover with the Council's younger disability teams and long-term conditions. A large amount of the Council's spend is on people with learning disabilities and a smaller amount on mental ill-health. These areas do not yet have a key focus in the Better Together Transformation Programme, but will be considered as part of developing the new Sustainability and Transformation Plans.

b) Membership of the Alliance

33. In recognition of the fact that partners will have differing levels of involvement in the design, delivery and implementation of the transformation plans, two levels of Alliance Membership are proposed: full and associate. A full Member will have a vote on the Leadership Board. They will have an active and key strategic role in developing and delivering transformation plans and a share in the risks and rewards of delivering the partnership's objectives. The detail of how risk and reward will be shared will be developed and agreed by all partners as part of the transition work. Agreement to share risks and rewards could itself present a risk to the Council, for example, if it was proposed that financial penalties could be applied to a partner who failed to deliver certain targets. It is difficult to assess the level of risk, however, as the options for how

this will operate have not been considered yet. To mitigate this, partners have developed a set of principles that will shape the approach to risk and reward. This includes all partners being in unanimous agreement of any areas that a risk and reward agreement will be applied to and also the details of how this will operate.

34. There are also potential benefits to having clear agreements regarding the sharing of risks and rewards. To achieve the Alliance objectives, partners will bear differing levels of risk and the benefits may not automatically accrue with the partner taking most risks. The shift to treat more people in the community, rather than hospital, for example, reduces acute demand but increases demand for community health and social care provision.
35. An Associate Member will be invited to participate and contribute to meetings of the Alliance Leadership Board, but will not be entitled to vote, or expected to take a share of any Alliance risk and reward agreements. There are also other organisations that may not meet the requirements to be an Alliance Member, but will have a role providing local services and important contributions to make. They will be able to be engaged through the design and delivery workstreams that sit under the Alliance Leadership Board.
36. A Full Alliance Member will commit to transparent open book accounting wherever possible. For the County Council this will mean sharing information regarding the relevant expenditure on social care in mid Nottinghamshire. Understanding the total amount of public funds available will assist the Alliance to make strategic decisions regarding its best use to meet local health and social care needs, for example, through establishing a baseline budget and levels of activity (including any planned or future required savings), to form an agreed basis for discussion about funding following the flow of work into the community.
37. In addition to the two CCGs, the partners who are considering signing the Alliance agreement contract are the seven health providers that were selected following a Most Capable Provider process by the CCGs: Central Nottinghamshire Clinical Services, Circle Nottingham Ltd., East Midlands Ambulance Service, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, United Lincolnshire Hospitals NHS Trust and the voluntary sector Mid-Nottinghamshire special purpose vehicle 'Together Everyone Achieves More' (TEAM). TEAM was established to enable the value of the 3rd Sector to help shape service transformation and is not itself a provider of services.
38. There is a commitment to secure the engagement of General Practice in mid-Nottinghamshire within the Alliance; this reflects the significant role of General Practice as a provider of care and support and the key role it can contribute to achieving many of the Better Together objectives. The involvement of General Practice in the Alliance is contingent upon the establishment of a collective federated body or bodies with authority and legitimacy to make binding decisions on behalf of General Practice.
39. No social care providers are currently signed up to the MoU or part of the Alliance. The Council is preparing to carry out an assessment exercise to identify any provider or providers of the social care services who could sensibly become an Alliance participant. This process will be carried out in liaison with all Alliance Members but it is agreed that for this initial selection exercise, that the Council shall have absolute discretion over the

final decision as to which social care provider(s) it identifies to join the Alliance as Associate Members. Full Alliance Membership will need to be agreed by the other Full Alliance Members. This potentially means that NCC could be unable to bring a social care provider that it feels is vital to achieving the objectives from the perspective of the Council, into the Alliance as a Full Member. If agreement cannot be reached on this, in order to mitigate this risk, NCC has the right to terminate its membership and participation in the Alliance or to become an Associate Member upon service of one month's notice in writing. After the initial selection process for social care providers, other partners who have a key role in delivering the objectives can join the Alliance, subject to the unanimous agreement of all partners. District Councils are not currently signed up to the MoU or the Alliance, however, discussion regarding the options are planned.

c) Length of the Alliance Contract and the Transition Phase

40. The proposed term is three years (2016 – 2019) with an option to extend for a further seven years. There is currently no right to exercise a break clause without cause. The aim of this is to encourage partners to work together to deliver creative solutions to problems that impact upon a range of alliance stakeholders, rather than give participants an easy option to serve notice and walk away if unable to agree the various transition activities. It has been agreed that if there are problems with completing transition activities, such matters should go to the Alliance Leadership Board for resolution. The Board can then decide to either:
 - a) allow more time to resolve the matter (acting unanimously)
 - b) consider how to reconfigure the Alliance (if possible) or
 - c) terminate the Alliance.
41. Ultimately, a participant cannot be compelled to agree to any course of action it does not feel comfortable with. If the parties cannot resolve any differences at the end of transition, then one of the above options will need to be pursued. In those circumstances the underlying healthcare service contracts are likely to need to be amended to reflect new payment terms, but there will be no impact on the Nottinghamshire County Council, or its contracts with social care providers.
42. As might be expected when developing complex and innovative arrangements, there remain some key areas of the contract where the detail is not yet defined. When overlaid with the specific requirements of a personalised social care system, as well as the changing national and regional planning policy context it is possible that other drivers may impact on the activities of the Alliance in its early stages. In light of this, the agreement provides for an Alliance member to terminate its participation by giving 3 months' notice in the event of a policy change at national or local government level which materially impacts on any member's ability to participate in the Alliance. Further comfort is provided within the agreement by establishing a transition period to 31st August 2017. At this point, if agreement on the way forward has not been reached, then there will be a decision as to whether the Alliance reconfigures its membership or is dissolved. If agreement has been found, then at this point the Alliance Agreement Contract will be reviewed and up-dated to reflect this and a further Committee report will be brought at that time to seek approval to sign off the outcomes of the transition period.

43. The following areas have been identified for development and agreement during the first Transition phase of the agreement:
- a) Development of a capitated payment mechanism for health provider participants (excluding Personal Budgets)
 - b) Expand the outcomes based payment model for the NHS service contracts
 - c) Agree the detail of how sharing risks and rewards will operate
 - d) Establish Care Design Groups
 - e) The ongoing development of models of care.

d) Maintaining the Council's statutory duties and underpinning social care principles

44. Development of the Alliance is taking an incremental approach. The Alliance seeks to create a robust partnership with the right set of principles and behaviours that will enable partners to tackle the complex and difficult challenges facing them. There are no immediate requirements to change structures or make any major changes to existing policies, contractual or financial arrangements. Over time it may be that there are benefits to be achieved through considering alternative arrangements. These options will be considered and taken to the appropriate Committee within the Council's governance system for a decision.

e) Governance and leadership of social care

45. The proposed Governance structure (see **Appendix 5**) has an overarching Alliance Leadership Board. This has responsibility for directing and leading the Alliance in accordance with the Alliance Principles and setting an overall strategic direction in order to meet the Alliance objectives. This is underpinned by various sub-groups including a Senior Executive level Operational Oversight Group, Finance and Commercial Development Group, Sustainability and Transformation Plan Development Group, as well as Evaluation Metrics, Communication and Organisational Design working groups. The structure will be kept under review in order to ensure meetings are kept to the minimum, whilst delivering the programme.
46. There are limits within partners' existing governance structures regarding decisions that can be delegated to representatives on the Alliance Leadership Board. This means that strategic, policy, resource and financial decisions will need to be taken through partners' current respective governance processes. In order that this does not delay decision making, one of the principles of the Alliance is that partners agree to communicate with each other, all relevant staff and governing bodies in a clear, direct and timely manner to optimise the ability to make effective and timely decisions to achieve the Alliance objectives.
47. Decisions will need to be undertaken and reached in accordance with the Alliance principles and will need to be unanimous. Whilst it is recognised that this means there is a risk of there being a stalemate position, the aim is that no Alliance Member will be forced to do something that they are not in agreement with. It is the Alliance's role to find a solution to the area of concern that is preventing a Member from feeling that they cannot agree to the course of action being decided.

48. Signing the contract requires no changes to the existing line management and leadership arrangements for social care or any other Council service. It is proposed that the Service Director for Social Care in Mid-Nottinghamshire is the lead representative for the Council on the Operational Oversight Group.

f) Finance

49. The Alliance does not currently require the Council to change any of its existing financial processes or formally pool any budgets. A 'virtual' public budget for health and social care will be transparent about the total sum of local funding available to aid decision making. Part of the future development of the Alliance will include assessing whether there is any added value to establishing a formal pooled budget arrangement, with recommendations being brought back to Committee for a decision. The key County Council resources associated with current Better Together objectives are the budgets for the older adults social work teams in the Mid-Nottinghamshire districts and hospitals, as well as their commissioning budgets, used to provide people who are assessed as eligible for social care with personal budgets for their care and support. There are also key relevant services delivered through countywide contracts, such as the Community Equipment Loan Service (an existing pooled budget arrangement) and short term prevention service. The Mid-Nottinghamshire staff budgets for the Council-run START Re-ablement service is also included. To give an indication of the value involved, the Council's original 2015/16 budget for this portfolio of services in Mid-Nottinghamshire was £52.3m.
50. In addition, the Council has a number of services that are delivered on a countywide basis. A breakdown of these budgets are not included in the Mid-Nottinghamshire 'virtual' funding pot as the service and funding could not be split in a meaningful way. Examples include: Customer Service Centre and Adult Access Team (which includes the Carer Support Service, MASH, a number of specialist countywide operational teams e.g. Aspergers, DoLS, AMHP service) and departmental and corporate resource services. Also, the budgets for internal run countywide services such as Day Care/Care and Support Centres/Short Breaks/meal service are not included.

Other Options Considered

51. Prior to considering an Alliance Agreement contract, a Single Accountable Provider (SAP) model was explored. In this model, one provider would take on a strategic lead role and responsibility for the transformation of health care services, sub-contracting with the other providers to deliver this. This option was not progressed after the initial assessment phase, due to the fact that existing capacity and quality pressures would make it difficult for any provider alone to also manage major transformation. A collaborative approach drawing on the expertise of both commissioners and providers was assessed as being more appropriate and likely to succeed.
52. The option of not being a party to the Alliance agreement at all has been considered. The Alliance, however, offers an opportunity to work collaboratively to create a new health and social care system across Mid-Nottinghamshire that will deliver better outcomes for citizens and will make the best use of collective public resources. If the Council were not an Alliance Member it would have a limited role, being able only to participate in working

group discussions about recommendations for new care models for consideration by the Alliance Leadership Board.

53. The Council has the option of joining either as a Full Member or an Associate Member. Associate Membership, however, does not bring voting rights. There is no doubt that the health and care system will change and full membership provides an opportunity for the Council to shape and influence the nature of these arrangements.
54. There are still many aspects of the Alliance which require development in greater detail. The Alliance contract has therefore incorporated a degree of flexibility in order to be able to adapt to change and reflect emerging best practice from around the country. The development of the Mid-Nottinghamshire Alliance is seen as a first step towards greater integration and does not preclude the establishment of new entities and partnerships in the future.

Reason/s for Recommendation/s

55. It is recommended that Nottinghamshire County Council signs up to being a Full Member of the Alliance. The rationale is that if the Council chooses not to be a Member or to be an Associate Member, the Council will not be able to vote on the decisions made by the Alliance. This means that there is a risk of actions being agreed that could either have a negative impact on the Council, for example, increasing demand for services, or, do not maximise potential benefits, for example of a joint approach to prevention and self-care.
56. Being a Full Member will enable the Council to ensure that its requirements are met through active involvement in strategic discussions about service provision and future design of services, including oversight of contracts and service delivery. This will provide the Council with the opportunity for assurance that it is meeting its service objectives, managing financial and other risks, as well as ensuring that services undergo the necessary transformation whilst maintaining quality. Health and social care has a high degree of complexity, volume and changing demand. Commissioning and providing needs to be highly adaptive to this changing context.

Statutory and Policy Implications

57. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

58. The overall aim of the Better Together programme is to deliver improved health and social care outcomes for service users (see **Appendix 2**).

RECOMMENDATION/S:

That the Committee:

- 1) approves the Council to sign the Mid-Nottinghamshire Alliance Agreement contract as a Full Member in line with the arrangements set out in the report
- 2) delegates authority to agree any final drafting changes to the Corporate Director for Adult Social Care, Health and Public Protection in consultation with the Chair of the Adult Social Care and Health Committee and the Group Manager for Legal Services
- 3) approves the Corporate Director for Adult Social Care, Health and Public Protection (or his authorised senior officer delegate) as the Nottinghamshire County Council representative on the Alliance Leadership Development Board with delegated authority to cast votes on behalf of the Council subject to a requirement to bring all strategic, policy, resource and financial decisions including the approval of the outcome of the transition activities to this Committee or such other body of the Council as may be appropriate in the circumstances
- 4) approves the Service Director for Adult Social Care in Mid-Nottinghamshire as the Nottinghamshire County Council representative on the Operational Oversight Group
- 5) receives a further progress report in October 2016.

Sue Batty
Service Director, Mid Nottinghamshire

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Constitutional Comments (HD - 25/2/2016)

59. The recommendations fall within the delegation to Adult Social Care and Health Committee.

Financial Comments (NDR 12/02/16)

60. The financial implications of the proposal are considered in paragraphs 49 & 50 and in the Exempt Appendix.

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.

Integration with Health in Mid-Nottinghamshire – report to the Adult Social Care & Health Committee on 2nd November 2015.

Health Integration in Nottinghamshire – report to the Adult Social Care & Health Committee on 29 June 2015

The Better Together Programme in Mid Nottinghamshire – report to Adult Social Care & Health Committee on 2 February 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH380

GUIDING PRINCIPLES FOR INTEGRATION WITH HEALTH

Areas	Principles
Outcomes	Achieves better outcomes for the citizens of Nottinghamshire through improving health and well-being
Co-production	Ensures services are planned and developed in a way that engages with the community (including service users, carers, the local community and the providers of services)
Rights	Service user and carers' rights are respected and enshrined
Policy making	Ensures that social care statutory duties are met
	Ensures the delivery of the Redefining Your Council (RYC) Transformation programme
	Ensures the requirements of the Care Act are met and fully implemented
	Ensures the underpinning Nottinghamshire Adult Social Care Strategy is delivered
	Ensures the ethos of social care is embedded in new arrangements
Performance	Maintains high performance areas and improves performance overall
Finance	Ensures that social care budgets continue to be effectively managed
	Future savings required from the ASCH budget are taken fully into account
	The relevant risks are understood and appropriate plans are in place.
Access to advice, information and advocacy	Enables a joint approach to a wide range of information and advice is offered in a proactive way and access to advocacy is provided
Workforce	Supports a shared and jointly developed workforce strategy which applies across health and social care professions
	Promotes the values, identity and skills of social care as a profession and these are maintained and developed through learning and research
Leadership	Ensures a balanced partnership with a strong contribution from social care, and social care leadership maintained at the highest level.
Demand management	Ensures that success with demand management from point of access to

	social care through to assessment and review is sustained and built on by embedding promoting independence
People are safe	Ensures effective safeguarding and deprivation of liberty arrangements are in place
	Ensures people can take risks to promote independence and well-being
Personalisation	Promotes choice and control to the service user and progresses integrated personal health and care budgets as one way of delivering this
Early intervention, prevention, promotion of independence and well-being	Ensures people have access to the right support at the right time to promote independence
Partnerships	Fosters integration/alignment with the wider Council and other partners, such as district councils, the community and voluntary sector and the independent care sector.
Strategic commissioning and market development	<p>Ensures an effective approach to commission and deliver services jointly across the County for older adults, people with learning disabilities, physical and sensory disabilities and mental ill-health.</p> <p>Develops and maintains a diverse range of choice and quality of care and support services in the local market, which are viable and sustainable.</p> <p>Ensures that services commissioned are well monitored for quality and outcomes.</p>
Continuity	Ensures the delivery of a large scale, complex social care service can be effectively managed alongside the health elements in the transition to any new model
	Countywide services such as the Customer Service Centre or the reviewing teams are maintained until there is sufficient evidence base that they can be incorporated into integrated delivery models

Structure of framework

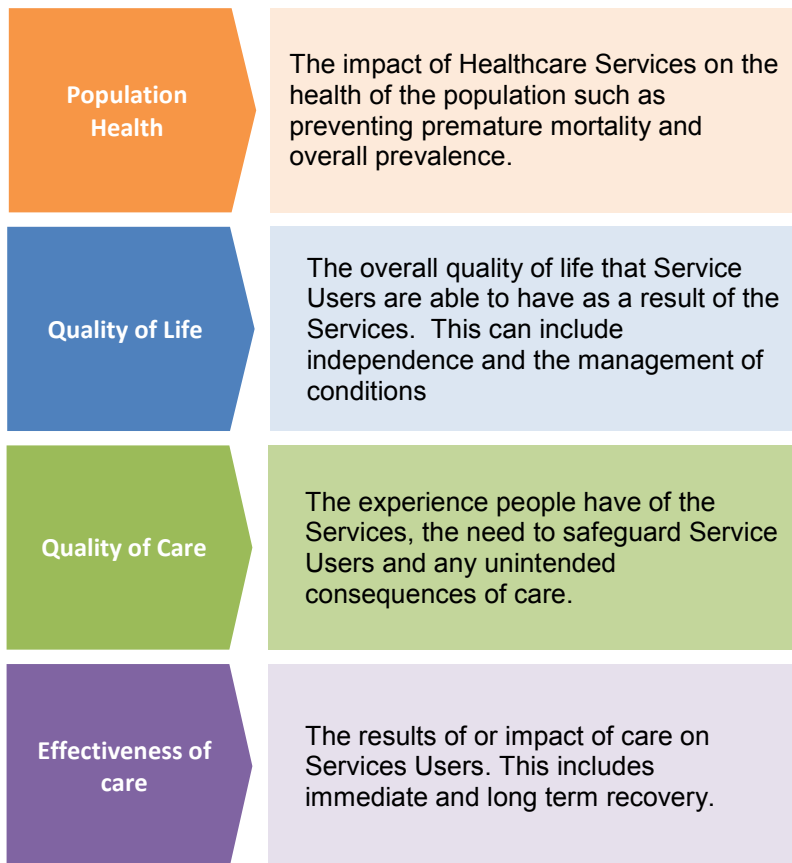
- 1 We have developed and agreed a single, integrated, Outcomes Framework covering the mid-Nottinghamshire population and the Services within the scope of Our Alliance. The Outcomes and indicators within the Framework will provide Us with a view of performance across pathways and population groups.
- 1 The framework is made up of three core elements:

Domains	The high-level grouping or classification of Outcomes that are measuring similar things – for example, safety or Service User experience.
Outcomes	Outcomes are the goals and results of providing the Services and set out a definition for what We should be aiming to achieve. Outcomes are grounded in the needs and wants of people who use the Services. Many of the Outcomes are related and can fit within a number of the domains.
Outcome Indicators	The measures selected to demonstrate the achievement (or not) of the Outcome. These will be as Outcome focused as possible but where there is a case a process/structure measure can be used as a proxy; for example, many people cite access to timely and responsible services as important. One of the ways to measure this is through process measures/standards. Where possible, existing indicators have been used but there will be a requirement to develop some new indicators.

- 2 The aim of the framework is to strike a balance between an appropriate number of measures to reward performance whilst not presenting an unnecessary burden on Us or to constrain potential models of care.

Outcome Domains

- 3 We have identified and agreed four Outcomes ‘domains’. Outcomes within these domains will represent performance across the system and for different population groups. Indicators will be selected to demonstrate performance against the Outcomes.
- 4 The Outcomes domains are as follows:



5 The Outcome indicators that relate to the Outcome domains are as follows:

Domain 1: Population Health

Ref	Outcome	Ref	Indicator	Source
1.1	People are prevented from dying prematurely (reducing the potential years of life lost and premature mortality from the major causes of death)	1.1.1	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare	NHSOF 1a, CCGOF 1.1
		1.1.2a	Reducing premature mortality from the major causes of death - U75 mortality rate from: CVD	PHOF 4.3, NHSOF 1a
		1.1.2b	Respiratory,	
		1.1.2c	Liver	
		1.1.2d	Cancer	
		1.1.2e	Heart Failure	
		1.1.3	Excess Winter Deaths	PHOF 4.15i
1.2	People are able to stay physically and mentally well (impact on the prevalence of the main long-term conditions)	1.2.1a	(To impact on the prevalence of the main long-term conditions identified in the JSNA). These are: hypertension	Existing data
		1.2.1b	Common Mental Health Disorders	Existing data
		1.2.1c	CKD	Existing data
		1.2.1d	Asthma	Existing data
		1.2.1e	Diabetes	Existing data

Domain 2: Quality of Life

Ref	Outcome	Ref	Indicator	Source
2.1	People who use health and care services and their carers report a good quality of life	2.1.1	Social care related quality of life	ASCOF 1A
		2.1.2a	Health-related quality of life for Carers	CCGOF 2.15
		2.1.2b	Health-related quality of life for people with long-term conditions	NHSOF 2
		2.1.2c	Health-related quality of life for older people	PHOF 4.13
2.2	People can remain independent, with or without support, and are able to manage the risks associated with this	2.2.1	Permanent admissions to residential and care homes, per 100,000 population (both over 65 and 18-65) (All admissions)	ASCOF 2A, BCF (just over 65)
		2.2.2	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into <u>reablement/rehabilitation services</u>	NHSOF 3.6i, ASCOF 2B
2.3	People are able to have choice and control over their condition and the services they receive	2.3.1	Proportion of people who use services who have control over their daily life	ASCOF 1B
		2.3.2	Proportion of people using social care who receive self-directed support, and those receiving direct payments	ASCOF 1C
		2.3.3	EOL: % of patients dying in place of preference	TBC
		2.3.4	Proportion of patients and service users who feel that they were involved as much as they wanted to be in decisions about their care and support	PIRU (app.C)
2.4	People can manage their condition and/or frailty to prevent complications	2.4.1	Proportion of people feeling supported to manage their (long-term) condition	NHSOF 2.1, BCF, CCGOF 2.2
		2.4.2	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Examples include Infections, Nutritional, endocrine and metabolic, Diseases of the blood, Mental and behavioural disorders, Neurological disorders, Cardiovascular diseases, Respiratory diseases)	HES, CCG 2.6, NHSOF 2.3i
		2.4.3	Complications in relation to a diagnosed long-term condition - Diabetes: Complications associated with diabetes including emergency admission for diabetic ketoacidosis and lower limb amputation - (See measure 1.1.2 for mortality from heart failure and CVD) - (See 2.4.2 for exacerbations relating to COPD and CVD)	CCG OF 2.8
		2.4.4	Injuries due to falls in people aged 65 and over	PHOF 2.24i
2.5	People are able to make a meaningful community and social contribution		Proportion of adult social care users who have as much social contact as they would like	ASCOF / PHOF 1.18i
		2.5.2	Proportion of adult carers who have as much social contact as they would like	ASCOF / PHOF 1.18ii

Domain 3: Quality of Care

Ref	Outcome	Ref	Indicator	Source
3.1	Users are safeguarded against unintended or potential harms	3.1.1	Providers are expected to comply with all national standards and duties in relation to safety and safeguarding. These will form part of the contract and a selection of measures may be used as a pass/fail for incentivisation.	Link to NHSOF 5b
3.2	People have access to timely and responsive services	3.2.1	Overall satisfaction of people with accessibility and convenience to health and care services	IQI PEXIS1
		3.2.3	% reduction in attendances at A&E for primary care conditions	NEW
3.3	People who use services have a good experience of care	3.3.1	Patients experience of Integrated Care (Placeholder)	NHSOF and ASCOF (TBC) - currently under development
		3.3.2	Patient experience of hospital care (composite measure of inpatient, outpatient and A&E)	NHSOF 4b
		3.3.3	Overall satisfaction of people who use services with their care and support (Social Care)	ASCOF 3A
		3.3.4	Overall satisfaction of carers with social services	ASCOF 3B
		3.3.5	EOL: Bereaved carers' views on the quality of care in the last three months of life	CCG OF

Domain 4: Effectiveness of Care

Ref	Outcome	Ref	Indicator	Indicator Source
4.1	Services are effective and reduce the need for readmissions	4.1.1	Emergency admissions for acute conditions that should not usually require hospital admission	CCGOF 3.1, NHSOF 3.3a
		4.1.2	Emergency readmissions within 30 days of discharge from hospital all admissions	CCGOF 3.2
4.2	Service users make their expected and sustained recovery following treatment	4.2.1	Proportion of service users achieving their personal and social goals agreed at the beginning of support or treatment	NEW
		4.2.2	Care hours required at the end of reablement and/or rehabilitation services (The % of reablement cases where care package is (1) eliminated or (2) reduced, at the end of the reablement period).	Existing Data / NEW SCIE
		4.2.3	Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	NHSOF 3.4 (In development)
		4.2.4	Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days	NHSOF 3.5
		4.2.5a	Increased health gain as assessed by patients for elective procedures a) hip replacement,	NHSOF 3.1, CCGOF 3
		4.2.5b	b) knee replacement,	
		4.2.5c	c) groin hernia,	
		4.2.5d	d) varicose veins	
		4.2.6	Cancer: One and five year survival rates for all cancers	NHSOF 1.4 / CCG OF
4.3	Maternity services effective to prepare mothers and babies for an excellent start in life	4.3.1	Indicators to be developed and confirmed by the maternity working group	TBD
4.4	Carers are able to provide high-quality support	4.4.1	Carers report that they have access to expertise to be effective carers (% of carers who, in the last 12 months, have found it easy or difficult to find information and advice about support, services or benefits)	Carers Survey
		4.4.2	Carers reporting that they have had the support they need to stay well and manage their wellbeing (% of carers who feel that they have enough encouragement and support)	ASCOF / Carers Survey

Appendix 3 ALLIANCE OBJECTIVES, PRINCIPLES AND BEHAVIOURS

1. Alliance Objectives

1.1 Our intention is that Our Alliance will provide a financial, governance and contractual framework that delivers the Commissioner Participants' key objectives so to be able to meet demand from changing levels of need, changing funding levels, new legislation and/or policy imperatives by:

- (a) ensuring health and care system sustainability through reduced system cost whilst maintaining appropriate quality and Service User safety;
- (b) securing best value for the public sector budget in terms of outcomes per pound spent;
- (c) ensuring that integrated health and care services are delivered coherently and that fragmentation of service delivery is minimised by reducing organisational, professional and service boundaries;
- (d) directing resources to the right place in order to adequately and sustainably fund the right care for improved patient outcomes;
- (e) incentivising the achievement of positive outcomes for the benefit of the population's health and wellbeing;
- (f) supporting the process of transition to new care, support and well-being models delivering improved outcomes for Service Users; and
- (g) protecting and promoting Service User choice.

1.2 Accordingly, we have agreed a set of objectives (together the '**Alliance Objectives**') that We wish to achieve through the activities of Our Alliance. Our Alliance Objectives are:

- (a) improved outcomes for Service Users;
- (b) seamless Service User journey/experience irrespective of their care needs (i.e. health or social care);
- (c) health and care services that are accessible;

- (d) health and care services are local where appropriate;
- (e) health and care services place a focus on prevention;
- (f) health and care system sustainability through reduced system cost; and
- (g) (and in doing all of the above) to protect and promote choice.

- 1.3 The Provider Participants acknowledge and accept that the Alliance Leadership Board may seek to shift activity and service specifications under the respective Services Contracts in order to achieve the Alliance Objectives. We will utilise the provisions, mechanisms and flexibilities in the Services Contracts to effect the necessary changes in service specifications, activity plans etc.

Best for Service Decision Making

- 1.4 We know that We will have to make decisions together in order for Our Alliance to work effectively. We agree that We will always work together and make decisions on a Best for Service basis in order to achieve the Alliance Objectives and the Outcomes, unless any one of the Reserved Matters listed in Clause **Error! Reference source not found.** applies (see section 3 below for the content of this Clause).

Compliance with legal obligations

- 1.5 We shall support each other to achieve compliance with each of Our statutory responsibilities. Accordingly, nothing in this Agreement will require any of Us to do anything which is in breach of Our legal obligations (including procurement and competition law) or which breaches any regulatory or provider licence requirements.

2. Alliance Principles and Behaviours

- 2.1 In striving to achieve the Alliance Objectives and the Outcomes, We have committed to the following principles and behaviours:

Alliance Principles

- 2.2 Our agreed '**Alliance Principles**' are that:

- (a) We shall encourage cooperative behaviour between Ourselves and engender a culture of "Best for Service" including no fault, no blame and no disputes where practically possible;
- (b) We shall seek to ensure that sufficient resources are available, including appropriately qualified staff who are authorised to fulfil the responsibilities set out in this Agreement;

- (c) We shall assume joint responsibility for the achievement of the Outcomes;
- (d) We commit to the principle of collective responsibility and to share the risks and rewards (in the manner to be determined as part of the Transition Activities) associated with the performance of the Alliance Objectives;
- (e) Our Alliance activities shall adhere to statutory requirements and best practice by complying with applicable laws and standards including EU procurement rules, EU and UK competition rules, data protection and freedom of information legislation; and
- (f) We agree to work together on a transparent basis (for example, open book accounting where possible) subject to compliance with all applicable laws, particularly competition law, and agreed information sharing protocols and ethical walls.

Alliance Behaviours

2.3 Our agreed '**Alliance Behaviours**' are that:

- (a) We shall collaborate and co-operate by establishing and adhering to the governance arrangements as defined in this Agreement;
- (b) We shall be accountable by taking on, managing and accounting to each other for the performance of Our respective roles and responsibilities;
- (c) We shall be open and communicate openly about major concerns, issues or opportunities relating to the Programme and the achievement of the Outcomes;
- (d) We shall learn, develop and seek to achieve full potential by sharing appropriate information, experience and knowledge so as to learn from each other and to develop effective working practices;
- (e) We shall work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;
- (f) We shall adopt a positive outlook by behaving in a positive, proactive manner;
- (g) We shall act in a timely manner by recognising the time-critical nature of the Programme and respond accordingly to requests for support;
- (h) We shall act in good faith to support achievement of the Outcomes and compliance with the Alliance Principles; and
- (i) We shall work together as a single, integrated high performance team ('one

system, one budget') and make decisions to achieve the Outcomes.

2.4 Over the life of the Alliance, the actual provision of Services will alter on the basis of the most effective utilisation of staff, premises and other resources (in terms of cost and quality) and whilst there will be co-operation between Us as to the design of care models this will not:

- (a) preclude competition between Us in respect of service provision as is needed to achieve the Alliance Objectives and which will be reflected in the Services Contracts and changes to those Services Contracts; or
- (b) restrict the Commissioner Participant's statutory obligations including obligations under procurement law to contract with provider(s) most capable of meeting the Commissioner Participants requirements, and obligations under Legislation (for example, the Public Contract Regulations 2015 and the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013).

3 Decision Making, Delegated Authority and Reserved Matters (Clause 11 of the Alliance Agreement)

3.1 Except as provided for in 3.34, We agree that We will always work together and make decisions on a Best for Service basis in order to achieve the Alliance Objectives and the Outcomes. Our decisions will be made in accordance with the Alliance Principles and We agree to act in accordance with the Alliance Behaviours.

Delegated Authority

3.2 We recognise that each of Us has Our own regulatory and statutory responsibilities and Our own internal governance arrangements. We acknowledge that Our relevant ALB Member may not have the appropriate levels of delegated authority to make decisions at meetings of the Alliance Leadership Board. Accordingly, some decisions will need to be considered and approved by Our individual Boards/Governing Bodies before final resolution by the Alliance Leadership Board. We therefore agree that:

- 3.2.1 We shall strive to give as much advance notice of ALB business as is reasonably possible so as to allow Our relevant ALB Member to seek views and necessary approvals or authority from their individual organisation;
- 3.2.2 We shall seek to ensure that Our ALB Members have appropriate levels of delegated authority in order to consider and determine issues at meetings of the Alliance Leadership Board;
- 3.2.3 Where there are limits on the delegated authority of Our relevant ALB Member, We shall advise the other ALB Members of those limits and what additional approvals or authorisations

will be required to participate in and make decisions at meetings of the Alliance Leadership Board;

3.2.4 [any others]

Prohibited Matters

3.3 We acknowledge that each of Us is required to comply with certain statutory and regulatory duties. Therefore, notwithstanding any other provision of this Agreement or any Services Contract, We agree that We shall not decide to do or omit to do anything which would:

- (a) cause any of Us to breach:
 - (i) Legislation; or
 - (ii) any regulatory requirement including requirements of the Care Quality Commission; or
 - (iii) any specific Department of Health policies; or
 - (iv) in the case of the Council, the Council Constitution and any applicable Council policies; or
 - (v) in the case of the Mid-Notts CCGs, the CCGs' Constitution;
- (b) cause a Provider Participant to breach any terms of its provider licence from Monitor; and/or
- (c) require the Commissioner Participants to invest further monies in respect of the Services, or under the Services Contracts or under this Agreement.

Reserved Matters

3.4 Furthermore, We recognise that the Commissioner Participants have specific statutory responsibilities for ensuring the provision of safe, efficient and integrated health and care services and that their role as commissioners of the Services means that they shall be entitled to exercise the following decisions without seeking approval from the Alliance Leadership Board and without having to act on a Best for Service basis (each a '**Reserved Matter**')

- (a) any Mandatory Change made by the Commissioner Participants under the Change Procedure;
- (b) any steps taken by the Commissioner Participants in relation to Clause **Error! Reference source not found.** (Transfer to Third Parties); and/or
- (c) any decision, in relation to the Services, to undertake public consultation or to respond to or liaise with a Local Healthwatch organisation, the Nottinghamshire Health and Wellbeing Board, the Nottinghamshire Safeguarding Adults Board and/or other bodies with whom the Commissioners Participants are required to consult

3.5 We agree that:

- (a) Section 3 overrides what may be written in any Services Contract or any inconsistent

provision in this Agreement;

- (b) the Reserved Matters are limited to the express terms of 3.4;
- (c) the Alliance Leadership Board may not make a final decision on any of the matters set out in Clause , which are reserved for determination by the Commissioner Participants only;
- (d) where exercising a Reserved Power under 3.4, and subject to any need for urgency because to act otherwise would result in the Commissioner Participants breaching their statutory obligations, the Commissioner Participants will first consult with and advise the Alliance Leadership Board in relation to its proposed exercise of a Reserved Matter; and
- (e) if a decision in respect of any Reserved Matter is notified to the Alliance Leadership Board, We will implement that decision as if it were a decision of the Alliance Leadership Board, and, where necessary, implement the decision via the Change Procedure.

Appendix 4

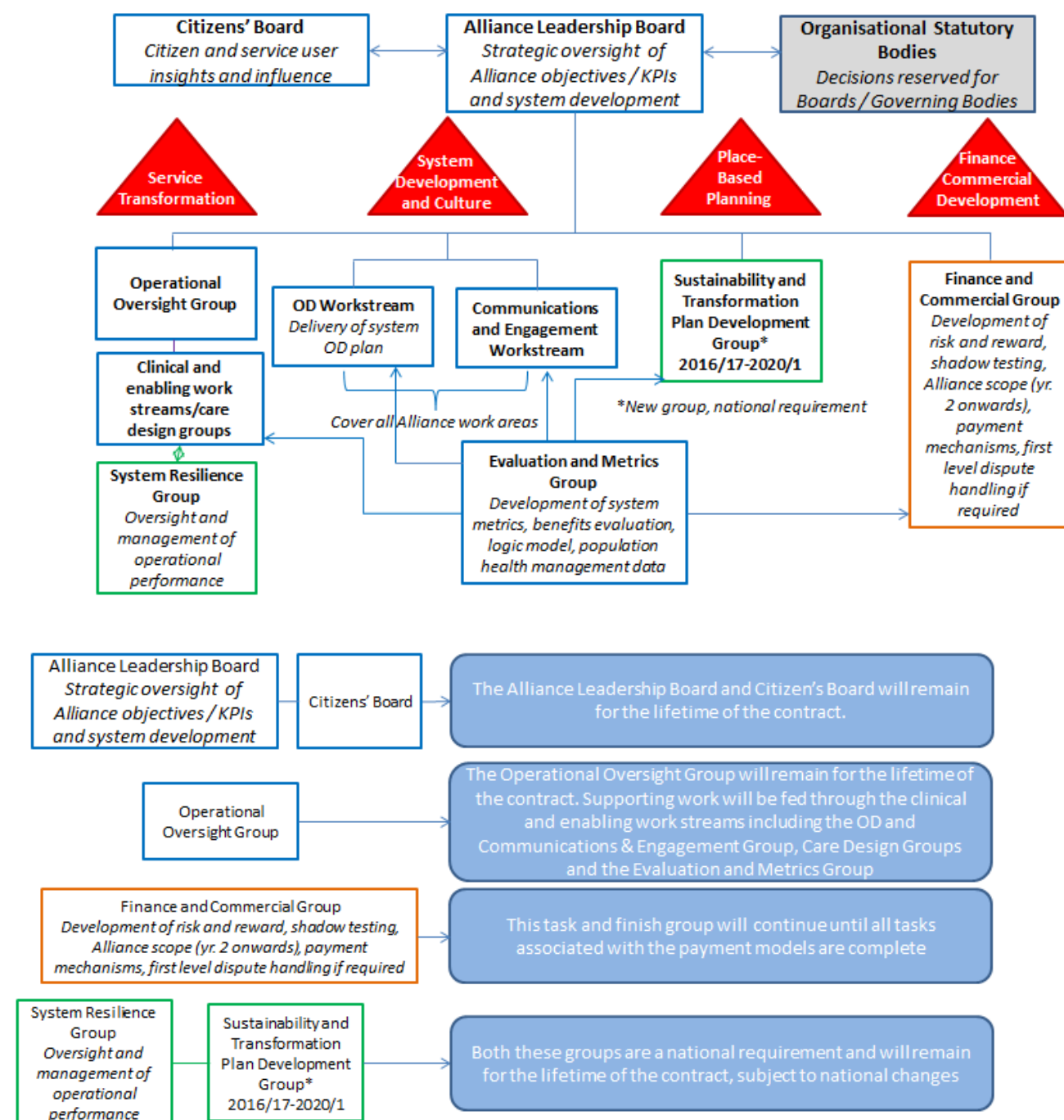
SCOPE OF THE SERVICES

The scope of the Services is illustrated below. Our ambition is to maximise the range of Services in scope – We will work on the premise that all health and care services should be within the scope of the Services unless there is a specific reason for them to remain out of scope (e.g. political reasons, clinical delivery reasons etc.).



1 GOVERNANCE STRUCTURE

Our Governance Structure comprises the following Boards and Groups :



7th March 2016**Agenda Item: 7****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF CURRENT
DEVELOPMENTS****Purpose of the Report**

1. The report updates the Committee on a number of developments and activities that have been, and are, taking place across the department.
2. The report also seeks approval of the following:
 - that progress with personal health budgets in the County be reviewed by the Committee in six months
 - that the provision of the Disabled Persons' Registration Card be ceased
 - the proposed changes to the staffing establishment within the Bassetlaw Hospital Team and the Adult Deaf and Visual Impairment Service
 - that a further update on the Transforming Care programme be provided to the Committee in six months.

Information and Advice

3. This report covers: current progress on the introduction of personal health budgets in Nottinghamshire; a recommendation to cease the Disabled Persons' Registration card; a request to approve changes to the staffing establishment in the Bassetlaw Hospital Social Work team and the Adult Deaf and Visual Impairment Service; and a progress update on the Transforming Care programme.

Introduction of Personal Health Budgets in Nottinghamshire

4. A personal health budget (PHB) is an amount of money which can be used to meet a person's identified health and wellbeing needs. The way in which the money is used is based on preferences of the individual, usually in conjunction with their families or carers and agreed with the local NHS team. It enables care to be provided in a more flexible and personalised way than would be the case if standard NHS services were used.
5. The guidance specifically refers to children and people with learning disabilities but the expansion of PHBs is not restricted to these groups. There is information from the pilot sites about who could benefit from PHBs which is linked to need rather than a particular diagnosis or condition. For example, it could include people:

- receiving NHS Continuing Healthcare or children's continuing care
 - who have suitable high levels of need but are not receiving NHS Continuing Healthcare
 - with learning disabilities or autism and high level support needs
 - who make on going use of mental health services
 - with long-term conditions prone to relapse and for whom current services do not appear to work, resulting in frequent access to acute services
 - who need high cost, longer term rehabilitation, e.g. people with acquired brain injury, spinal injury or mental health recovery needs
 - children with education, health and care plans who could benefit from a joint budget including funding from the NHS.
6. Adults eligible for NHS continuing healthcare and children in receipt of continuing care have had a right to have a personal health budget since October 2014. Personal health budgets have featured strongly in NHS Planning Guidance and other high profile policy initiatives over the last three years.
7. Performance in the development of PHBs across the country is very variable. Areas that participated in the PHB pilot programme understandably report higher activity figures for people with PHBs, for example Northampton, Nottingham City, and Lincolnshire, which is a pilot site for integrated personal budgets. The table below shows the numbers of personal health budgets in place from the Markers of Progress data submitted to NHS England at 30th September 2014. Nationally there is currently a total of 4,000 people with PHBs.

Table 1 – Markers of Progress Data at 30th September 2014

East Midlands Clinical Commissioning Groups (CCGs)	NHS funded Continuing Health Care PHBs	Joint funded (health and social care) PHBs	Long Term Care PHB including Mental Health	Children's PHBs	Total PHBs
<i>Nottinghamshire</i>	22	3	0	5	30
Nottingham City	32	44	4	6	86
Derbyshire	12	1	0	2	15
Northampton	36	38	54	6	134
Lincolnshire	21	43	0	4	68
Leicestershire	9	2	0	1	12

NB: The Markers of Progress template is currently under review and data as at the end of December 2015 is expected to be available by early February 2016.

8. In Nottinghamshire, an interim PHB lead is working with the five local CCGs (with the exception of Bassetlaw CCG). Recruitment is underway for a PHB Manager who is expected to be in post for March 2016. The Interim PHB lead is liaising with Council commissioning colleagues. A representative from the Council attends the Nottingham

PHB network meeting, and will be present at the NHS England PHB event 'Moving forward with personal health budgets - Developing a Local Offer' in February.

9. Some joint arrangements for managing PHBs have also been made between Bassetlaw CCG and the Council. There are 4 Continuing Health Care cases that are being pursued or managed as PHBs in Bassetlaw.
10. The Government's mandate to NHS England 2016/17 includes a goal of 50-100,000 people to have a personal health budget or integrated personal budget by 2020 (up from the current estimate of 4,000). For 2016/17 CCGs are required to produce a plan with specific milestones for achieving this goal. For Nottinghamshire County CCGs this would equate to between 680 and 1,300 PHBs by 2020.
11. As part of the development of a local plan, key activities for the CCGs over the next 12 months will include significant engagement work with local stakeholders, including establishing a Local Peer Network. The Council's work with partners to integrate personal health and care budgets for people for whom it is relevant is an essential pre-requisite for the effective integration of health and social care.
12. It is recommended that progress with personal health budgets in the County be reviewed by the Committee in six months.

Disabled Persons' Registration Card

13. The Disabled Persons' Registration Card (DPRC) was introduced in Nottinghamshire in May 2008 following a suggestion from a member of the public. It was initially for adults, but in 2009 it was agreed that eligibility for the card should be extended to children and young people under the age of 18 years. The purpose of the card was for people to have formal 'proof' that they have a disability, which would reduce the likelihood of them being inappropriately challenged about their use of facilities for disabled people. The card was free to new applicants and to people wanting to renew an existing card.
14. In 2013 a new organisation, CredAbility, approached the Council to promote its national Access Card. As the DPRC is not a statutory service and the Access Card is available to a wider range of disabled people and children, it was felt that this would be a good replacement for the Council's card. In January 2014 it was agreed with the Chairman of the Adult Social Care and Health Committee that all new applicants would be encouraged to apply for the Access card, although the Council would renew the DPRC for life for existing card holders if asked to do so.
15. The number of new applicants for the DPRC had been declining before this decision was made, and since then the number of cards renewed by existing card holders has declined significantly. In 2014/15 there were eight applications for the card compared to 519 in 2011/12. The Council has not received any applications for renewal since August 2015.
16. The Access Card serves the same purpose as the DPRC and the provider is also negotiating concessions for disabled people who have the card. The development of the service can be seen on their [website](#). There are now 60 Access Cards on issue to

Nottinghamshire residents and applications continue to increase slowly; there were six applications in September and three in October 2015.

17. The administration of the DPRC is the responsibility of the Customer Service Centre. The cards are produced using a machine, which has needed maintenance from IT in the past year. The cost of replacing the machine would be around £1,000 and the number of cards now being renewed means that it would not be cost-effective.
18. It is recommended that the DPRC is no longer renewed and that existing card holders are directed to other disability identification cards, including the Access Card. Advice about disability identification cards is available on the County Council's [website](#).

Changes to staffing establishment in Bassetlaw Hospital Team and Adult Deaf and Visual Impairment Service (ADVIS)

19. The Committee is asked to approve the conversion of a Service Advisor post (Grade 4, 30 hours per week) to a Community Care Officer post (Grade 5, 27 hours per week) at Bassetlaw Hospital on a permanent basis. This can be achieved within existing staffing budgets (at a cost of £20,247 pa).
20. This change is requested because the Community Care Officer role is more versatile in the hospital setting, particularly with the use of Trusted Assessors, who make decisions about discharge plans for people in hospital. Trusted Assessors are professionals from both health and social care within the Integrated Discharge Team. They carry out generic, preliminary assessments of patients' needs when they are ready for discharge. The post in question is currently vacant.
21. The Committee is also asked to approve a request for a permanent Advanced Social Work Practitioner in the ADVIS structure (Band C, 27 hours per week). This would be achieved through conversion of a vacant Rehabilitation Officer post (Band A, 18.5hrs pw), and Social Worker hours (Band A, 14.5 hours pw); both of which are currently available within the team's existing staffing budget. ADVIS is a multi-disciplinary team covering the whole of the County, working with both older and young adults. The team currently consists of 1 full time Team Manager and 17 members of staff. This proposal would allow for the establishment of a duty system, sharing of case management supervision, and would provide more support to the whole staff group.
22. The Advanced Social Work Practitioner post would be Band C at a cost of £32,298 per annum. This can be met from within existing budgets.

Update on the Transforming Care programme

23. At the Committee meeting in November 2015, Members were notified that Nottinghamshire had been deemed a 'fast track area' in partnership with Nottingham City and the 7 CCGs. The idea of the fast track was to be a forerunner in the ambition to change services for people with learning disabilities to ensure fewer people were admitted to mental health hospitals and more people were appropriately supported within the community.

24. In December, the national plan was published and all areas have now been asked to develop their own plans for Transforming Care. The Nottinghamshire fast track area developed a plan in September 2015 and the five work stream groups have been meeting regularly to take the plan forward.
25. Progress to date includes:
- ensuring processes developed are fit for purpose across children's services and autism services as well as learning disability in adults
 - development of an overarching strategy – this is a live document which will change as the work progresses
 - development of an engagement strategy with stakeholder mapping for consultation, including key service user groups, carers, advocates and key professionals
 - two provider events held to ensure engagement in the current development of crisis support and longer term transformation of learning disability and autism services
 - establishment of a sub-group to progress a skills academy to create a consistent approach across providers and share training capabilities and assets and foster a closer cross-provider relationship
 - working on pooled budgets and understanding the current spend from all partners
 - establishment of a professionals reference group to ensure front line health and social care staff are engaged
 - involvement of independent provider representatives on the work streams and the Operational Committee.
26. It is recommended that a further update on the Transforming Care programme is presented to the Committee in six months.

Other Options Considered

27. The report covers a range of activities within the department, most of which are for the Committee to note. With regard to the DPRC, the report suggests that a viable alternative is available and can offer more than the Council's original option. In addition, the number of people renewing the Council's card is now so low that other options would not be cost effective. The Market Position Statement is a refreshed version of a departmental publication that already existed. The proposed staffing changes are suggested in order to better manage the nature of work that is required within both of the teams.

Reason/s for Recommendation/s

28. With regard to the DPRC, it is not cost effective to replace the machine for the DPRC. The card is a discretionary service, which is being successfully promoted and developed by another provider. With regard to the posts in the Bassetlaw Hospital team and the ADVIS team, the recommendation is to change the staffing establishment to better meet the needs of the service users.

Statutory and Policy Implications

29. This report has been compiled after consideration of implications in respect of crime and disorder, 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, sustainability and the environment and ways of working 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

30. With regard to the proposed option for the DPRC this will save the minimal staff costs and the cost of replacing the card machine. The financial implications of the changes to posts in the current establishment can be found in **paragraphs 19 and 22**.

Human Resources Implications

31. With regard to the DPRC, some short term additional time will be required to update the Council's website and to change the scripts at the Customer Service Centre. With regard to the staffing changes, this will require disestablishment of the existing vacant posts in order to replace them with the requested posts. There are no redeployment requirements.

Human Rights Implications

32. The Access Card supports Article 8 of the Human Rights Act – the right to respect for private and family life. It enables card holders to prove that they have a disability without having to explain private details of their condition in public and enables service providers to quickly and efficiently work to remove the barriers disabled people face.

Public Sector Equality Duty implications

33. The Access Card allows disabled people to provide formal proof that they have a disability. Evidence suggests that this reduces the likelihood of card holders being inappropriately challenged about their use of facilities provided for disabled people. It supports disabled people as equal members of the community and helps to prevent discrimination against them.

Implications for Service Users

34. The wider eligibility criteria for the Access Card enables more people to enjoy its benefits and address some of the specific barriers that disabled people face. The Access Card has benefits that the Council's card does not. However, disabled people will in future be charged £15 for three years for the Access Card, whilst the Council's card is currently free.

RECOMMENDATION/S

That the Committee:

- 1) notes the work taking place in relation to personal health budgets and the Transforming Care programme
- 2) agrees that progress with personal health budgets in the County be reviewed by the Committee in six months

- 3) agrees that a further update on the Transforming Care programme be provided to the Committee in six months
- 4) agrees to cease the provision of the Disabled Persons' Registration Card
- 5) approves the changes to the staffing establishments within the Bassetlaw Hospital Team and the Adult Deaf and Visual Impairment Service as described in paragraphs 19 to 22.

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection

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Constitutional Comments (LM 16/02/16)

35. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

Financial Comments (KAS 23/02/16)

36. The financial implications are contained within paragraphs 19-22 and paragraph 30 of 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.

Personal Health Budget Update including proposals from the Vanguard Site - report to Adult Social Care and Health Committee on 7 September 2015

Transforming Care (Winterbourne) update - report to Adult Social Care and Health Committee on 7 September 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH377

7 March 2016**Agenda Item: 8****REPORT OF THE TRANSFORMATION PROGRAMME DIRECTOR, ADULT
SOCIAL CARE, HEALTH AND PUBLIC PROTECTION****DEPARTMENTAL SAVINGS AND EFFICIENCIES PROGRAMME – ADULT
SOCIAL CARE AND HEALTH****Purpose of the Report**

1. To update the Committee on progress with budget savings projects being delivered by the Adult Social Care, Health and Public Protection (ASCH&PP) Department over the period 2015/16 to 2019/20.
2. To seek Committee approval for the establishment of new temporary and permanent posts and the extension of existing temporary posts to support delivery of both existing and new savings projects within the ASCH&PP Department over the period 2016/17 to 2018/19, and enable the department to undertake the necessary transformation to adult social care services in the County.

Information and Advice

3. The ASCH&PP Department has already delivered efficiency savings of £57m over the period 2011/12 to 2014/15 through the delivery of savings and efficiency projects. This report updates Committee on progress with the 34 remaining projects falling under the remit of the Adult Social Care and Health (ASCH) Committee, approved by Full Council on 27 February 2014 and 26 February 2015.
4. The report excludes progress on the two remaining savings projects falling under the remit of the Community Safety Committee, and the Business Support Services Review (ASCH&PP and CFCS (Children, Families & Cultural Services)) project, which falls under the remit of the Personnel Committee.
5. The overall financial position of the Department, including savings at risk, is contained within the body of the financial monitoring report that is regularly considered by Finance and Property Committee.
6. The remaining savings targets total £28.100 million, profiled as follows:

2015/16	2016/17	2017/18	2018/19	2019/20	Total
£11.281m	£10.335m	£4.625m	£1.688m	£0.171m	£28.100m

7. The current statuses of the projects as at Period 10 2015/16, and the breakdown of the remaining savings targets assigned to them, are provided in **Appendix 1**. This also shows any projects reporting exceptions and savings at risk.
8. As Members are aware, each project is RAG (Red; Amber; Green) rated as defined in the status key within **Appendix 1**. Based on good practice from elsewhere, the County Council uses an 'experiencing obstacles' (yellow) category. This gives project managers a chance to highlight that aspects of a project are 'off target' without this necessarily meaning that there will be a resultant risk to overall savings delivery (e.g. some slippage in tasks within the plan etc). In effect, the 'experiencing obstacles' category provides an early warning that action needs to be taken to rectify a problem and / or stop a position worsening so the project becomes 'at risk.' However, at this stage the scale of the issue, and any potential savings at risk, may be unknown and further work is required to ascertain this.
9. The current RAG rating of projects and any known savings at risk of either slippage into future financial years or at risk of non-delivery are provided in **Appendix 1**. In summary, the position with regard to the achievement of the £11.281m 2015/16 savings target is as follows:

	Number of projects	Target Savings £ M	Expected	Slippage	At risk	% of savings target
Savings Target	34	11.28				100.00
Current position						
Close/completed	4	1.18	1.18			10.46
On Target	17	6.21	7.61			55.05
Experiencing obstacles	5	0.99	0.69	0.3		8.78
At Risk	5	2.85	1.28	0.69	0.88	25.27
Compromised	3	0.05	0	0	0.05	0.44
Total	34	11.28	10.76*	0.99	0.93	100.00

*Please note: a one-off over-achievement of £1.402m savings have been achieved against the Direct Payment project.

10. Within a portfolio(s) of programmes and projects of the scale of that being undertaken by the Department, it is to be expected that some projects will have delivery issues or fail ultimately to deliver, despite best endeavours. This is particularly the case where change has been overlaid on change and where projects are more transformational. For those projects reporting exceptions in **Appendix 1**, further detail on the reasons for these, and mitigating action in place to manage these, is provided in **Appendix 2**.
11. Subject to approval at the Full Council budget meeting on 25 February 2016, the ASCH&PP Department will have to achieve a further £8.8m savings over the period 2016/17 to 2018/19, profiled as follows:

2016/17	2017/18	2018/19	Total
£1.888m	£3.669m	£3.266m	£8.823m

12. Delivery of the Department's savings programme is reliant on additional temporary staffing resource. At the ASCH Committee meeting on 30 March 2015, approval was given to either establish or extend a number of temporary posts to support delivery of both existing and new savings projects. Approval to subsequently amend one of these posts was given at the ASCH Committee meeting on 2 November 2015 (see background papers).
13. ASCH Committee is now being asked to approve the following resource requirements for the existing savings projects and for the new savings projects (subject to approval at the Full Council budget meeting on 25 February 2016):

Existing Projects

- The extension of 3.5 FTE Occupational Therapist (OT) temporary posts by six months, from September / October 2016 to February / March 2017, to support delivery of the single handed care approach as part of the Younger Adults and Older Adults Community Care projects. Also required is the extension of 1.0 FTE OT Countywide Project Manager post, from April 2016 to March 2017, to oversee this work as part of providing wider support to the OT service with streamlining OT pathways, OT mobilisation, development of OT clinics and work with District Councils. These extensions will bring an additional cost of **£133,253** over 2016/17.
- The extension of 1.0 FTE Strategic Development Manager post, 1.0 FTE Social Worker post and 1.0 FTE Community Care Officer post by 12 months, from April 2017 to March 2018, to support the Development of Extra Care Housing Programme. The extension is required due to the delays in the expected delivery of some of the Extra Care schemes, which has impacted on the closure programme for the Care and Support Centres, as outlined in **Appendix 2**. This will bring an additional cost of **£137,966** over 2017/18.
- The extension of 1.0 FTE Community Care Officer (CCO) post by six months, from April 2017 to September 2017. The post is currently approved for 12 months (to March 2017), to initially undertake reviews on older adult residential placements as part of the remaining Older Adult Care Home Banding Rationalisation project. Once this work is completed, the post will support delivery of reviews required as part of the Reducing the Average Cost of Younger Adult Residential Placements project. Approval is now being sought to extend this post by a further six months, so that the scope of the project can be extended to some out of area placements and services where it is expected to be more challenging to realise savings. This extension will bring an additional cost of **£16,109** over 2017/18.
- The temporary creation of 1.0 FTE Social Worker post for 24 months from the date of appointment, to support delivery of both the Reducing the Average Cost of Younger Adult Residential Placements project and, if approved at the Full Council budget meeting on 25 February 2016, the Promoting Independence in Supported Living and Outreach Services. The post will provide expert support where complex risk assessments, deprivation of liberty and mental capacity act issues arise, and will

support the CCO posts involved in project delivery. This will bring an additional cost of **£89,764** over 2016/17 to 2017/18.

New Savings Proposals

The resource requirements for the new savings proposals have been agreed by Members as part of the budget preparation process.

- The creation of various new additional temporary posts, as outlined in **Appendix 3**, which will support delivery of the new savings proposals, subject to approval at the Full Council budget meeting on 25 February 2016. The total cost over the period 2016/17 to 2017/18 will be **£1,198,889**.
- The creation of a permanent 1.0 FTE Senior Co-ordinator post and 1.0 FTE Business Support Officer post from date of appointment to support delivery of the new Investment in Shared Lives project. The posts will facilitate the development of new aspects of the scheme including marketing and growth, establishing carer and service user groups and a panel process, and ensuring systems and processes are as effective as possible (including legislation compliance). This will bring an additional permanent cost of **£62,180 pa**. £42,061 of this will be met from savings against the Younger Adults Community Care budget, with the remaining cost being covered by existing Shared Lives budget.

A breakdown of the cost profile for the above posts over the two years 2016/17 to 2017/18 is provided at **Appendix 3**.

Please note: **Appendix 3** also shows the already known resource requirements for some of these projects for 2018/19. However, this report is only seeking approval for post creations and post extensions up to March 2018.

Other Options Considered

14. There are no other options to outline in relation to the savings and efficiency elements of the report as this aims to update Committee on existing budget saving projects currently being delivered by the ASCH&PP Department.
15. The use of existing departmental and corporate resources has been considered. However, there is no available capacity to undertake this work without impacting on existing savings programmes or reducing essential service management resources. The implementation of this transformation programme is considered to be fundamental to ensure the Council continues to meet its statutory responsibilities and delivers a sustainable social care service in the future.

Reason/s for Recommendation/s

16. The additional resource has been costed and earmarked reserves will be used to cover these costs, except for the following post requests:

- The extension of the additional 3.5 FTE OT posts to support delivery of the single handed care approach, the cost of which will be netted off savings achieved from the single handed care approach.
- The new permanent Shared Lives posts, which will be funded by savings against the Younger Adults Community Care budget and available service budgets.

Statutory and Policy Implications

17. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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

18. Each project's progress in achieving their 2015/16 savings target is detailed within the content of this report and in **Appendices 1 and 2**.
19. The cost implications of the changes to temporary resources to support delivery of the existing savings projects, and the financial implications of the temporary and permanent resource to support delivery of the new savings projects, are outlined in **Appendix 3**.
20. The additional resource has been costed and earmarked reserves will be used to cover these costs, except for the following post requests:
 - The extension of the additional 3.5 FTE OT posts to support delivery of the single handed care approach, the cost of which will be netted off savings achieved from the single handed care approach.
 - The new permanent Shared Lives posts, which will be funded by savings against the Younger Adults Community Care budget and available service budgets.

All of these costs include on-costs but exclude travel costs.

Human Resources Implications

21. The line management arrangements of the amended and new temporary posts are outlined in **Appendix 3**.
22. Posts that require an evaluation to determine the grade will need to be submitted for job evaluation prior to being advertised. All other implications are reflected in the report.

Public Sector Equality Duty Implications

23. The equality implications of the projects were considered in Equality Impact Assessments undertaken, published and considered as part of the 2014/15, 2015/16 and 2016/17 budget consultation process.

Implications for Service Users

24. The implications of the projects on service users were considered in the Outline Business Cases and Options for Change undertaken during their development that were published and considered as part of the 2014/15, 2015/16, and 2016/17 budget consultation process.

Ways of Working Implications

25. The places of work at which the amended and new temporary posts will be based are outlined in **Appendix 3**.

RECOMMENDATION/S

That the Committee:

- 1) notes the progress over 2015/16 on budget saving projects being delivered by the Adult Social Care, Health and Public Protection Department, as outlined in **Appendices 1 and 2**.
- 2) approves the creation or extension of additional temporary and permanent posts, as outlined in **Appendix 3**, which will support delivery of existing and new savings projects.

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Constitutional Comments (LM 23/02/16)

26. The recommendations within the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

Financial Comments (KAS 24/02/16)

27. 'The financial implications are contained within paragraphs 18-20 of 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:

- Report to Full Council, 27 February 2014: *Annual Budget 2014/15* and associated published Outline Business Cases and Equality Impact Assessments.

- Report to Adult Social Care and Health Committee, 12 May 2014: *Overview of Savings Projects to be delivered 2014/15 to 2016/17 by the Adult Social Care and Health Department.*
- Report to Adult Social Care and Health Committee, 3 November 2014: *Overview of Departmental Savings and Efficiencies Programme.*
- Report to Policy Committee, 12 November 2014: *Redefining Your Council: Transformation and Spending Proposals 2015/16 – 2017/18* (including Appendix A).
- Report to Full Council, 26 February 2015: *Annual Budget Report 2015/16* and associated published Options for Change and Equality Impact Assessments.
- Report to Adult Social Care and Health Committee, 30 March 2015: *Transformation Resource – Overview of Departmental Requirements.*
- Report to Adult Social Care and Health Committee, 1 June 2015: *Overview of Departmental Savings and Efficiencies Programme – Adult Social Care, Health and Public Protection*
- Report to Finance and Property Committee, 14 September 2015: *Financial Monitoring Report – Period 4 2015/2016.*
- Report to Adult Social Care and Health Committee, 2 November 2015: *Departmental Savings and Efficiencies Programme – Adult Social Care and Health.*
- Report to Policy Committee, 9 December 2015: *Spending Proposals 2016/17 – 2018/19.*
- Report to Full Council, 25 February 2016: *Annual Budget 2016/17* and associated published Outline Business Cases and Equality Impact Assessments.

Electoral Division(s) and Member(s) Affected

All.

ASCH381

Appendix 1: Current Status of Adult Social Care and Health Savings Projects (as at period to 2015/16 and High Governance Project Highlight Reports, submitted January 2016)

Committee	Project Name	Project Status (Last Month) December 2015	Project Status (This Month) January 2016	Cashable Benefits						Projected At Risk / Slippage & Over Achievement						Savings delivered in an alternative way	Net at risk amount
				2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s	2015/16 (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s		
ASCH	Redesign of Assessment and Care Management Functions & Organisational Re-design (B07/08)	On Target	On Target	1,194	250	0	0	0	1,444								
ASCH	Living at Home Phase II (A01)	On Target	On Target	631	555	158	0	0	1,344								
ASCH	Reducing the average community care personal budget - Younger Adults (C02)	On Target	On Target	1,369	925	173	0	0	2,467								
ASCH	Day Services (C07)	On Target	On Target	220	490	0	0	0	710								
ASCH	Residential Short Breaks Services (C06)	On Target	On Target	250	250	0	0	0	500								
ASCH	Direct Payments (OfC C01)	On Target	On Target	98	1,671	0	0	0	1,769	-1,402					-1,402		-1,402
ASCH	Reduction in staff posts in the Joint Commissioning Unit	On Target	On Target	0	149	0	0	0	149								
ASCH	Reduce no. of social care staff in hospital settings by 15%	On Target	On Target	147	0	0	0	0	147								
ASCH	Savings from the Supporting People budget	On Target	On Target	1,250	1,950	0	0	0	3,200								
ASCH	Cease NHS short breaks service (Newlands)	On Target	On Target	460	0	0	0	0	460								
ASCH	Various options to reduce the cost of the intermediate care service	On Target	On Target	540	800	800	0	0	2,140								
ASCH	Ensuring cost-effective day services	On Target	On Target	50	150	0	0	0	200								
ASCH	Gain alternative paid employment for remaining Sherwood Industries staff	On Target	On Target	0	35	35		0	70								
ASCH	Partnership Homes	On Target	On Target	-84	0	292	0	0	208								
ASCH	Short Term Prevention Services	On Target	On Target	0	200	0	0	0	200								
ASCH	Development of a single integrated meals production and delivery service	On Target	On Target	0	293	0	0	0	293								
ASCH	Strategic Commissioning - Review of Contracts	On Target	On Target	86	43	0	0	0	129								
ASCH	Reducing the Costs of residential Placements - Younger Adults (OfC C06)	Experiencing Obstacles	Experiencing Obstacles	500	1,000	1,000	0	0	2,500	300	-300						
ASCH	Various contract changes by the Joint Commissioning Unit	Experiencing Obstacles	Experiencing Obstacles	179	190	0	0	0	369		150				150		150
ASCH	Handy Persons Preventative Adaptation Service	Experiencing Obstacles	Experiencing Obstacles	100	0	0	0	0	100								
ASCH	Increasing income for Short Breaks	Experiencing Obstacles	Experiencing Obstacles	212	0	0	0	0	212								
ASCH	Older Adult Care Home Banding Rationalisation (OfC C02)	Experiencing Obstacles	Experiencing Obstacles	0	100	0	0	0	100								
ASCH	Reducing Community Care spend - Older Adults (C01)	Experiencing Obstacles	At Risk	1,953	224	172.5	0	0	2,350	1,014	-480				534		534
ASCH	Reduction in long-term care placements (C03)	Experiencing Obstacles	At Risk	550	423	0	0	0	973	212	23	-235					
ASCH	Care and Support Centres (OfC C03)	On Target	At Risk	0	492	1,995	1,688	171	4,346			1,703	-1,580	-123			
ASCH	Development of reablement in Physical Disability services	At Risk	At Risk	150	0	0	0	0	150	150					150	150	
ASCH	Managing Demand in Younger Adults	At Risk	At Risk	200	0	0	0	0	200	200					200	200	
ASCH	Quality Assurance and Mentoring Package	Compromised	Compromised	0	75	0	0	0	75		75				75	75	
ASCH	To create a single integrated safeguarding support service for the council	Compromised	Compromised	0	70	0	0	0	70		70				70	70	
ASCH	Expansion of community-based care and support options	Compromised	Compromised	50	0	0	0	0	50	50					50		50
ASCH	Targeting Reablement Support (C13)	Closed or Completed	Closed or Completed	755	0	0	0	0	755								
ASCH	Restructure of Adult Care Financial Services (ACFS) and a reduction in posts	Closed or Completed	Closed or Completed	121	0	0	0	0	121								
ASCH	Group Manager Restructure	Closed or Completed	Closed or Completed	200	0	0	0	0	200								
ASCH	Reduction in supplier costs - Younger Adults	Closed or Completed	Closed or Completed	100	0	0	0	0	100								
Total				11,281	10,335	4,625	1,688	171	28,100	524	-462	1,468	-1,580	-123	-173	495	-668

NB: The £1.402m overachievement against the Direct Payment project is one-off, and will not be sustained for future years.

On Target	Successful delivery of the project to time, cost and quality is achievable and there are no major outstanding issues at this stage that threaten delivery
Experiencing Obstacles	Successful delivery is probable, however, there are minor issues which need resolving to ensure they do not materialise into major issues threatening delivery. This is an early warning category, if the minor issues are resolved in a timely manner, it is unlikely that project savings will be put / remain at risk.
At Risk	Based on available evidence, successful delivery still appears feasible but significant issues exist with scope, timescales, cost, assumptions and/or benefits. Issues appear resolvable, but action is required
Compromised	Based on available evidence, successful delivery of the project appears to be at significant risk. There are major issues with project scope, timescales, cost, assumptions and/or benefits. Immediate action required to resolve issues.
Closed or Completed	Project benefits have been achieved, or there has been an official change to the benefits profile (through change control) so the project is complete or declared undeliverable
No Status	Awaiting major points of clarification / decision-making to enable PID and plan to be completed

Appendix 2 a: Project exceptions where the amount of savings at risk can be quantified – reasons and mitigating action

Project	Reason for Exception	Mitigating Action
Reducing Community Care spend - Older Adults	<p>Slippage of £0.480m savings from 2015/16 into 2016/17 plus savings at risk of £0.534m for 2015/16.</p> <p>Both the number of reviews undertaken so far this financial year and the total savings achieved are lower than the same period last year. There are a number of reasons for this, including the countywide reviewing teams' focus being diverted to other immediate operational priorities that do not deliver savings.</p>	<p>As a temporary solution, the shortfall of £0.534m at risk for 2015/16 can be met from departmental underspend. As a longer- term solution:</p> <ol style="list-style-type: none"> 1. A new Targeted Review proposal, if approved at the February 2016 Council meeting, will deliver savings by re-focusing the activity of the countywide reviewing teams. Examples include reviewing people earlier to ensure support is appropriate, setting short-medium goals to increase people's independence, and providing support in different ways e.g. technology instead of support worker. Any savings that this activity will achieve over the new proposal's target of £0.460m will contribute towards the £0.534m at risk. 2. Roll-out of the single handed care approach is beginning to realise savings which will also contribute towards the £0.534m at risk. 3. Savings from the use of assistive technology have yet to be reported against the project. 4. Processes and performance are being reviewed in order to seek to increase the number of reviews that can be completed by reviewing officers. 5. Permission will be sought to cover all vacancies within the teams with short term agency support, providing this remains within the approved staffing budget, so that the Review Teams' capacity can be maximised at all times.

Project	Reason for Exception	Mitigating Action
Reduction in long-term care placements	<p>Anticipated slippage of £0.212m savings from 2015/16 to 2016/17 and a further £0.023m slippage into 2017/18.</p> <p>Meeting the requirements of the Department of Health's Winterbourne View report has absorbed project staff resource and suitable supported living tenancies. It has also taken time to develop an effective list of approved housing providers. Whilst capital funding to develop new larger schemes will help to increase the availability of suitable accommodation, these take time to develop and there have been some delays to existing scheduled schemes.</p> <p>Compounding this, all new supported living developments have been stalled due to provider concerns regarding the proposed plan to cap all rents to local housing allowance levels and introduce discretionary payments for higher rent schemes. If implemented, this would undermine the whole supported housing sector and compromise the project's ability to deliver its full savings target. This would also impact on Extra Care developments and the Reducing the Costs of residential Placements - Younger Adults project. If this is not resolved, the project's slippage would revert to savings at risk.</p>	<p>Local and national lobbying taking place. If this is successful, the extensive work can continue with housing providers to develop new clusters of flats.</p> <p>In the meantime:</p> <ul style="list-style-type: none"> • Mechanisms for assuring providers is being considered. • The focus of a workshop scheduled for the end of February 2016 will include identifying alternative ways of delivering these savings, if required.

Project	Reason for Exception	Mitigating Action
Reducing the Costs of residential Placements - Younger Adults	<p>Current anticipated slippage is £0.300m from 2015/16 into 2016/17. However, delays in the recruitment of additional temporary staff to support project delivery has delayed the availability of data that is required to confirm if the £2.5m savings target is achievable, and over what time-scales.</p> <p>It is likely to get harder to negotiate package reductions with providers as the project progresses, especially within the context of wider cost pressures.</p>	<p>Have recruited additional temporary resource to help speed up the pace of provider reviews.</p> <p>Seeking approval to recruit an additional social worker post to provide expert support when complex risk assessments, deprivation of liberty and mental capacity act issues arise.</p> <p>To test the market on Out of County placements, working with other relevant local authorities.</p> <p>Deliverability and profile of savings to be reviewed once further data is available from provider reviews.</p> <p>The focus of a workshop scheduled for the end of February 2016 will include looking at any areas of potential savings shortfall and how these can be met another way.</p>

Project	Reason for Exception	Mitigating Action
Care and Support Centres (CSCs)	<p>The purpose of the project is to make best use of the six care and support centres (CSC), for the period they remain open, and support the closure of the centres to coincide with the opening of Extra Care schemes across the County.</p> <p>Delays in the expected delivery of some of the Extra Care schemes has impacted on the closure programme for the CSCs, in particular St Michaels View (in Retford) and Woods Court (in Newark). This means that the £1.703 million savings attached to these CSCs will now be realised in 2018/19 (£1.580m) and 2019/20 (£0.123m), not in 2017/18 as originally anticipated.</p> <p>With regard to the reasons for slippage, the construction of new Extra Care schemes is managed by a range of partners external to the Council, and a number of factors have impacted on the timescales for the creation of new Extra Care schemes – in terms of St Michael's View, the external funding model for the Retford Extra Care scheme has changed resulting in further due diligence work being undertaken by the Council.</p> <p>In terms of Woods Court, the Bowbridge Road Extra Care scheme in Newark is to be funded in part via grant monies from Homes and Communities Agency (HCA) funded through the Department of Health. Whilst funding announcements were originally due to be made in October 2015, these have been delayed at a national level. Newark & Sherwood District Council report that all applicants have been advised that the announcement is imminent.</p>	<p>A change request is in development that will be taken to Corporate Leadership Team for approval. In the meantime, discussions are being held with relevant Members.</p> <p>There is ongoing close working between officers involved with the CSC and Extra Care projects, including regular updates from external partners delivering the Extra Care schemes with regards to progress against anticipated timescales.</p>

Project	Reason for Exception	Mitigating Action
<p>Development of reablement in Physical Disability services</p> <p>Managing Demand in Younger Adults</p>	<p>Projects proving unable to deliver as planned. In total £0.350m is at risk of non-delivery in 2015/16.</p> <p>Most of the projects' interventions lead to cost avoidance or a saving in staff time rather than cashable savings.</p> <p>Difficulties in identifying cases where savings can be made over and above either work previously undertaken by operational staff in Learning Disability Teams or the savings that are being delivered by Care Support and Enablement providers as part of the <i>Reducing the average community care personal budget - Younger Adults</i> project.</p>	<p>As a temporary solution for 2015/16, the department will find savings in another way (budget(s) for this to be identified).</p> <p>The Younger Adults (YA) teams will be undertaking reablement to provide short term support to help them promote independence and avoid or delay the need for long-term support.</p> <p>A script has been written at the Customer Service Centre so that people can be redirected at this stage to services provided under the 'Promoting Independence Support for Vulnerable Adults' contract.</p>
<p>Various contract changes by the Joint Commissioning Unit</p>	<p>The ICELS savings of £0.150m for 2016-17 could be at risk if the service continues to operate over the allocated pooled budget of £7.2m.</p> <p>Over the past few years the service has been in an overspend position by year end of approximately £0.500m. However, improvements have been made during 2015/16 which has reduced the projected overspend significantly, and this work will continue into the next financial year.</p>	<p>In addition to continuing work to reduce the overspend, the new ICELS contract will deliver further savings. The Council is currently in negotiations with the County Clinical Commissioning Groups (CCGs) about the percentage that each partner contributes in relation to actual activity, which should reduce the Council's share of any future overspend.</p>
<p>Quality Assurance and Mentoring Package</p>	<p>The £0.075m savings target for 2016/17 is now deemed non-deliverable.</p> <p>The market has not proved receptive to the project as planned.</p>	<p>A new proposal for delivering the savings in a different way is currently in development.</p>

Project	Reason for Exception	Mitigating Action
To create a single integrated safeguarding support service for the council	It has not been possible to integrate Children's and Adult's service and as a result the £0.070m savings scheduled for 2016/17 will not be achieved.	Each department will find savings from elsewhere (budget(s) for this to be identified).
Expansion of community-based care and support options	Project proving unlikely to be delivered.	Final assessment of deliverability currently being undertaken.

Appendix 2 b: Project exceptions where there may be some savings at risk but amounts are not yet known – reasons and mitigating action

Project	Reason for Exception	Mitigating Action
Handy Persons Preventative Adaptation Service	<p>The project savings target of £0.100m in 2015/16 is predicated on reviewing and redefining the HPAS partnership, including seeking a proportionate financial contribution from CCGs to support the highest area of growth for the service, which is referrals to support hospital discharges, specifically to fit key safes rapidly.</p> <p>This revised funding arrangement has not yet been agreed with CCG colleagues.</p>	<p>Negotiations are ongoing with the CCGs to gain the additional contribution, including a meeting with the Chief Officers of each CCG.</p>
Increasing income for Short Breaks	<p>In order to realise the £0.212m income target assigned to this project, the Council's Short Breaks service for people with learning disabilities has applied for and been approved as providers on the NHS Carers Breaks scheme. This approval allows carers of the short breaks service to apply for funding that will contribute towards the cost of the breaks taken in these units.</p> <p>Before carers submit their applications for funding, the Department's Adult Access Team must review 120 carers of service users who use the Short Breaks service. The Adult Access Team agreed to undertake this work, though due to other existing commitments there was a delay in this work starting. Therefore, by year end, the service will be short of its £0.212m income target.</p>	<p>The income shortfall during 2015/16 is being managed within existing departmental budgets. For future years, work is being undertaken to ascertain the potential level of income at risk, and agree mitigating action.</p> <p>Use of the NHS short breaks scheme increased significantly in 2015/16. It operates to a fixed budget. Monitoring of actual and forecasting future demand for NHS short breaks will be undertaken with the lead CCG, along with a review of the scheme, aiming to develop a more integrated model and make most effective use of resources.</p>

Project	Reason for Exception	Mitigating Action
Older Adult Care Home Banding Rationalisation	<p>The original Option for Change envisaged that the remaining £0.1m savings allocated to this project were to be delivered through reviewing a small number of older adult placements where the residents are currently funded at a different fee level outside of the current bandings framework (i.e. service users who have entered long term care as a younger person and remained in the homes after reaching the age of 65).</p> <p>Since the option for change was approved, a more detailed desk based exercise has been undertaken on those service users in scope to assess where there may be potential to re-negotiate fees. This suggests that not all of the £0.100m savings may be achieved, as for most of the target cohort the reason why the placements are funded at a fee level above the current bandings framework is due to either free nursing care contributions, dementia quality mark payments, or either service users, families or Health are paying the difference.</p>	Reviews to be undertaken on the cases where there is potential for a reduction. It is anticipated that this should take approximately 8 weeks to complete. The outcome of this exercise will inform the savings that can be achieved.

Appendix 3: Additional Resource Required to Support Delivery of ASCH Department's Savings Projects

Project Name	Resource Required	FTEs	Band/ Grade	Post Extension or Creation	Timescale	Cost 2016/17 (£,000)	Cost 2017/18 (£,000)	Total (£,000)	Source of funding	Original Committee Approval Details (where relevant)	Line Manager	Main Work Base	Known Resource Requirements 2018/19
Projects Approved at Feb 14 Budget													
Younger Adults and Older Adults Community Care Projects (Double to Single Element)	OT Countywide Project Manager	1.00	D	Extension	Additional 12 months, from April 16 to March 17	54,709	0	54,709	Departmental reserves	30 Mar 15 ASCH Committee	Group Manager, Safeguarding Adults	Mercury House	
	Occupational Therapist (0.5 FTE in each of 7 Districts)	3.50	B	Extension	Additional 6 months, from September / October 16 to February / March 17	78,544	0	78,544	Netted off savings achieved from the single handed care	30 Mar 15 ASCH Committee	Various OT Team Managers	Various	
Sub Total						133,253	0	133,253					
Projects Approved at Feb 15 Budget													
Development of Extra Care Housing & Promotion of Independent Living in Place of the Current Provision of 6 Care and Support Centres	Strategic Development Manager	1.00	E	Extension	Additional 12 months, from April 17 to Mar 18	0	60,866	60,866	Departmental reserves.	30 Mar 15 ASCH Committee	Group Manager, Strategic Commissioning	County Hall	
	Social Worker	1.00	B	Extension		0	44,882	44,882			Team Manager- Bassetlaw & Newark Intermediate Care Services	Sherwood Energy Village	
	Community Care Officer	1.00	5	Extension		0	32,218	32,218			Team Manager - Ashfield Older Persons Team	Lawn View House	
Reducing the Average Cost of Younger Adults' Residential Placements	Community Care Officer	1.00	5	Extension	Additional 6 months, from April 17 to Sept 17	0	16,109	16,109	Departmental reserves.	30 Mar 15 ASCH Committee	To be determined	To be determined	Additional 6 months, at a cost of £22,441
	Social Worker	1.00	B	Creation	24 months from date of appointment	44,882	44,882	89,764	Departmental reserves.	2 Nov 15 ASCH Committee			
Sub Total						44,882	198,957	243,839					
Projects Approved at Feb 16 Budget - Temporary Post Requirements													
Finance support across all new savings projects	Finance Business Partners	2.00	C	Extension	Additional 24 months, from Apr 16 to Mar 18	102,036	102,036	204,072	Departmental reserves.	30 Mar 15 ASCH Committee	Senior Finance Business Partner, ASCH&PP	County Hall	
Promoting Independent Travel	Community Care Officer	4.00	5	Creation	18 months from date of appointment	64,436	128,872	193,308	Departmental reserves.		Team Managers, Countywide Reviewing Teams	Lawn View House, Prospect House and Thoresby House	
Further expansion of Assistive Technology to promote independence	AT Project Manager	1.00	D	Extension	Additional 12 months, from April 17 to March 18	0	54,709	54,709	Departmental reserves.	12 May 14 ASCH Committee	Group Manager, Strategic Commissioning	Lawn View House	
	AT Project Assistant	1.00	4	Extension	Additional 12 months, from April 17 to March 18	0	27,329	27,329	Departmental reserves.		AT Project Manager	Lawn View House	
Promoting independence in supported living and outreach services	Commissioning Officer or Senior Practitioner	1.00	C	Creation	20 months from date of appointment	42,515	42,515	85,030	Departmental reserves.		To be determined	To be determined	
	Social Worker	1.00	B	Creation		37,402	37,402	74,803					
	Community Care Officer	1.00	5	Creation		26,848	26,848	53,697					
Improving Collection of Continuing Health Care Funding	Admin / Finance Officer	0.50	4	Creation	Two years from date of appointment	13,665	13,665	27,329	Departmental reserves.		Senior Finance Business Partner, ASCH&PP	County Hall	
	Accountant	0.50	C	Creation		25,509	25,509	51,018			Commissioning Manager - Joint Commissioning - Older Adults	County Hall	
	Senior Practitioner	0.50	C	Creation		25,509	25,509	51,018					
Direct Payments	Commissioning Officer	1.50	C	Creation	Two years from date of appointment	76,527	76,527	153,054	Departmental reserves.		Commissioning Manager - Joint Commissioning - Older Adults	County Hall	
	Data Technician	1.00	4	Creation		27,329	27,329	54,658					
	Finance Officer	2.00	4	Extension	Additional 24 months, from April 16 to March 18	54,658	54,658	109,316			Team Leader - Community Assessment Team	Trent Bridge House	
Alternatives to residential care for younger adults	Community Care Officer	3.00	5	Extension	Additional 6 months, from October 17 to March 18	0	48,327	48,327	Departmental reserves	12 May 14 ASCH Committee	Team Manager - Younger Adults Project Team - County Wide	Sir John Robinson Way	Additional 12 months at cost of £96,654
	Occupational Therapist	0.50	B	Extension		0	11,221	11,221					Additional 12 months at cost of £22,441
Sub Total						496,434	702,456	1,198,889					
Total Temporary Cost						674,568	901,413	1,575,981					
Projects Approved at Feb 16 Budget - Permanent Post Requirements													
Project Name	Resource Required	FTEs	Band/ Grade	Post Extension or Creation	Timescale	Annual Cost (£)		Source of funding	Original Committee Approval Details (where relevant)	Line Manager	Main Work Base		
Investment in Shared Lives	Senior Coordinator	1.00	A	Creation	Permanent, from date of appointment	39,081		£42,061 pa from savings against the Younger Adults Community Care budget. £10,000 pa from Shared Lives general budget. £10,119 pa from Shared		Team Manager, Shared Lives Scheme	Sir John Robinson Way		
	Business Support Officer	1.00	3	Creation		23,099				Team Manager, Shared Lives Scheme	Sir John Robinson Way		
Total Permanent Cost						62,180							

7 March 2016**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR FOR NORTH NOTTINGHAMSHIRE
AND DIRECT SERVICES****FUTURE OF OLLERTON DAY SERVICE****Purpose of the Report**

1. To seek Committee approval to retain the day service building at Ollerton, formerly known as Whitewater, and not to proceed with the previously agreed plan to close this facility at the end of March 2016 as set out in the original Day Service Business Case.

Information and Advice

2. Day services are an integral part of the Council's offer of support to older people and younger adults with disabilities. Day services do not only provide people with an opportunity for social activity or employment support, but are a key point of contact in monitoring the health, safety and wellbeing of individuals attending.
3. The Day Services Modernisation Programme, which commenced in 2011, has seen the Council's day services evolve and diversify to provide a high standard of personalised care and support that focuses on maintaining and promoting independence and these services are an important resource in helping people to remain at home for longer and delay the need for long term residential care, which is a key element of the Adult Social Care Strategy.
4. Although the number of day centre sites has reduced as part of the modernisation programme with 35 day services bases being amalgamated across 10 sites, the quality and suitability of the buildings has been optimised through investment and refurbishment, ensuring that service users are receiving support in high quality, purpose built environments.
5. There are few alternatives in the external market that offer the same level and quality of service at a similar price and current demand is high.
6. Staff changes have also taken place throughout the period of transformation to support a more flexible and adaptable workforce, with significant staff efficiencies of 50% made to create a cost effective model offering integrated services across all care groups under a single staff group.
7. The Day Services Modernisation Programme achieved savings of £3.845m over the period 2011/12 to 2013/14.

8. Following the Day Services Modernisation Programme, the Day Service Business Case (ASC412) in July 2013 set out a plan to achieve further savings of £1.06m through a countywide reduction in the number of day service buildings operated by the Council. To date, a number of service changes have been implemented to support delivery of the business case which has enabled the following savings to be made and/ or identified:
- 2014/2015 - savings of £350,000 were achieved
 - 2015/2016 - savings of £220,000 were achieved
 - 2016/2017 - savings of £490,000 expected through the closure of the Ollerton service
9. However, there are a number of factors which indicate that the Council should review and revise the original decision to close the Ollerton day service.

Impact of Closure on Service Capacity

10. As the reduction in the number of day service buildings and staffing establishment progressed, the project group identified the need to undertake a review of available day service capacity across the County and consider whether the closure of the Ollerton service remained viable.
11. Subsequently, work towards the Ollerton closure was suspended in May 2015 to enable the capacity review to be undertaken and service users and carers were advised of this.
12. The capacity review found that although there was a net reduction of 25 people accessing Council day services across the County between 2013/2014 and 2014/15, levels of need and dependency for both new and existing services users were found to be higher or increasing, requiring increased staffing ratios.
13. The capacity review also concluded that closure of the Ollerton service would impact considerably on the capacity at receiving services and that placing the 95 service users currently attending Ollerton into the day services at Mansfield, Ashfield and Bassetlaw would result in these services being at full capacity.
14. This would mean that these services would be unable to accept new referrals except when there were leavers. Consequently, the Council may have to commission alternative support from the external market at an additional cost in order to meet demand and would have no opportunity for expansion or alternative models of delivery in the future.
15. There continues to be a high demand for the Council's day services, particularly for older people and there is limited alternative local provision available as the external market contracts in the face of its own financial pressures. For example, the Council was informed by Age UK in February that they will no longer operate day services from their Ollerton and Retford sites which again reduces the availability of services in the Ollerton area.

Financial Impact

16. The original Day Service Business Case proposed savings of £490,000 against the closure of the Ollerton service - £149,000 to be saved against running costs and £341,000 against staffing costs.
17. There are no further savings to be made through staff reductions as all current staff will need to transfer to other services as part of the reprovion to support the additional service user numbers and current levels of need.
18. There is potential to make savings against running costs of between £83,000 and £142,000 per annum, depending on the level of budget that would be required to transfer to receiving services to meet the additional costs of serving more people and the proportion of costs retained to maintain the unoccupied day service building.
19. However, the position has shifted regarding savings assumptions set out in the 2013 business case, particularly in relation to additional transport and reprovion costs as the original assumptions were based on the cohort of service users accessing the service at that time. Detailed work based on the current service user group shows that these costs would likely offset any potential saving.

Additional Transport Costs

20. The additional transport costs associated with reprovion the service at Mansfield, Ashfield and Bassetlaw are estimated to be in the region of £133,000.
21. This is based on a requirement for two additional vehicles at a cost of approximately £88,000 (£44,000 per vehicle and driver).
22. Additional escorts would be required for the additional vehicles at a cost for additional staff of £25,000 per annum.
23. Additional mileage costs for those service users displaced by the Ollerton closure are estimated to be in the region of £20,000 per annum.

Staff Relocation Costs

24. Staff disturbance costs would be payable for those staff who currently have Ollerton as their designated base but who will transfer to other day service locations as a result of the Ollerton closure and service reprovion.
25. Disturbance is payable to staff for a period of two years. There are currently 30 members of staff at the Ollerton service who would be eligible to receive this payment at a total cost of £30,375 per annum for the two year period.

Additional Reprovion Costs

26. Savings projections also assume that all current Ollerton service users can be reprovion for in other existing services. If their needs cannot be met within existing services or if they choose to take a direct payment and access alternative services, then the Council will incur additional costs which will further reduce the available savings.

27. In addition, if the capacity issues highlighted above means that the Council has to commission day service support externally, this will result in a further adverse financial impact.
28. For example, the potential cost of commissioning individual services elsewhere for every five service users is around £47,000 per year (based on Matrix rate of £65.28 per day, three days per week service, 48 weeks per year).
29. Although there are potential further savings to be made against non-staff costs, these would likely be offset by the additional costs associated with providing the service elsewhere.

Capital Considerations

30. There is no capital receipt to be gained as previous reviews conducted by Property services have given a zero valuation for the site.
31. The building is a purpose-built facility, extensively refurbished in 2013 to a very high specification, and is in very good condition. The service is sited in the middle of an Academy school campus which is shared with a leisure centre and Fire Authority training centre in a non-residential area.
32. The Council has retained ownership of the day service site by excluding it from the Academy transfer and have access rights over the shared drive.
33. Although a good sized site, open market valuation for the building in its existing form is zero.
34. Alternative uses are limited due to its location. It is unlikely to be attractive as a residential development site and although possibly suited to office accommodation, the market for office provision in the Ollerton area is well catered for elsewhere.
35. Any alternative use would require extensive alterations which would exceed the value.
36. Community use would not create a capital receipt nor would transferring the site to the Academy should they want it as the value in this type of scenario would still be deemed to be zero.
37. In the absence of an alternative use the Council would incur costs, either through the need to maintain an empty building or through the cost of demolition.

Summary of Financial Analysis

38. Once the potential savings against running costs are offset by the transport, relocation and reprovision costs above, the net position is an additional budget pressure of between £68,000 and £127,000 for years 2016/17 and 2017/18 (whilst staff disturbance costs are payable) and a pressure of £38,000 to £97,000 thereafter.

39. However, the £490,000 savings target for 2016/17 can still be realised as this saving can now be made by the service through permanent realignment of existing day service budgets across the County.
40. An example of how savings will be achieved through realignment of budgets is applying a reduction in the budgetary allocation for covering sickness absence. Increased flexibility in the management of the workforce across a geographical area means that staff can be deployed to different sites across the County to cover sickness absence.
41. This could not be achieved previously as staff were contracted to work from a designated day centre base and with a specific service users group. Therefore individual service locations would have to cover their own sickness absence through the use of agency or relief staff.
42. Following service transformation new starters are now required to work flexibly across all geographical areas and services. The shift from designated employment to flexible deployment of staff has been gradual and has only recently reached a level where budget realignment as described above has been possible.

Benefits of Retaining the Day Service at Ollerton

43. The retention of the Ollerton day service would continue to provide a resource to the north of the County, delivering a high standard of personalised care which supports the implementation of the Adult Social Care Strategy.
44. Retaining the service would provide continuity for service users and will avoid additional travel time.
45. The risk of additional reprovion costs as set out above would be avoided.
46. The building would continue to be utilised as a purpose built resource.
47. Capacity would be retained and services would be able to respond to future demand.

Other Options Considered

48. To continue with closure of the Ollerton day service as set out in the original business case.

Reason/s for Recommendation/s

49. Based on the analysis above, retaining the day service at Ollerton is the most cost effective and efficient option for the Council at the present time.
50. If closure of the service goes ahead as planned, the cost of reprovion services elsewhere will offset any potential savings and the impact on service capacity and availability is also likely to create an additional cost pressure.
51. Retaining the service as it is will mitigate the risk of additional reprovion costs, provide capacity to manage demand and does not affect the delivery of agreed savings targets.

52. Retaining the service will provide continuity for service users, families and staff.

Statutory and Policy Implications

53. This report has been compiled after consideration of implications in respect of crime and disorder, 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, sustainability and the environment and ways of working 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

54. As set out in **paragraphs 16 to 42**, opportunities for further savings through the closure of Ollerton day service are limited.
55. Closure will likely result in additional cost pressures which will offset any savings.
56. The £1.06m savings target set out in the Day Service Business Case will be delivered whether the service at Ollerton closes or not.

Human Resources Implications

57. Retaining the day service at Ollerton will negate disruption to staff.

Safeguarding of Children and Adults at Risk Implications

58. The majority of service users at the Ollerton day service are vulnerable adults. Closure of the service and subsequent reprovion elsewhere could affect service users' wish to continue attending and valuable oversight of individuals' safety and wellbeing could be lost.
59. Retaining the day service at Ollerton is likely to result in current service users continuing their attendance and maintaining regular contact with social care professionals.

Implications for Service Users

60. Retaining the day service at Ollerton will reduce/ negate disruption and possible additional travel for service users.

RECOMMENDATION/S

That the Committee:

- 1) notes the impacts of closure in terms of limited potential for further savings, likelihood of additional costs and impact on service capacity.
- 2) agrees to retain the day service at Ollerton in its current form at this time.

Ainsley MacDonnell
Service Director for North Nottinghamshire and Direct Services

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Constitutional Comments (SMG 24/02/16)

61. The proposals set out in this report fall within the remit of this Committee.

Financial Comments (KAS 11/02/16)

62. The financial implications are contained within paragraphs 54-56 of 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.

Day Service Business Case (ASC412), July 2013

Electoral Division(s) and Member(s) Affected

All.

ASCH378

7 March 2016**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING****INTEGRATED COMMUNITY EQUIPMENT LOANS SERVICE (ICELS)****Purpose of the Report**

1. The purpose of this report is to inform Members about the award of a contract for the new Integrated Community Equipment Loan Service (ICELS) from 1 April 2016 and seek approval:
 - for the Partnership Support Team within the joint Integrated Community Equipment Loan Service (ICELS) to be made permanent as from 1 April 2016
 - to appoint a full time Occupational Therapist for a two year period to oversee the Non Catalogue Community Equipment (NCCE) and Prescriber training
 - to align the Integrated Community Equipment Loan Service Equipment Review Team, Review Team Assistant and Minor Adaptations Occupational Therapist posts so that the posts terminate at the end of March 2018.

Information and Advice**Background**

2. On 9th June 2010, Cabinet approved the establishment of a joint Integrated Community Equipment Loan Service (ICELS) for Nottingham City Council, Nottinghamshire County Council and the NHS bodies for Nottinghamshire. That report and a subsequent Delegated Decision on 7th April 2011 (AC/2011/00019) further established the formation of the Partnership Support Team, which manages the service and leads on the interface between the Partners and the Service Providers.
3. The service has been in existence since April 2004 in the south of the County and February 2006 in the north of the County. It operated as two services until 31st March 2011, when a new contract was set up to cover the whole County as one service with one service provider.
4. Nottinghamshire County Council is the lead commissioner of the ICELS service and hosts the ICELS Partnership Support Team.
5. The ICELS is managed by the ICELS Partnership Support Team which is located at the Home Brewery Building in Arnold. The Partnership procures the service from the British

Red Cross (BRC) with whom the current contract is in place for a full countywide service until 31st March 2016. Following a tender exercise in 2015, the British Red Cross have been successful in securing the contract for the ICELS commencing from 1st April 2016. The contract has been awarded for five years with an option to extend for a further two years.

6. There are a number of changes which will come into effect under the new contract which will benefit both Prescribers and service users alike. As a result of consultation with both parties the following changes will come in effect from 1 April 2016:
 - 7 day delivery and collections
 - extending opening hours
 - introducing delivery time slots so that service users are able to choose when their equipment will be delivered
 - a text messaging service to advise of delivery times.

All of these improvements will be contained within the existing budget.

7. ICELS has a Partnership Agreement with a supporting Partnership Board and governance structure. A pooled budget is in place, which is contributed to by all partners. Each Partner pays a percentage of funds into the pool based on historical data from the previous old north and south ICELS contracts. The budget has recently been reviewed and partner contribution levels have been reset to reflect actual partner usage according to significant service changes over the last two years.

The Role of ICELS

8. The overall role of ICELS is to provide community equipment into client's homes to:
 - support discharges from hospital
 - prevent unnecessary admissions to hospital
 - support on-going frailty
 - prevent further deterioration, e.g. falls prevention, intermediate care
 - support client choice to remain in their own homes
 - aid rehabilitation and re-ablement
 - assist with Children's development
 - provide more specialist equipment when required.
9. Equipment is ordered by occupational therapists, physiotherapists and community based nurses (Prescribers), who are employed by either health organisations or the Local Authority.
10. The service loans equipment to individuals; it is therefore essential that equipment is returned when no longer required so that it can be re-issued and is an efficient use of resources.

The ICELS Partnership Support Team

11. At present the ICELS Partnership Support Team is employed on a temporary basis to coincide with the duration of the current ICELS contract which is due to end on 31 March 2016.

It has become evident that there is a continued need for the Partnership Support Team as the ICELS service has evolved and expanded in response to local and national changes and to meet Partners subsequent increases in demand.

12. The Partnership Support Team currently consists of:
- ICELS Partnership Manager (1 FTE Band D)
 - ICELS Occupational Therapist (1 FTE Band C/B)
 - ICELS Finance Officer (1 FTE Scale 4)
 - ICELS Administrative Assistant (1 FTE Scale 4)
13. The role of the ICELS Partnership Support Team has changed considerably since the services inception in 2004. ICELS has had service growth of 10% a year since it began in 2004. As a consequence the ICELS Partnership Board recognised that more needed to be done to manage the service within its available budget resources. The team has moved from being 'contract overseers', providing feedback and guidance to the Partnership Board and Operational Managers, to providing a more proactive 'gatekeeping role' identifying potential areas for improvement. This includes implementing service changes to secure savings for the Partnership and improve prescriber practice to improve service user outcomes. The team used to mainly manage the budget, however the team's role has extended to include reviewing and oversight of equipment on loan, advice on types and range of equipment, staff training and management of minor adaptations.

The ICELS Equipment Review Team

14. The purpose of the Equipment Review Team is to undertake reviews of equipment prescribed to people living in their own homes and in care homes. This reviewing activity ensures that the equipment is still required, safe and appropriate, but also reduces the overspend of the ICELS by returning equipment that is no longer required, or should not have transferred with a person when they entered a care home.
15. The team has been in place since November 2014 and has returned £303,000 of equipment by the end of December 2015.
16. The staff costs of the team including mileage in the first 12 months up to the end of October 2015 were £149,000. These costs are being covered by the credits received from the returns of equipment.
17. In October 2015 the Adult Social Care and Health Committee agreed to extend the Review Team posts until 31 October 2016 and granted permission to appoint a Review Team Assistant for a 12 month period to assist the team with its work and to undertake annual reviews of audited homes and ensure all items of equipment are returned from homes that have been audited.

18. To date 82 audits have been completed since May 2014, a 20 month period returning £628,438 of equipment. On average for each care home reviewed, £7,663 of equipment has been returned.

Minor Adaptations Occupational Therapist

19. Since 2013 there has been a gradual increase in the over spend of minor adaptations. The budget for minor adaptations for 2015/16 is £632,140. The previous two years have seen overspends of 25% and 33% and based on the first quarter of 2015/16 expenditure on minor adaptations, it was anticipated that the overspend for 2015/16 would increase even further unless action was taken to address the situation.
20. A locum occupational therapist (OT) was recruited at the end of June 2015 to oversee all orders for minor adaptations coming into the service. Since the OT commenced work, spending on minor adaptations has significantly reduced. Due to the work undertaken by the OT it is estimated that the Minor Adaptations budget will be underspent by approximately £53,624 during 2015/16 (8% underspent).
21. On the 5 October 2015 the Adult Social Care and Health Committee approved an extension of the OT post for a two year period to enable further savings against the ICELS Minor Adaptations budget to be achieved.

Finance

22. The ICELS budget for 2014/15 was £7.2 million. Prior to the Equipment Review Team and Minor Adaptations OT being in post, at year end the final budget position showed a total overspend of £590,000.
23. Due to the work of the ICELS Partnership Support Team, Equipment Review Team and Minor Adaptations OT, estimates for the 2015/16 budget suggest a reduced possible overspend of £283,000-£324,000 against the £7.2 million budget. It should be noted that the Minor Adaptations OT did not start in post until July 2015.

Non Catalogue Community Equipment

24. Non Catalogue Community Equipment (NCCE) is equipment which is not listed on the services standard equipment catalogue by virtue of its specialist nature. Examples of NCCE equipment are:
- postural seating
 - specialist beds
 - bespoke slings
 - paediatric seating systems.

NCCE equipment is available to meet specific clinical needs that cannot be covered by the standard catalogue range.

25. The NCCE budget for 2015/16 is £844,246 this has increased from £775,000 in previous years, and it is currently estimated that this budget will incur an overspend of £68,000.

(8%). This sum changes every month due to the ad hoc nature of NCCE and time lags in supply. In 2014/15 the overspend was £213,000 (27%) over budget.

26. As with Minor Adaptations, it is anticipated that by undertaking similar work with Prescribers and proactively managing access and referrals into ICELS for NCCE, this would result in significant savings to the budget and the overall total of new purchases whilst also ensuring far greater use of existing returned NCCE stock already within the stores.
27. The current year's reduced overspend on NCCE equipment has been achieved by the ICELS Partnership Support Team's direct involvement in some of the orders that have been submitted by Prescribers. Some examples are as follows
 - the purchase of a specialist standing bed with pressure mattress that if purchased new would cost £11,700. The ICELS OT was able to identify one from within stores that once it was serviced and refurbished only cost £5,500
 - a specialist chair order for £3,500 was replaced with a refurbished chair from store at a cost of only £770.
 - new specialist chair order for £3,600 was replaced with a stores item at a reduced cost of only £1,400.

Each of these cases involved a considerable amount of skill and dedicated time to identify savings, negotiate with suppliers and carry out direct challenges with prescribers.

28. In the current year even the limited direct interventions detailed in **paragraph 27** have yielded a 19% reduction in expenditure, with the NCCE budget estimated to be 8% overspent in comparison to 27% overspent in 2014/15. Prior to these interventions in 2015/16 the overspend on NCCE equipment steadily increased from 22% in 2012/13 to 27% over budget in 2014/15. Further reductions can be made against the NCCE budget by having an OT in post to check all orders, apply consistent eligibility criteria and encourage Prescribers to reuse existing stock where appropriate.
29. The ICELS Partnership wishes to appoint a temporary OT for a two year period to undertake this work. The extra cost of the OT post would be £43,400 (Band B, scp 34-39 £29,559 - £33,857) and would be funded from savings made as result of activities undertaken by the posts detailed within this report and from the ICELS Partnership budget.
30. To date the Minor Adaptations Occupational Therapist, ICELS Equipment Review Team and Review Team Assistant have concentrated on County Council service users, as access to Health and City information systems has not been available. It is anticipated that once access to these systems is obtained there will be an increase in workload which will require these posts to be in place until 31 March 2018 to allow for the work with Health and City Council service users to be completed.

Cost of the ICELS Partnership Support Team

31. All posts will continue to be fully funded by the ICELS Pooled fund under the funding arrangements detailed within the on-going Partnership Agreement.

Governance

32. The ICELS Partnership Board has agreed continuation of the on-going management of the team by Nottinghamshire County Council as the Host Partner in accordance with the terms defined within the ICELS Partnership Agreement (January 2016).
33. The Service Director, Strategic Commissioning, Access & Safeguarding, Adult Social Care, Health & Public Protection (ASCHPP), will continue as executive lead for the Partners and the Commissioning Manager Older Adults (ASCHPP) will continue managing the Partnership Support Team Manager.

Statutory and Policy Implications

34. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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

35. All costs for these posts are contained within the jointly funded ICELS Pooled Fund. Arrangements for the team will be reviewed as part of the Partnership agreement and new contract tender due to commence on 1st April 2016.
36. Partners have agreed to share any financial risks arising from making these posts permanent.
37. The full year cost of these posts is as follows:

Post	FTE	Band	2015/16 Salary	2015/16 inc. on-costs
Partnership Manager	1	D	£41,139	£52,860
Occupational Therapist	1	C	£36,572	£46,924
Finance Officer	1	4	£20,849	£26,493
Administrative Assistant	1	4	£20,849	£26,493
Total cost of team	4fte		£119,409	£152,770

Human Resources Implications

38. All posts are filled with no vacancies.

Implications for Service Users

39. This service forms a vital part of the support network which enables clients to exercise choice by remaining in their own homes to live independently. The ICELS Partnership Support Team oversees the contract to ensure quality of service to clients is maintained.

Implications for Sustainability and the Environment

40. This service has been in place since April 2004 and successfully remains efficient and effective in re-cycling and re-using its equipment resources, vastly reducing impacts in waste. The service endeavours to collect back and re-issue 90% of equipment returned. This currently gives a 56% return on annual costs. The ICELS Partnership Support Team works closely with the service provider to identify more efficient ways of working and increase collections as part of on-going savings.

RECOMMENDATIONS

That:

- 1) the information about the contract for the new Integrated Community Equipment Loan Service (ICELS) from 1 April 2016 be noted
- 2) the Partnership Support Team within the joint Integrated Community Equipment Loan Service (ICELS) be made permanent as from 1 April 2016
- 3) a full time qualified Occupational Therapist (Band B), to oversee the Non Catalogue Community Equipment (NCCE) and Prescriber training, be appointed until the end of March 2018
- 4) the Integrated Community Equipment Loan Service Equipment Review Team, Review Team Assistant and Minor Adaptations Occupational Therapist posts be aligned so that the posts terminate at the end of March 2018.

Caroline Baria

Service Director, Strategic Commissioning, Access and Safeguarding

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Constitutional Comments (LM/02/16)

41. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

Financial Comments (KAS 11/02/16)

42. The financial implications are contained within paragraphs 35 - 37 of the report. The cost of all posts, both permanent and temporary, will continue to be met from within the ICELS Pooled Budget.

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.

- ICELS Partnership Agreement - 8th October 2010
- ICELS Partnership Board minutes - 15th December 2010
- Delegated Decision AC/2011/00019 - 7th April 2011
- ICELS Partnership Board minutes - 24th June 2013
- Integrated Community Equipment Loans Service (ICELS) – report to Adult Social Care and Health Committee on 5th October 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH373

7 March 2016**Agenda Item: 11****REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE &
DIRECT SERVICES****PROPOSAL TO RESTRUCTURE THE COUNTY HORTICULTURE STAFF
TEAM****Purpose of the Report**

1. This report seeks approval for a proposed new structure for Brooke Farm, from 1 May 2016, to deliver an Employment Hub and allow existing users to continue to undertake therapeutic horticulture if this is their wish.

Information and Advice

2. Reflecting the outcome of the consultation held between December 2014 and February 2015, a revised proposal for the future of the County Horticulture Service was approved by Adult Social Care and Health (ASCH) Committee on 7th September 2015. The County Horticulture Service comprises of three horticultural units: Brooke Farm at Linby, Skegby Horticultural Unit and Balderton Horticultural Unit, as well as a gardening and grounds maintenance service.
3. The revised scope of the project will see the development of a time-limited Employment and Skills Training Hub at Brooke Farm, in conjunction with allowing current service users to continue to attend. There will be additional investment in staffing for three years (£62,500 a year) to support this.
4. It was agreed that a restructure of the staff and service would be required to implement the new Employment Hub programme.
5. It is therefore proposed that staff teams will be restructured under a single service structure to support all elements of the Hub whether people are actively seeking employment or not.
6. This change has been the subject of a separate consultation exercise with staff and Trade Union colleagues which has taken place from 5th December 2015 to 12th February 2016.

Current Structure

7. The current staffing structure, which became effective in September 2012, is shown in **Appendix 1**. The structure has a total of 27.42 full time equivalent (FTE) staff, with 1 of these posts currently vacant.

Proposed Structure

8. A proposed staffing structure is set out in **Appendix 2**. This replaces the previous roles of Team Leader and Day Centre Officer, reorganises the team and introduces new roles of Employment Service Leader, Employment Service Worker and Employment Inclusion Worker and additional new roles of Care and Support Worker.
9. In the current structure there is a lack of breadth in the responsibilities of the existing team roles in order to deliver the new employment agenda and support those people attending who wish to attain paid employment. The current operation of the service delivers therapeutic horticulture but does not progress people past the work preparation stage.
10. It is therefore proposed that new job roles are developed which encompass both elements required to deliver services to existing users and to successfully support people to achieve paid outcomes, if this is their wish. The Council's enabling process will be applied to progress this and it is anticipated that this be complete by 30th April 2016.
11. The new structure does not affect the Grounds Maintenance, Golden Gardening or Shop elements of the service, which also support a number of disabled employees.
12. The posts of Team Leader (1 FTE, Band A) and Day Centre Officer (7 FTE, Grade 5) will be deleted.
13. New posts of Employment Service Leader (1 FTE, Band A, Indicative), Employment Service Worker (5 FTE, Grade 5 Indicative) and Employment Inclusion Worker (2 FTE, Grade 5 Indicative) will be created.
14. Additional posts of Care and Support Worker (3.24 FTE, Grade 2 Indicative) will be introduced.
15. A post of Caretaker (1 FTE Grade 1) will be reduced. This post will no longer be required at the Balderton Horticultural Unit (part of the County Horticulture Service) under the new model and the post is currently vacant.
16. The table overleaf shows the current and proposed changes/additions to the full time equivalent within the staff team.

Current Post	Current No of FTE	Proposed Post	Proposed No of FTE
Team Manager	1	Team Manager	1
Team Leader	1	Employment Service Leader	1
Day Centre Officer	7	Employment Service Worker	5
		Employment Inclusion Worker	2
		Care & Support Worker	3.24
Business Support Assistant	2	Business Support Assistant	2
Horticulture Operative	9.5	Horticultural Operative	9.5
Supervisor	1	Supervisor	1
Weekend Caretaker/ Sales Assistant	0.42	Weekend Caretaker/ Sales Assistant	0.42
Sales Assistant	3	Sales Assistant	3
Caretaker	2.5	Caretaker	1.5

Process

17. A consultation document on the proposed staffing structure and direction of travel was issued to all staff and this has been supplemented by team discussions and briefings. There have also been discussions with Trade Union representatives. The feedback has helped to shape the structure and content of job descriptions.
18. As part of the process job descriptions have been reviewed to align them with the proposed structure and scope of the roles. All of the job descriptions that have had changes, or are new posts, have been issued to the Job Evaluation Team of the Human Resources Division so that salary grades can be assessed and applied.
19. Staff will be required to work across all three sites as is determined by the business.
20. Hours of operation will be revised to maximise the operating hours of the service and attract further business through the shop. It is proposed that employment staff work within the core hours of 9.00am to 4.30pm Monday to Thursday and 9.00am to 4.00pm Friday and shop staff hours are extended on a rota basis to encourage further footfall of customers.

Other Options Considered

21. The report to the Adult Social Care Committee on 7th September 2015, 'Consultation about the future of the County Horticulture Service', detailed other options. The option to develop an employment and skills training Hub, whilst allowing current service users who do not wish to progress to paid employment to continue to attend, was approved. It was further agreed that a restructure of the staff would be required to implement the

new Employment Hub and this change would be the subject of a separate consultation exercise with staff.

Reason/s for Recommendation/s

22. The proposed staffing structure re-aligns staffing resources to the needs of the business operation and will be able to deliver the new service going forward.

Statutory and Policy Implications

23. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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

24. As there is an existing vacancy within the County Horticulture service there will be no compulsory or voluntary redundancies associated with the proposed post reduction.
25. An investment of £62,500 for three years has been previously agreed by the Committee on 7th September 2015. The service will be reviewed at the end of the three years.

Human Resources Implications

26. As part of the process, job descriptions have been reviewed to align them with the proposed structure and scope of the roles. All of the job descriptions that have had changes, or are new posts, have been issued to the Job Evaluation Team of the Human Resources Division so that salary grades can be assessed and applied.

RECOMMENDATION

- 1) That the proposed new structure for Brooke Farm from 1 May 2016, as set out in **Appendix 2**, be approved.

Ainsley Macdonnell

Service Director, North Nottinghamshire & Direct Services

For any enquiries about this report please contact:

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Constitutional Comments (SLB 22/02/16)

27. Adult Social Care and Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require all reports regarding changes to staffing structures to include HR comments and for consultation to be undertaken with the recognised trade unions.

Financial Comments (KAS 23/02/16)

28. The financial implications are contained within paragraphs 24-25 of 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.

Consultation about the future of the County Horticulture Service - report to the Adult Social Care and Health Committee on 7th September 2015.

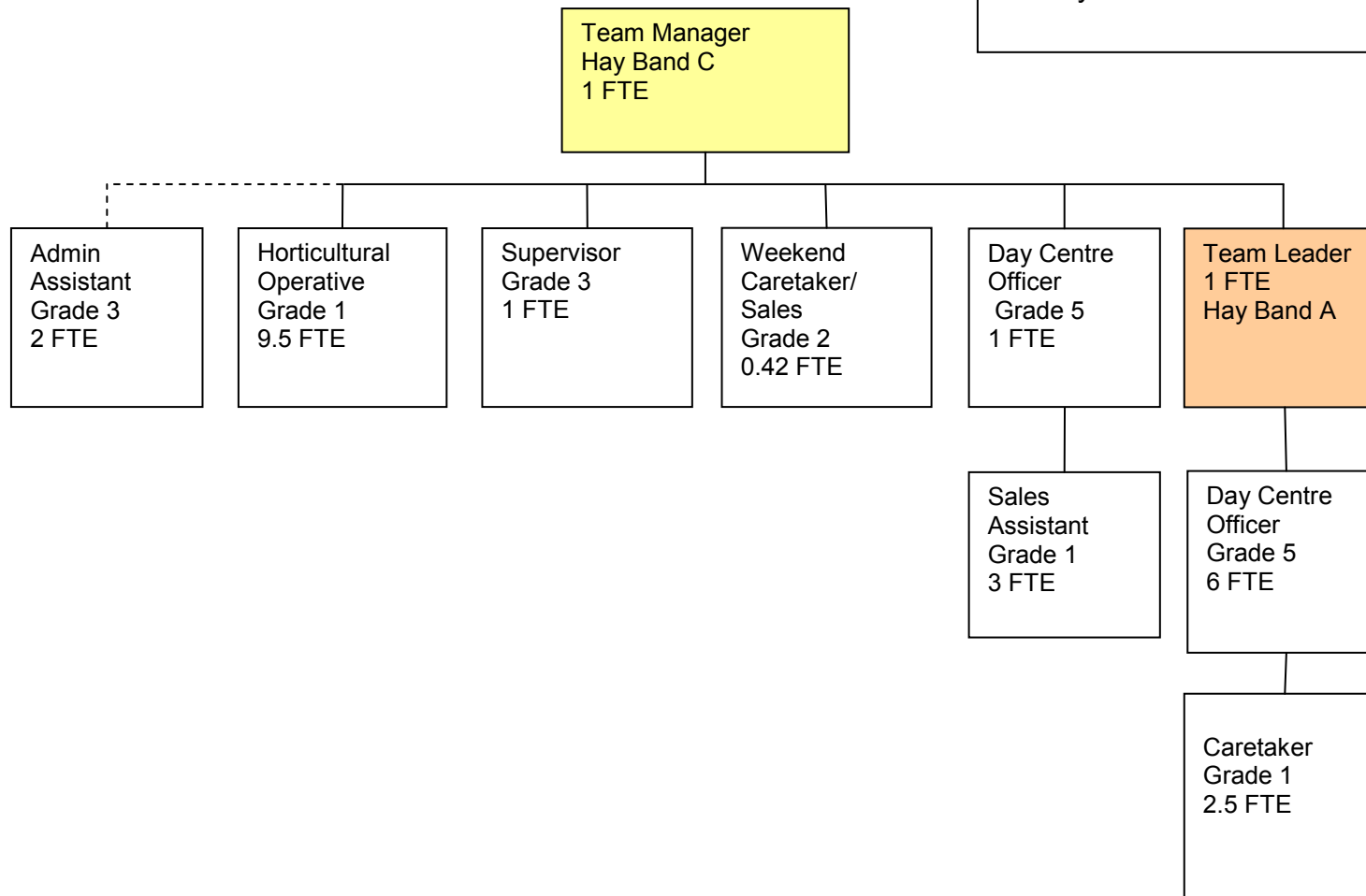
Electoral Division(s) and Member(s) Affected

All

ASCH382

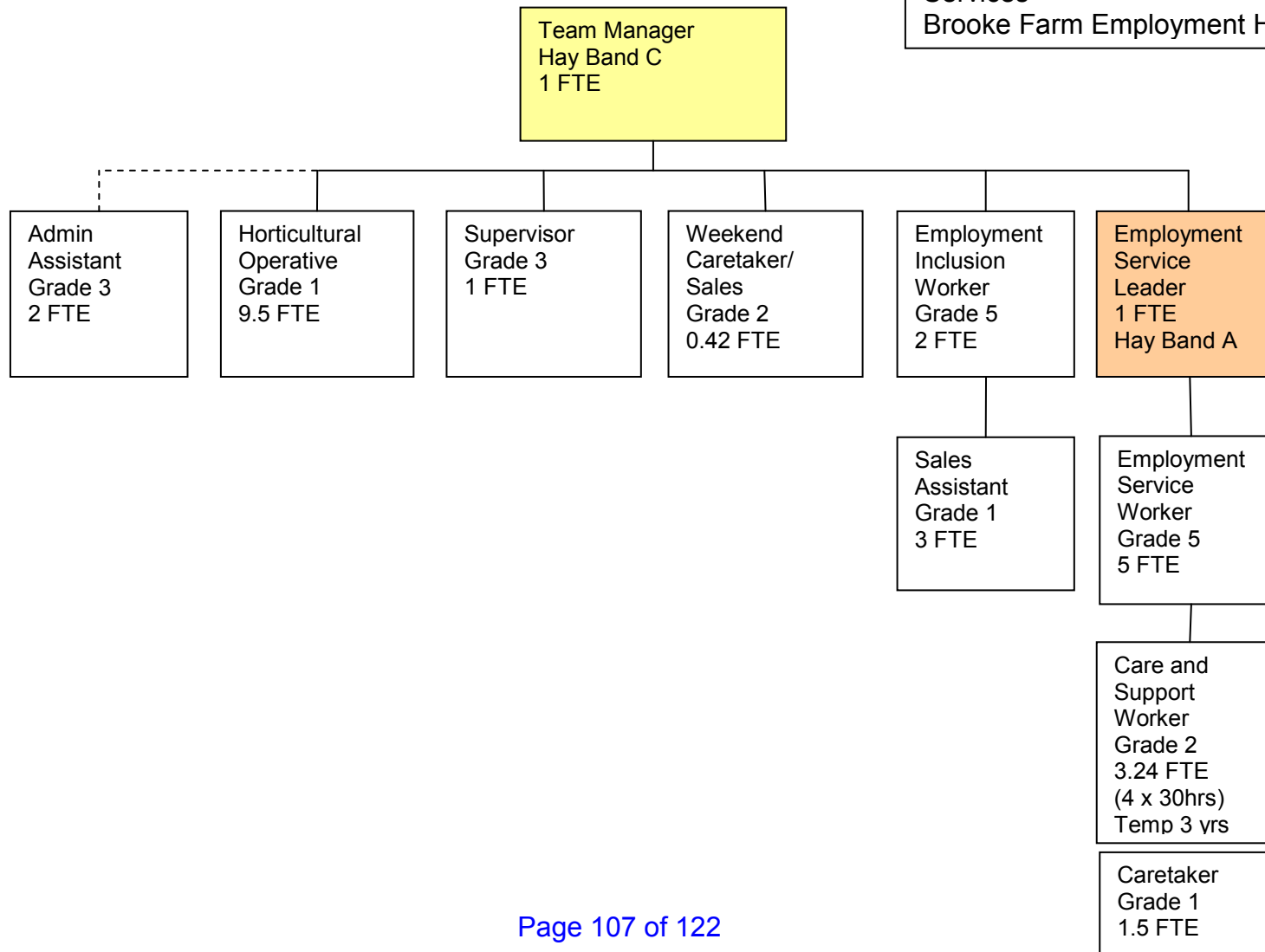
APPENDIX 1

Current Structure – Employment Services.
County Horticulture



APPENDIX 2

Proposed Structure – Employment
Services
Brooke Farm Employment Hub



7th March 2016

Agenda Item: 12

REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

EXTENSION OF CONTRACTS FOR SUPPORT TO THE EAST MIDLANDS IMPROVEMENT PROGRAMME IN ADULT SOCIAL CARE

Purpose of the Report

1. The purpose of the report is to request a 12 months extension to the fixed term posts of East Midlands Improvement Programme Manager and Business Support Administrator, until 31st March 2017.

Information and Advice

2. Nottinghamshire County Council hosts the regional Improvement Programme for adult social care in the East Midlands, with funding from the Department of Health. The Corporate Director oversees this work on behalf of East Midlands Second Tier Councils.
3. The regional Improvement Programme Manager post provides coordination and oversight of regional improvement programmes such as the Sector-Led Improvement Programme, Care Act 2014 implementation, Learning Disability and Transforming Care, Better Care Fund (BCF) and Delayed Transfers of Care (DToC).
4. The initial Sector Led Improvement Programme was successfully completed at the end of March 2015 with all local authorities in the region having had a peer challenge, submitted two annual self-assessments and taken part in two annual peer challenge summits. The full programme was reviewed by Directors of Adult Social Care and a number of changes were agreed to build on and develop the work across the region. These include a revised Memorandum of Understanding, the involvement of 'experts by experience', and the completion of a 'balanced scorecard' by each local authority. The schedule for the second round of peer challenges for 2016/18 has been agreed and is now underway.
5. A major area of work over the past 12 months has been supporting the implementation of the Care Act 2014 at a regional level. The regional Assistant Directors network was tasked by Directors of Adult Social Care to undertake this work together with local Programme Leads and Ian Anderson, the Regional Care Act Director.

6. The network has delivered an extensive programme of workshops as well providing a forum to share information, explore emerging responses to the challenges and opportunities of the Act and to take an overview of the work of other relevant regional networks. Over the past year there have been five national Care Act Stocktakes with a 100% return from all ten local authorities in the region and the overall level of confidence with respect to implementation is good.
7. There have been 11 regional events covering different aspects of implementation. These have included master classes to share emerging good practice around eligibility and workforce modelling led by Nottinghamshire County Council. There have been two workshops with social care providers with the aim of building a shared understanding of the Care Act and of strengthen working relationships between commissioners and providers. Other workshops addressed the issue of Information and Advice, one of which included a presentation on citizens' experience of using local authority websites based on 'mystery shopping' exercises.
8. There are a number of regional improvement networks led by a Director of Adult Social Care or a Service Director and these include:
 1. Workforce Development
 2. Safeguarding Adults
 3. Learning Disability and Transforming Care
 4. Market Shaping and Commissioning
 5. Mental Health Leads
 6. Delayed Transfers of Care (DToC)
 7. Personalisation Leads (led by Nottinghamshire County Council).
9. During 2015 there was a follow up Workforce Symposium held in collaboration with the East Midlands Leadership Academy, the outcome of which will inform a regional action plan. A Personalisation Workshop was organised by InControl to share good practice from within the region together with examples from elsewhere in the country.
10. The issue of transitions was addressed with a seminar involving Directors of Adult Social Care, Directors of Children's Services, and Lead Members for Children's and Adult Social Care to consider 'All age approaches to disability, including transition' and to support the development of consistently good services across the region. This was followed by a wider 'A Whole Life Approach to Disability Services' event organised by Nottingham City Council, Nottinghamshire County Council and InControl.

Other Options Considered

11. This essential cross-regional improvement and development work, continues to be needed to put local authorities in a strong position to respond to the challenges facing Adult Social Care. The regional work provides significant opportunities for learning and the sharing of best practice as well as efficiencies in service delivery.
12. In addition the National Joint Programme Board with officers from the Local Government, the Association of Directors of Adult Social Services and the Department of Health has worked very effectively with the regions over the past 18

months and recognises the importance of regional structures in delivering national programmes and priorities e.g. Delayed Transfers of Care (DToc). The expectation for 2016/17 is that regional structures will continue to play a key role in delivering the Care and Health Improvement Programme.

13. If the post was to be discontinued then this work would come to an end together with the loss of regional expertise and regional networks. The benefit to the post being based at Nottinghamshire County Council is that the authority is alerted early on to any national and regional developments as well as enabling Nottinghamshire's good practice to be more readily showcased across the region. If the current arrangement is ended then another Local Authority would need to be identified to host this post and the current post holders transferred to another authority.

Reason/s for Recommendation/s

14. The Care and Health Improvement Programme which encompasses Sector-Led Improvement and Transforming Care represent major challenges for local authorities. The work undertaken by these regional posts is essential in order to assist with the successful implementation of change across the East Midlands based on sharing of good practice and scope for efficiencies in delivery.

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service 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

16. These posts are externally funded from some legacy funding from the Joint Improvement Programme, together with Care and Health Improvement Programme funding via the Local Government Association and Department of Health. The region has been allocated £132,200 for 2016/17 to support staff development and culture change which embeds the Care Act and will enable learning networks and other regional activity to take place in the region.

Human Resources Implications

17. It is proposed that Nottinghamshire County Council continues to host these posts, and that the Corporate Director, Adult Social Care, Health and Public Protection together with Branch Chair of the Association of Directors of Adult Social Services will provide oversight of the work of the post-holders.

RECOMMENDATION

- 1) That the posts of the temporary East Midlands Joint Improvement Programme Manager (Band F, 22 hours per week) and Business Support Administrator (Grade 4, 30 hours per week) be extended until 31st March 2017.

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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East Midlands Improvement Programme Manager

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Constitutional Comments (LM 04/02/16)

18. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

Financial Comments (KAS 04/02/16)

19. The financial implications are contained within paragraph 16 of 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.

Report to Extend Contract for Support with the East Midlands Improvement Programme in Adult Social Care – Adult Social Care and Health Committee, 3rd March 2014

<http://ws43-0029.nottsc.gov.uk/dmsadmin/meetings/tabid/70/ctl/viewmeetingpublic/mid/397/meeting/3096/committee/480/default.aspx>

Report to Extend Contract for Support with the East Midlands Improvement Programme in Adult Social Care – Adult Social Care and Health Committee, 2nd March 2015

<http://ws43-0029.nottsc.gov.uk/dmsadmin/meetings/tabid/70/ctl/viewmeetingpublic/mid/397/meeting/3303/committee/480/default.aspx>

Electoral Division(s) and Member(s) Affected

All.

ASCH372

7th March 2016**Agenda Item: 13****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE 2016****Purpose of the Report**

1. The purpose of the report is to seek approval for the Chairman of the Adult Social Care and Health Committee to attend the National Children and Adult Services Conference being held in Manchester from 2nd to 4th November 2016 and for a report on the outcomes to be brought to the Committee following the conference.

Information and Advice

2. This Committee's terms of reference include approving councillors' attendance at conferences. Members are asked to consider whether attendance at the event should be approved for the Chairman of the Adult Social Care and Health Committee together with the necessary travel and accommodation arrangements.
3. The conference is organised by the Local Government Association (LGA), Association of Directors of Social Services (ADASS) and Association of Directors of Children's Services (ADCS). It addresses issues for children and adults and is regularly attended by more than 1,000 delegates.
4. The Corporate Director of Children, Families and Cultural Services and the Corporate Director of Adult Social Care, Health and Public Protection will also attend the conference. A report will be submitted to the Children and Young People's Committee on 21st March 2016 with regard to approval for the Chairman of that Committee to attend the conference.

Reason/s for Recommendation/s

5. It is recommended that approval is given for attendance at the conference so that the County Council's representatives can consider issues that are vital to councillors, senior officers, policymakers and service managers with responsibilities for adult social care and children's services in the statutory, voluntary and private sector. It is also an important opportunity for networking with partners and MPs in related fields.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

7. The cost of attendance at the conference is £450 plus VAT per person. Two or three nights' accommodation will also be necessary. An estimate from the conference information suggests a hotel within reasonable walking distance from the conference venue will cost a minimum of £60 per person per night for bed and breakfast. These costs can be met from the Directors' budget.
8. The costs of attendance for the Chairman of Adult Social Care and Health Committee would be met from the Member Training Budget.

RECOMMENDATION/S

That:

- 1) approval is given for the Chairman of the Adult Social Care and Health Committee to attend the National Children and Adult Services Conference in Manchester from 2nd to 4th November 2016, together with any necessary travel and accommodation arrangements.
- 2) the Committee receives a report on the outcomes of the conference.

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Senior Executive Officer

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Constitutional Comments (SLB 04/02/16)

9. In accordance with Schedule 2 of the Councillors Allowances Scheme and the Council's Travel and Accommodation Policy, Adult Social Care and Health Committee is the appropriate body to consider the content of this report.

Financial Comments (KAS 04/02/16)

10. The financial implications are contained within paragraphs 7 and 8 of 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.

<http://www.adass.org.uk/ncasc2016/>

Electoral Division(s) and Member(s) Affected

All.

ASCH374

7 March 2016**Agenda Item: 14****REPORT OF CORPORATE DIRECTOR, RESOURCES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2016.

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That the committee's work programme be noted, and consideration be given to any changes which the committee wishes to make.

Jayne Francis-Ward
Corporate Director, Resources

For any enquiries about this report please contact: Paul Davies, x 73299

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE AND HEALTH COMMITTEE – WORK PROGRAMME

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
18th April 2016			
Proposal for new Extra Care scheme at Bowbridge Road, Newark		Service Director, Mid Nottinghamshire	Rebecca Croxson
Update on Care Act	Update on the situation with regard to Care Act and posts required to support ongoing implementation.	Programme Director, Transformation	Jane North
Stakeholder engagement – proposed re-design	To outline future proposals for better engagement with all stakeholders, particularly service users and carers through co-production	Service Director, Strategic Commissioning, Access and Safeguarding	Felicity Britton
Outcome of consultation on establishment of local authority trading company for adult social care direct services		Service Director, North Nottinghamshire and Direct Services	Jennifer Allen/Ian Haines
Health and Wellbeing Board update	Overview report on work of Health and Wellbeing Board over the last 6 months.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Progress regarding assessments and reviews across the County	Update on work to address assessments and reviews that are awaiting allocation and completion by social care teams.	Service Director, South Nottinghamshire and Public Protection	Nick Parker/Steve Jennings-Hough
Preparation for homecare procurement		Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Revised Market Position Statement	To seek approval for the revised Market Position Statement 2016-17	Service Director, Strategic Commissioning, Access and Safeguarding	Jane Cashmore
Establishment of Team Manager for Younger Adults South post	To seek approval to permanently establish 0.5 fte Team Manager post utilising funding from within the Gedling Physical Disability Team from April	Service Director, South Nottinghamshire and Public Protection	Wendy Adcock

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
	2016		
Fee changes for care providers 2016		Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
16th May 2016			
Proposed Changes to the First Contact Scheme: Outcome of Consultation	Report on the outcomes of the consultation and the recommendations for action	Service Director, Strategic Commissioning, Access and Safeguarding	Lyn Farrow / Josephine Yousaf
Outcome of the Sector Led Improvement Peer Review 2016	Report of the sector led improvement peer review of ASCH&PP in March 2016.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
Personal Outcomes Evaluation Tool (POET) survey – implementation of outcomes	Report on implementation of outcomes	Service Director, Strategic Commissioning, Access and Safeguarding	Penny Spice
Progress report on the actions from the Peer Review March 2015 (Commissioning for Better Outcomes)	Report on progress against actions identified as a result of the peer review on commissioning for better outcomes which took place in March 2015.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/Laura Chambers
13th June 2016			
Update on Transformation portfolio		Programme Director, Transformation	Jane North
11th July 2016			
Update on Integrating Health and Social Care: Two Schemes to Reduce the Length of Stay in	Progress report since June 2015 on two schemes (SCOPES and EOSS) to reduce the length of stay in hospital Page 120 of 122	Service Director, Strategic Commissioning, Access and Safeguarding	Steve Jennings-Hough / Yasmin Raza

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Hospital			
Update on the Transfer of the Independent Living Fund	Progress report since June 2015 on the transfer of the Independent Living Fund	Service Director, Mid Nottinghamshire	Paul Johnson
To be placed			
Appropriate Adults Service		Service Director, Strategic Commissioning, Access and Safeguarding	Gill Vasilevskis
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard
Carers' Information and Advice Hub and Support Service Progress Report	Update and evaluation on the service being provided following the contract awarded in 2015	Service Director, Mid Nottinghamshire	Penny Spice

