

Adult Social Care and Health Committee

Monday, 30 November 2015 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 2 November 2015 | 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 | Care Act Training Video: Training for the Wider Social Care Workforce. (Other videos to be shown after the meeting.) | |
| 5 | New Ways of Working for Social Care in Nottinghamshire | 9 - 18 |
| 6 | Development of a Single Integrated Meals Production and Delivery Service | 19 - 22 |
| 7 | Personal Outcomes Evaluation Tool (POET) Survey Outcomes 2015 | 23 - 26 |
| 8 | Proposal to Restructure the Safeguarding Adults Strategic Team | 27 - 32 |
| 9 | Proposal for Additional Extra Care Accommodation for Mansfield | 33 - 38 |
| 10 | Review of Post of Principal Social Worker/Service Manager for Deprivation of Liberty Safeguards and Adult Mental Health Practitioner Team | 39 - 46 |

11	Work Programme	47 - 52
12	Social Care Market: Provider Cost Pressures and Sustainability	53 - 64

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

“That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in 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 items.

- 14 Exempt Appendix to Item 12: Social Care Market: Provider Cost Pressures and Sustainability

- 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 2 November 2015 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Sybil Fielding
Mike Pringle
Philip Owen
Andy Sissons
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
Ellie Davies, Project Manager, Resources
Paul Davies, Advanced Democratic Services Officer, Resources
Heather Dickinson, Team Manager, Resources
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

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 5 October 2015 were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillor Owen had been appointed in place of Councillor Cottee, for this meeting only.

**DEVELOPING THE MID-NOTTINGHAMSHIRE BETTER TOGETHER
PROGRAMME – COMMISSIONER PROVIDER ALLIANCE AGREEMENT****RESOLVED 2015/073**

- (1) That approval be given for the Council to continue discussions to develop and agree the Memorandum of Understanding that will commit the Council to working with partners to develop a Commissioner Provider Alliance Agreement to operate from April 2016, with delegated authority given to the

Corporate Director, Adult Social Care, Health and Public Protection, in consultation with the Chair of the Adult Social Care and Health Committee, to agree and sign the final version of the MOU with advice from the Group Manager, Legal, Democratic and Complaints.

- (2) That the Chair of the Adult Social Care and Health Committee and the Corporate Director, Adult Social Care, Health and Public Protection be appointed as the County Council's representatives on the Alliance Development Leadership Board.
- (3) That Policy Committee be recommended to add the Alliance Development Leadership Board to the Council's list of outside bodies.
- (4) That a further report be presented in January 2016 regarding the development of the Alliance Agreement to that point, with any recommendation about a decision on becoming a partner to the Alliance Partnership.

DEPARTMENTAL SAVINGS AND EFFICIENCIES PROGRAMME – ADULT SOCIAL CARE AND HEALTH

RESOLVED 2015/074

- (1) That the progress over 2015/16 on budget savings projects being delivered by the Adult Social Care and Health Department be noted.
- (2) That a temporary 1.0 fte Band C Commissioning Officer post for one year be converted to 1.0 fte Grade 5 Community Care Officer post for one year, at an annual cost of £31,201.

CARE ACT 2014 – UPDATE ON FIRST SIX MONTHS

Members felt it would be helpful to view the training videos used by staff who are implementing the Act.

RESOLVED 2015/075

- (1) That the achievements to date on the implementation of the Care Act be noted.
- (2) That the further work identified to embed the changes and meet good practice be noted.
- (3) That the work to monitor and review the impact of the new duties and responsibilities of the Care Act on the Council be noted.

MEMBERS' VISITS TO COUNCIL AND INDEPENDENT SECTOR CARE HOMES

Members supported the suggestion of a workshop to help them prepare for visits and shape the template for recording their findings.

RESOLVED 2015/076

- (1) That the methodology for involvement in quality monitoring visits by Members to Council owned and independent sector care homes be approved, as outlined in paragraphs 10 and 11 of the report.
- (2) That a workshop be arranged for members to help them prepare for visits and shape the template for recording their findings.

APPROVAL TO PERMANENTLY ESTABLISH THE CENTRAL REVIEW TEAM FROM APRIL 2016

RESOLVED 2015/077

- (1) That approval be given to the permanent establishment of the Central Review Team from April 2016, funded from Adult Social Care, Health and Public Protection Departmental Reserves from April 2016 to march 2018, and thereafter from corporate resource.
- (2) That the annual budget allocated to the team be increased from £850,000 to £890,500 from April 2016.
- (3) That line management responsibility for the team be temporarily merged to fall under the remit of a single Group Manager for Older Adults – Community Care.

WORK PROGRAMME

RESOLVED 2015/078

That the work programme be noted.

EXCLUSION OF THE PUBLIC

RESOLVED 2015/079

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.

EXEMPT INFORMATION ITEM

DEVELOPING THE MID-NOTTINGHAMSHIRE BETTER TOGETHER PROGRAMME – COMMISSIONER PROVIDER ALLIANCE AGREEMENT: EXEMPT APPENDIX

RESOLVED 2015/080

That the information in the exempt appendix be noted.

The meeting closed at 12.30 pm.

CHAIR

30 November 2015**Agenda Item: 5**

REPORT OF THE SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE NEW WAYS OF WORKING FOR SOCIAL CARE IN NOTTINGHAMSHIRE

Purpose of the Report

1. To note progress and evaluations of the pilots of the new ways of working for social care staff
2. To seek approval for the development and implementation of a programme to roll out the piloted projects (scheduling, clinics and 'hub' worker role).
3. To seek approval for temporary 12 month establishment of the following posts in order to meet the on-going pressures and embed the new ways of working:
 - 20 FTE Community Care Officer (Grade 5) posts
 - 1 FTE Team Manager (Band D).

Information and Advice

National and Local Context

4. The social care challenge of how to manage significantly reducing budgets alongside rising demand for statutory social work functions, assessment, care management and packages of care is both a national and local issue. In addition to demographic pressures, councils have faced significant legislative change that has brought new duties and extended existing responsibilities. In response to the scale of the challenge, Nottinghamshire County Council published a new Adult Social Care Strategy in 2014. This includes a suite of projects to evaluate and implement more efficient ways of working for operational social work staff.
5. These projects were based on evidence as to what had worked in other local authorities. They were designed in response to reductions in staff capacity that were implemented in order to deliver the £2.26m savings of the Organisational Redesign Programme approved in 2014. The permanent establishment of the Adult Social Care Department has been reduced by 78 assessment and care management posts during 2014 and 2015. This equates to 16% of the assessment and care management workforce.
6. The impact of the reductions has been that whilst prioritising work requiring a prompt response such as Safeguarding and Mental Health Act assessments, the number of people with less urgent needs waiting for a social care, occupational therapy or carer

assessment/review has risen during 2015. This report sets out the case for accelerating the time-scales for piloting and implementing the new ways of working initiatives, in order to more rapidly free up staff time. This will create the capacity required to undertake workload demands within a lower staffing establishment and sustain lower waiting times into the future.

7. The following sections of the report set out the work undertaken for each of the projects and present the evidence from evaluations.

Mobilisation of the Workforce

8. All of the Adult Social Care operational workforce has now been issued with Lenovo Thinkpad devices. This uses Total Mobile software which enables assessments to be completed away from a work base such as in a service user's home. The devices have a wide range of other benefits including greater ability to work from home without the need to return to main office base between visits, access to You Tube for Occupational Therapists and access to Nottinghamshire County Council's 'Help Yourself' website whilst with service users.
9. Providing staff with electronic mobile tablet devices aims to increase productivity by 10% per full time equivalent post, reduce mileage costs for staff and enable the flexibility to work anywhere. Tablets were deployed into Older Adults and Hospital teams first and therefore data on the impact so far relates to these teams.
10. Assessment productivity was tracked per full time equivalent (FTE) worker for the Older Adults teams. This showed that some workers achieved a 15-20% increase in productivity per FTE over the past six months, with others showing minimal impact. This reflects that fact that some workers naturally took to using the devices more easily in their day to day work. A longer timeframe is required to fully embed this change in working style and achieve the full benefits, however the initial results are positive and overall for each team a steady increase in productivity is being evidenced.
11. Using the tablets reduces the need for staff to travel into office bases, which both frees up staff time and reduces spend on travel. Year to date, mileage claims for the Older Adults teams are on average 16% lower in 2015 compared to 2014
12. Current feedback shows that 90% of staff are comfortable using the device and are happy with the flexibility they have provided to their working lives. A proportion of staff indicated that they need to be more comfortable and confident with the device to be able to utilise it effectively alongside service users and not just in between visits. In order to assist staff to adopt new working practices, a new support and training strategy (AfterCare) has been developed. This can tailor support depending on individual staff requirements and includes options of 1:1 support, group refresher training and e-learning. A number of case studies showing innovative use of the tablets are also being developed. It is believed that by providing more support and training, all teams will begin to see productivity rise over the longer period of analysis.
13. Staff fed back that service users are interested in the Thinkpad devices and will often ask about them and how they can be used. There are clear benefits for service users; staff have been able to complete assessment forms on the spot, check out funding

issues with providers immediately, use the web to search for things for their service users and utilise equipment videos on You Tube to demonstrate how equipment use.

Social Care Clinics

14. The aim is to establish clinics that people can attend for Occupational Therapy or Social Care assessments, thus avoiding the need for a home visit. This reduces staff travel time and therefore frees up more time for staff to complete assessments. Two pilots started in 2015 in Rushcliffe and Bassetlaw Older Adults Teams. It is important that clinics are targeted at the right people i.e. those physically able to attend. The teams have initially begun by working through appropriate cases awaiting assessment, for example, people presenting with social isolation and carers requiring support and advice and there is now scope to broaden this out to more people. To date, a mixture of 19 full and half-day clinics have run across the two pilots and 62 service users or carers were assessed up until 30th September 2015.
15. As anticipated, staff working in clinics have been able to undertake significantly more assessments than usual. They have quickly grasped the opportunities associated with clinic based assessments and the workers involved are convinced of the benefits. Word of their success in helping to manage increasing workloads is spreading and other teams are now approaching the project pro-actively seeking help with setting up their own clinics.
16. People who have attended the clinics for their assessment have also provided feedback to the Rushcliffe team via a survey. Whilst the completed response rate is as yet low (12 of the 62 - 20%), the messages received through the survey are positive.
 - 100% stated they had been contacted in a reasonable timeframe and that the 45-60min appointment was appropriate
 - 100% stated that the assessing staff were knowledgeable, helpful and allowed them time to ask their own questions
 - 100% stated the clinic venue was appropriate for their needs and that Health Centres or Community Hospitals could be good venues in the future.
17. People attending clinics also felt that there could be opportunities for clinics to provide information on a range of other subjects such as Welfare Benefits, Fire and Home Safety checks, Falls Prevention advice, Meals at Home, Local Handyperson Services and Energy Saving Advice. This will inform the future development of clinics.
18. Evidence from other local authorities implementing clinics, such as Shropshire County Council, shows that there is benefit from adopting clinics at a greater scale. The initial service user profile for the clinic pilots has focussed on relatively simple and low level eligible needs such as social isolation cases. It is planned to now extend and test the most appropriate service user profile for clinic appointments further, following Shropshire's model, with the intention of rolling out clinics across the department. Current clinics being planned and set up for launch over the next three months are:
 - a. Occupational Therapy clinics (Countywide)
 - b. Gedling Learning Disability team review clinics
 - c. Newark Older Adults social work clinic

- d. Ashfield and Mansfield Older Adults social work clinics
 - e. Broxtowe, Gedling and Rushcliffe physical disability social work clinic.
19. Further suitable locations are also now being sought which include opportunities for holding clinics in Health Centres, Community Hospitals and GP Practices, in partnership with local Clinical Commissioning Groups.

Scheduling fieldwork appointments

20. This involves social work field work appointments being automatically scheduled into field workers' diaries following triage by the Adult Access Service. In advance, field workers block out a pre-agreed number of slots in their diary and forward these to the Adult Access Service for work to be scheduled into. Assessment teams in adult social care currently allocate new assessments and pieces of work. The allocation process currently varies across different teams who use a mixture of meetings, team manager allocation and self-allocation. When waiting lists start to accrue, additional work is required to constantly review and re-prioritise cases to ensure that those most in need are allocated first.
21. Scheduling is a tool to support managers in allocation of work and at no time replaces or overrides professional judgement. This can still be exercised, for example, to defer scheduled work in order to pick up sudden incoming urgent work. Positively the amount of times that this is needed is rare and is one of the areas monitored.
22. The evidence base from evaluations of similar projects in other councils, such as Kent, have shown that this is an effective way of reducing the time it takes for people to have their assessment or review completed, saves social worker time and avoids people having to wait for their assessment to start.
23. In Nottinghamshire two pilots are now underway, with the first at Mansfield and Ashfield Older Adults team for Occupational Therapy and the second at Rushcliffe Older Adults Social Work Team. Analysis is available from the first pilot.
24. Scheduling is the initiative that staff express most worries about, mainly regarding perceived potential lack of autonomy over their workload. Trade Unions have been engaged regarding the pilot. Close working with each team is required to allay concerns, address any issues and ensure it can operate appropriately to meet each team's differing needs. Whilst staff views do vary, analysis shows some early significant benefits to service users, as well as in assessment productivity. In pilot 1 there has been a significant increase in the percentage of assessments completed within 28 days from point of contact. A twelve month average was taken as a baseline pre-scheduling, which was 27%. Post scheduling, this increased by 54% to 81%.
25. The average number of working days each assessment has taken from initial contact to assessment end has also significantly reduced post-scheduling. The pre-scheduling average was 34 days. Post-scheduling, this was 23 days.
26. Interdependencies have been identified with the next initiative outlined in this report; the hub worker role. This has been important as it has enabled one person to be available in a co-ordinating role to link with the Adult Access Service. Planning is now

underway for a third pilot with a Younger Adults team, implementing scheduling, telephone assessments and clinics at the same time. The initial indications from the first pilot are that, if tailored to individual team's differing workload profiles and supported by a hub worker role, that there is a positive impact. It is therefore recommended that scheduling is rolled out across the Department if all three pilots prove to be as successful.

Hub Worker Role

27. Research conducted with the Older Adults and Younger Adults Occupational Therapy (OT) staff based at Mansfield/Ashfield in 2014, showed that approximately 42% of work related activity was non-assessment tasks that did not require a qualified OT to undertake. In addition to reductions in qualified staff in the teams, administrative support has also reduced. Whilst many administrative tasks can now be done easily by individuals directly using electronic devices, other tasks, such as arranging appointments, continue to take the same amount of time and now have to be undertaken by assessors themselves.
28. Learning was taken from the model used by Able2. This is a private sector provider of Occupational Therapy equipment and assessments that the department has worked with previously. Able2 utilised a team support role to undertake the majority of the non-assessment activity, in order to free up qualified worker time for assessment.
29. In the two current pilots, hub workers have been undertaking a wide range of tasks throughout the past ten months, including completion of telephone reviews, scheduling service user visits, ordering and following up equipment for delivery, liaising with district councils over reviewing case priorities and arranging visits with equipment company representatives.
30. To date over 70 cases have been reviewed and closed by the hub role in the Newark and Bassetlaw pilot in the past ten months and the number of assessments that OTs in the teams were able to complete also rose significantly.
31. Group Managers have strongly supported the development of the hub worker role in social care assessment teams, especially in light of the way in which it has complimented the scheduling pilot and work has begun on this.
32. If this also evaluates well, the recommendation is to roll out the hub role to all teams. The intention is to remodel existing establishment posts within teams into the hub posts and one team has been able to do this already. Other teams will need a short term post in place until a relevant vacancy affords the opportunity to change the role.

Telephone Assessments

33. The 2015/16 target was to reduce the number of assessments conducted face to face by 10%. This is to be achieved through offering alternatives such as telephone assessments/reviews and ultimately online assessments.
34. Telephone based assessments have already been successfully tested and used within some areas of the Department, for example for carers' assessments and non-complex

occupational therapy assessments. In these areas, a worker can complete 3-4 non-complex assessments per day.

35. The use of telephone assessments has not, however, yet become mainstream. Currently only 2% of new social care assessments are being completed over the telephone. The Transformation Portfolio Team is therefore working with a number of operational teams to provide further training for staff, support teams to identify the service users who would be most suitable and work with team managers to identify how to support staff to embed this new approach.

Online Assessments

36. The availability of supported self-assessment is a central aspect of the Care Act. The availability of online assessment tools is crucial to enabling this in the most efficient way. Most councils are developing online assessments; in Oxfordshire for example 68% of all their carer assessments are now completed on line.
37. The Council is developing contact assessments and service user and carer assessments to be available on line via the County Council website from next year.
38. ADL Smartcard software aims to support online simple Occupational Therapy assessments. The software allows assessments to be undertaken with service users without the need for a home visit. It is believed that this software could be used both online and in clinics and a pilot is planned to evaluate this.

Delivering Cultural Change

39. Strong managerial leadership is required to achieve the agreed direction for the new ways of working and the overall Adult Social Care Strategy. A number of initiatives are supporting this, including leadership events for staff held with the Senior Leadership Team in May 2015 and breakfast sessions in localities with Service Directors.
40. Temporary additional capacity is required in the operational teams to reduce the current rising number of people waiting for a service and at the same time roll out and embed the new working practices. Approval is therefore sought for up to twenty Community Care Officer (CCO) posts and one Younger Adults Team Manager post to be utilised across the department for up to twelve months. This will enable delivery of a sustainable solution to the pressures being experienced across the County in younger adult, older adult and countywide operational services. The posts will also support the development of further mitigating business cases to propose to Committee, for example, the potential impact of developing generic social care and OT Community Care Officer posts. The cost of funding these posts up to 31st March 2016 can be met from the existing Care Act Grant and from April 2016 will be met from any future Care Act grant funding. If the Council does not receive enough grant in 2016/17, the additional costs will be met from departmental reserves.

Service User Engagement

41. In order to gain wider views from service users, social care clinics, workforce mobilisation and auto-scheduling of fieldwork appointments were all discussed at the Departmental Involvement Group on 10th March 2015. The Group accepted the concept of clinics as a good way of seeing appropriate service users in an efficient manner and were pleased with the prospect of knowing when they will be seen earlier in their social care journey.
42. Further engagement was undertaken with the Arnold Golden Eagles group. This group were very complimentary of the plans to schedule appointments, undertake assessments in clinic settings such as day centres and GP surgeries and had no issue with technology being used as part of their assessment process.
43. Service users, carers and referrers from other agencies have all agreed to test online forms before they go live. Their feedback will be analysed and changes made as a result. There is a plan to run focus groups of carers, service users and staff prior to launching our online assessment tools to ensure that we guide and support users in the best possible way.

Key Risks and Mitigating Actions

44. The key risk is the speed in which the new ways of working need implementing in order to quickly deliver the additional capacity required to mitigate reductions made in permanent staffing establishments. Programmes are therefore being carefully designed with staff to ensure that they are fully engaged in changes to local working and have a variety of learning opportunities to develop the skills they need at pace.

Other Options Considered

45. At the beginning of the work each new project was researched to see what best practice and models were available and the evidence base for these. Option appraisal has identified the best and different approaches to these have been considered through the pilots. Any new ideas that the Department becomes aware of are considered on an on-going basis and if thought to be appropriate will be brought to Committee.

Reason/s for Recommendation/s

46. Demands on the operational teams are increasing alongside a reduction in posts. Waiting lists are now starting to rise and people with low priority needs are waiting for the longest times. The pilot projects of New Ways of Working were put in place in response to these risks. Initial learning has shown that there are interdependencies between the initiatives which deliver the best benefits when rolled out together to each team. Now that initial pilots have shown to be beneficial, it is recommended that they are rolled out over the next twelve months and implemented across all the teams in order to support them to be able to effectively manage the rising incoming workloads. Feedback from service users is positive, especially regarding reduced waiting times for assessments. The work will be completed by the Ways of Working Board, reporting into the Senior Leadership Team.

Statutory and Policy Implications

47. 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

48. Costs of up to £18,000 are anticipated for venue hire for social care clinics. Work to identify suitable locations has begun with local Clinical Commissioning Groups which could help to reduce these costs as well as provide more integrated services.
49. In February 2015, Adult Social Care Committee agreed additional temporary resources to manage increased demand arising from the Care Act. Not all the posts were deployed at the start of the year, so that the impact of the Care Act could be monitored and posts deployed where pressures arose. The cost of funding these posts up to 31 March 2016 can be met from the existing Care Act Grant and from April 2016 will be met from any future Care Act Grant funding and not the County Council base budget. If the Council does not receive enough grant in 2016/17, the additional costs will be met from departmental reserves.

It is therefore proposed to use this remaining £715,500 to fund the temporary posts set out at **paragraph 40** of the report.

- 20 temporary 12 month Community Care Officers (£31,201 per post) = £624,020 including on-costs
- 1 temporary 12 month Team Manager = £52,860 including on-costs
- 21 x average mileage cost @ £1,300 = £27,300
- 21 x ICT set up @ £450 = £9,450
- Total cost = £713,630

Implications for Service Users

50. Benefits to service users have been detailed under each initiative. Overall, people should see reduced waiting times for assessments and be able to have the assessment completed in a way that is more tailored to their needs.

Human Resources Implications

51. The posts will be recruited to on a fixed term contract basis for one year from the date of appointment.

RECOMMENDATION/S

That Committee:

- 1) notes the progress and evaluations of the pilots of the new ways of working for social care staff
- 2) approves the development and implementation of a programme to roll out the piloted projects (scheduling, clinics and 'hub' worker role).
- 3) approves the temporary establishment of the following posts in order to meet the on-going pressures and embed the new ways of working:
 - 20 FTE Community Care Officer (Grade 5) posts with authorised car user status
 - 1 FTE Team Manager (Band D) with allocated authorised car user status

Sue Batty
Service Director for Mid Nottinghamshire

For any enquiries about this report please contact:

Phil Cooper
Project Manager – Programmes and Projects team
T: 0115 9772523
E: phil.cooper@nottscg.gov.uk

Constitutional Comments (SMG 17/11/15)

52. The Committee has the responsibility for adult social care matters and approval of relevant staffing structures as required. The proposals in this report fall within the remit of this Committee.
53. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (KAS 16/11/15)

54. The financial implications are contained within paragraphs 48-49 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.

Organisational Redesign and resources required for Care Act Implementation
[Link to: Organisational Redesign and resources required for Care Act Implementation](#)

Electoral Division(s) and Member(s) Affected

All.

ASCH353

30 November 2015**Agenda Item: 6****REPORT OF THE INTERIM SERVICE DIRECTOR, NORTH
NOTTINGHAMSHIRE AND DIRECT SERVICES****DEVELOPMENT OF A SINGLE INTEGRATED MEALS PRODUCTION AND
DELIVERY SERVICE****Purpose of the Report**

1. To provide an update to Committee on the progress with the work and savings in relation to County Enterprise Foods that falls within the scope of the Direct Services Delivery Group.

Information and Advice

2. The Direct Services Delivery Group is responsible for the successful delivery of the savings target that has been agreed for the County Enterprise Foods Service, which is £293,000. The proposal agreed as part of last year's budget aims to co-locate elements of the meals production and delivery service in tandem with other changes to achieve efficiencies within the service.
3. The proposal to increase the price of a delivered meal to Nottinghamshire residents by 30p (7.5% increase) to £4.25 per meal was introduced on 1 April 2015. To date there has been a reduction both in the number of individual meals delivered and the number of lunch club meals delivered.
4. Assuming the figures remain at current levels, it is anticipated that 269,159 meals will be delivered in 2015/16 in comparison to 275,000 meals delivered in 2014/15. This reduction of 5,841 meals represents a shortfall of £24,824 of the anticipated £82,500 saving required, which was based on 2014/15 sales. It is anticipated that this shortfall should be offset by the increase of external meals sales.
5. Consultation took place with County Enterprise Foods Production and Distribution staff and trade union colleagues between July and September 2015 with final proposals fed back to staff on 3 November 2015.
6. In response to consultation comments, food production at Rainworth will cease and be relocated to the Worksop site however a central storage, collection and delivery 'pick and pack' facility, secure vehicle parking for 40+ vans and an office base retained at the Rainworth site.
7. Consideration was given to the complete closure of the Rainworth site and transfer of all elements of production and delivery to Worksop, however there is insufficient space at the

Workshop site and relocation to the north of the county would incur additional overheads in terms of staff disturbance, additional vehicles, delivery costs and replacement of secure vehicle parking.

Overhead	Additional cost
Staff disturbance	£108,000
Additional vehicles	£80,000
Replacement secure parking	Unknown as sites hard to find, but initial exploration indicated that costs would be prohibitive.

8. Due to these additional costs, the anticipated savings would be significantly impacted, therefore retention of a central hub at Rainworth is deemed to be the most cost effective option.
9. Property colleagues have undertaken a full feasibility study and scoped the capital works required to both sites in order to allow the service to make the required changes and efficiencies. Works will commence in January 2016.
10. Remaining savings will be met by removing vacant posts in the structure and removing 2.95 FTE Distribution Assistant Posts and 1 FTE Operations Manager post no longer required at the Rainworth site. The Council's policy on redeployment will be applied to those staff identified as at risk. Delivery vehicles will be returned to site at the end of each shift and the weekend cover for Team Leaders will move to an 'on call' system.
11. Some current drivers are employed on contracts in excess of 20 hours. The intention is to keep these staff on their current contracted hours but to standardise future contracts by introducing 20 hour contracts for all new staff
12. Discussion and work with staff at risk will commence late November 2015. It is the intention to serve notice of any contractual changes on 1 December 2015 in order to implement these on 1 April 2016.

Other Options Considered

13. The option to cease all activity at the Rainworth site (see paragraph 6 above) was considered but deemed to be unviable with regards to the site restrictions and increased overheads.

Reason/s for Recommendation/s

14. There are no recommendations being made in the report, other than for Committee to note the contents of the report.

Statutory and Policy Implications

15. 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

16. There are capital costs of £300,000 in 2015/16 related to the co-location to Worksop and cessation of food production operations at the Rainworth site.
17. The reported anticipated savings shortfall of £24,824, which has been identified due to a reduction in the number of meals delivered, should be offset by the increase of external meal sales.

Human Resources Implications

18. The Council's policy on redeployment will apply to staff identified as at risk.

Implications for Service Users

19. The proposal has an impact on all service users who have a meal delivered from this service from the increase in price of 30p per meal.

RECOMMENDATION/S

- 1) That the Committee notes the progress with the work and savings of County Enterprise Foods that falls within the scope of the Direct Services Delivery Group.

Peter Davis

Interim Service Director for North Nottinghamshire and Direct Services

For any enquiries about this report please contact:

Lorraine Mills
Service Manager, Day Services
T: 07967 711325
E: lorraine.mills@nottsc.gov.uk

Constitutional Comments

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

Financial Comments (KAS 17/11/15)

21. The financial implications are contained within paragraphs 16 and 17 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected All

ASCH352

30 November 2015**Agenda Item: 7****REPORT OF SERVICE DIRECTOR FOR STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING****PERSONAL OUTCOMES EVALUATION TOOL (POET) SURVEY OUTCOMES
2015****Purpose of the Report**

1. To update the Adult Social Care and Health (ASCH) Committee on the outcomes of the Personal Outcomes Evaluation Tool (POET) work conducted via the National Framework to assess the effectiveness of the Department's Personal Budgets process.
2. To update the ASCH Committee on an Expression of Interest submission to Lancashire University and 'In Control'. 'In Control' is an independent organisation which advises public sector organisations on personalisation. NCC will engage in the next phase (Phase iii) of the POET, to explore ways to embed the POET's good practice findings, and develop an outcomes focus to Personal Budget activity.

Information and Advice

3. The POET survey has been developed over a number of years by 'In Control' and the Centre for Disability Research at Lancaster University. The survey (which was posted out to 1,000 service users and carers throughout Nottinghamshire) provides detailed feedback about the experience and outcomes for individuals in receipt of a Personal Budget; in addition providing up to date quantitative data. The survey aims to assist Local Authorities by:
 - capturing the outcomes and experiences of a sample of local Personal Budget users and family members
 - identifying from a carers' perspective, through analysis and benchmarking, areas of local strengths and those requiring improvement
 - providing the information to form the basis of a local action planning session with stakeholders.
4. Target individuals were invited to attend specific events, ensuring that the views of a range of service user sub-groups were captured in a representative way. The targeted sub-groups were carers, dementia service users and older people. In total, 188 people completed the survey which is in line with national trends for this type of survey.

Feedback indicating areas of strength within Nottinghamshire

5. Just under two thirds (63%) of Personal Budget recipients from Nottinghamshire said their views were taken into account when the budget was set, similar to other areas of England (64%). The majority (82%) of Personal Budget recipients in Nottinghamshire said their views had been taken into account in their assessment, similar to other areas of England.
6. 92% of Personal Budget holders in Nottinghamshire reported that they had received help to plan their Personal Budget, a similar proportion to Personal Budget holders in other parts of England (91%).
7. In Nottinghamshire, the most common sources of support were help from someone from the Council (32%) and from family/friends of Personal Budget holders (29%).

Feedback identifying areas for development within Nottinghamshire

8. Areas for development are:
 - to ensure 'independence and flexibility (including being able to easily change the allocation)
 - to ensure the views of Personal Budget holders are taken into account in the planning phase
 - to develop an effective and easy process when 'making changes to support'
 - to enable service users to have carers chosen by themselves
 - to improve budgeting: to develop an effective and easy process when 'agreeing the budget', and to ensure people know what a budget allocation can be spent on, particularly once individuals are left to manage their budget
 - to facilitate getting out and about in the community
 - to make sure people know they are in receipt of a Personal Budget
9. The next stage of the process is to arrange a feedback session with participants. This will provide an opportunity for the Department to highlight the positive areas from the report and to enable any actions from the survey to be shared with participants and partner agencies.
10. The Authority has submitted an Expression of Interest to Lancashire University and 'In Control', to engage in the next phase (Phase iii) of the POET survey. The Department will explore ways to embed the POET's good practice findings, and develop an outcomes focus to Personal Budget activity. In summary, the Department will send out a further POET survey; discussions are under way for running the survey on a yearly basis and embedding the questions in Frameworki at the review stage. Clearly there are cost implications to this, which are currently being explored.

Other Options Considered

11. As this was a National Survey, the Department was obliged to follow the set guidance.

Reason/s for Recommendation/s

12. The findings from the survey show that the Department will need to address the systems currently being used in allocating and managing Personal Budgets, in order to make sure that they are easier for service users and carers. The actions being taken by the Department arising from the survey are as follows:

ACTION	LEAD	TIMESCALE
1. To provide better information sources to enable understanding of Personal Budgets	ASCH Transformation team	March 2016
2. To equip frontline staff with the information which enables them to demonstrate the range of options available for Personal Budget allocations	ASCH Transformation team	March 2016
3. To train staff on 'areas for development' (see paragraph 8) e.g. budgeting, planning, involving service users, etc	ASCH Transformation team	Summer 2016
4. To identify actions to extend the survey's reach to groups missed during this process	Strategic Commissioning	March 2016
5. To report the findings of the survey to service users and carers, and to include Senior Leadership Team representation at the event	Strategic Commissioning	December 2015

Statutory and Policy Implications

13. 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.

Implications for Service Users

14. Learning from the POET survey will be utilised to improve the experience for service users in receipt of a Personal Budget.

Financial Implications

15. The Department may need to apply some resources to enable any actions to be taken forward but this is not yet known.

RECOMMENDATION/S

That the Committee:

- 1) notes the outcomes of the Personal Outcomes Evaluation Tool (POET) work conducted via the National Framework to assess the effectiveness of the Department's Personal Budgets process
- 2) notes the actions requiring further work on Personal Budgets, including the Phase iii POET work, in collaboration with Lancashire University and 'In Control', to embed the POET's good practice findings, and develop an outcomes focus to Personal Budget activity.

Caroline Baria

Service Director for Strategic Commissioning, Access and Safeguarding

For any enquiries about this report please contact:

Penny Spice
Commissioning Manager
T: 0115 9773012
E: penny.spice@nottsccl.gov.uk

Constitutional Comments

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

Financial Comments (KAS 05/11/15)

17. 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.

Personal Outcomes Evaluation Tool survey
The POET Survey: NCC Data Report April 2015
POET Survey Free Text Responses

Electoral Division(s) and Member(s) Affected

All.

ASCH349

30 November 2015**Agenda Item: 8****REPORT OF SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING****PROPOSALS TO RESTRUCTURE THE SAFEGUARDING ADULTS
STRATEGIC TEAM****Purpose of the Report**

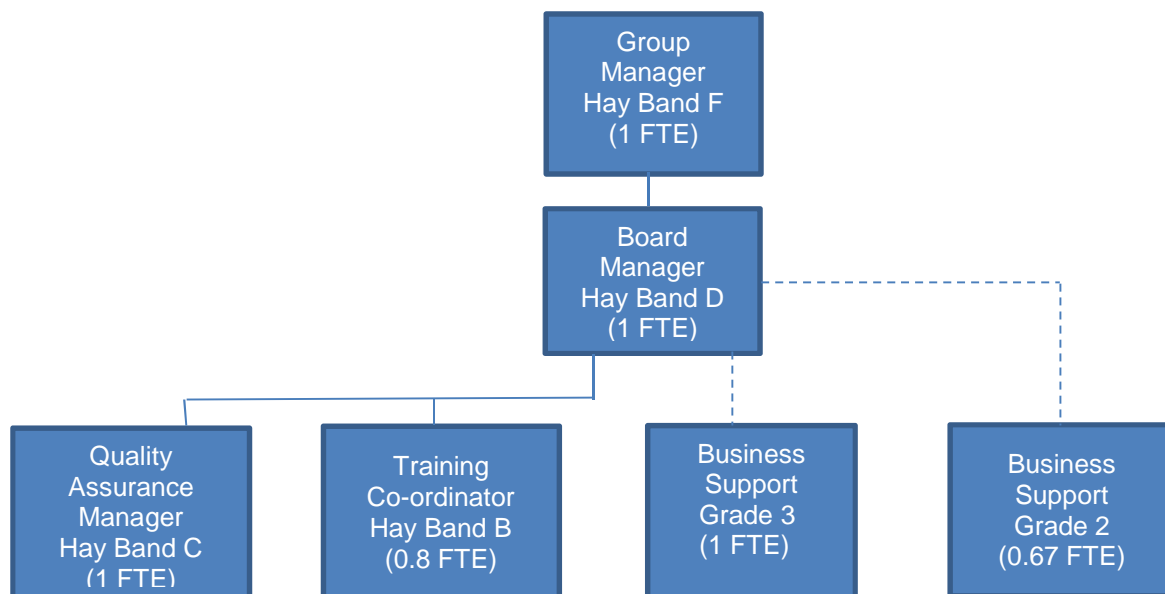
1. This report seeks approval for a proposed restructuring of the Safeguarding Adults Strategic Team to align and utilise resources more effectively.
2. This report also seeks approval for the use of unallocated budget to fund a temporary post for one year to ensure that adult social care safeguarding governance arrangements are fit for purpose.

Information and Advice

3. The Care Act has put safeguarding adults in a clear legislative framework for the first time and creates a number of statutory duties for local authorities. These include ensuring the effectiveness of partnerships arrangements via the Nottinghamshire Safeguarding Adults Board (NSAB). Furthermore local authorities now have a responsibility to undertake (or cause others to undertake) Section 42 enquiries when they believe an adult with care and support needs is being abused or neglected. The emphasis of intervention has shifted to one that is person-led and focuses on the outcomes an individual would like. The Council is required to ensure its employees and partners are supported to undertake this cultural shift and evidence that it has taken place.
4. In summary the main responsibilities the Care Act brings for the local authority are:
 - **to lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
 - **to make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
 - **to establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
 - **to carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
 - **to arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Current Structure

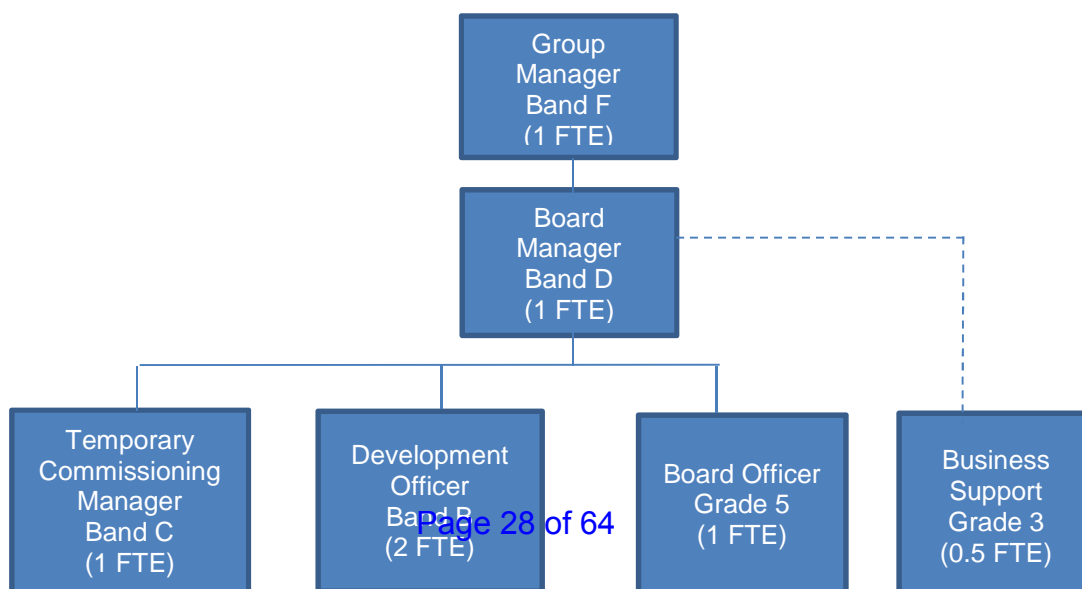
5. The current Safeguarding Adults Strategic Team structure is as follows:



6. The current structure has been in place for a number of years and was reviewed in 2013 when the team's capacity was reduced by 40%. Until this point the structure had worked well. However given the changing landscape with the Care Act and continuing budget pressures it is an opportune time to review the structure and ensure that it meets existing requirements.

Proposed Structure

7. A review of the team has been undertaken to ensure it is aligned to meet the strategic plan objectives, legislative changes and that its resources are able to be used more effectively to enhance efficient multi-agency working with regard to safeguarding adults in Nottinghamshire.
8. The proposed structure is designed to ensure that the Safeguarding Adults Strategic Team has the skill mix and flexibility to ensure robust governance arrangements for the Local Authority and provide leadership to the Board and its constituent members.



9. Increased flexibility provides a greater likelihood of having a structure that is capable of responding to the changing agenda of the Board and its sub groups. This would be achieved by having multi-skilled Development Officers. These posts would be a better “fit” to support the Independent Chair and Board Manager to progress NSAB’s strategic plan as well as ensuring all organisations in the partnership are, and remain, Care Act compliant in relation to safeguarding. In summary, the team would be responsible for supporting the work of the NSAB to function in line with the Care Act and deliver its strategic plan; developing and maintaining safeguarding adults quality assurance processes including audits, compliance and associated support required to achieve compliance; identifying risks through audit work and management information; identifying, developing and delivering learning opportunities in relation to adult safeguarding through the delivery of a training pathway; and provide a lead role and expertise in relation to adult safeguarding for the Local Authority.
10. The Board Officer position would have the requisite knowledge of this complex subject area to provide advice and guidance to sub-groups and the Board. This post would also be responsible for liaising with partner agencies to ensure that actions are progressing and supporting the work of the Development Officers, particularly when they are undertaking Adult Social Care governance work. The increased support this resource would provide by having knowledge of the subject area would increase efficiency within the team by reducing the time managers and officers would need to spend on these tasks.
11. As the three proposed posts will not be aligned to a specialist area of the service, such as training or quality assurance, they would provide added resilience to the team and increase capacity of both the Group Manager and Board Manager. For the Group Manager, this would allow greater oversight and risk management of the service area as a whole and ensure that the local authority is, and remains, Care Act compliant in relation to safeguarding adults. For the Board Manager it would provide greater opportunities to support the Independent Chair in implementing the NSAB Strategic Plan. With greater managerial oversight from the Group Manager and Board Manager it can be ensured that the core statutory duties of the Board and local authority are met including timely completion of safeguarding adults’ reviews. The more complex work currently undertaken by the Band C Quality Assurance Manager could be undertaken by the Board Manager.
12. By reviewing the skill mix required in the way described above it provides an opportunity to achieve departmental cost savings of £4,000. This represents 2.2% of the Nottinghamshire County Council’s contribution to NSAB. This would be done by creating a new structure of two Development Officers at Band B to replace the part time Band B and full time Band C posts. In addition it would see the disestablishment of the current business support function, which would be replaced by a full-time Board Officer at Grade 5 and a 0.5 fte Business Support Officer at Grade 3.

ASCH&PP Safeguarding Governance arrangements and temporary post

13. All statutory partners have arrangements and boards to oversee their internal safeguarding arrangements. In Adult Social Care, this function is undertaken by the governance group.
14. This governance group exists to promote best practice, and ensure robust departmental processes and systems are in place to safeguard vulnerable adults. It identifies risks in relation to safeguarding and seeks to mitigate them. It takes its work from a variety of sources including safeguarding adult reviews, the legislative framework, and other reviews nationally and locally as well as the NSAB.

15. There are currently outstanding pieces of work that pose a risk to the department. This work was previously undertaken by the Safeguarding Adults Strategic Team but with a 40% reduction in staffing in 2013/14 and a growing agenda for NSAB there is no longer the capacity to provide this support. It is clear that support is required in order that the identified work is progressed.
16. It is proposed to provide some temporary additional capacity in the Safeguarding Adults Strategic Team to work with the governance group to ensure work is underway, statutory duties are complied with and systems are robust and sustainable. Specifically, in conjunction with the other members of the Safeguarding Adults Strategic Team the role would focus on:
- creating a sustainable departmental case work audit process. This is required in order that the department can learn from cases, provide appropriate support and learning opportunities for staff and be assured that they are working in a way that reflects best practice
 - supporting departmental information requirements working with the framework team and performance team to provide monitoring information that is fit for purpose and accurate
 - fully embedding the new responsibilities in the Care Act and making sure there is full understanding and reflective practice not merely compliance
 - developing processes to ensure appropriate departmental learning opportunities which complement and align to safeguarding board training
 - creating systems to provide the department with good quality information to monitor safeguarding training uptake and ensure all members of staff receive the appropriate training
 - working with ICT colleagues to develop an ICT solution to track potential hot spots, understand the risk and enable a robust risk management process. This work is critical as we seek to identify risk and mitigate, as far as we are able, the impact at an early stage.

Other Options Considered

17. Retaining the existing structure in the Safeguarding Adults Strategic Team was considered but not felt to be an effective use of resources.

Reason/s for Recommendation/s

18. The proposed new structure of the Safeguarding Adults Strategic Team provides flexibility and resilience for NSAB and Adult Social Care and makes it fit for purpose to meet the challenges and changes arising from the Care Act and the additional pressures on management time.
19. The temporary post is required to support Adult Social Care governance work that has not been undertaken and ensure that systems are robust and sustainable. This can be funded from unallocated Care Act funds in the budget.
20. The cost savings of £4,000 represent 2.2% saving.

Statutory and Policy Implications

21. 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

22. Restructure of Safeguarding Adults Strategic Team:

This is detailed below and will cost £4,000 less than the current structure so can be met within existing budgets:

- 1 FTE Group Manager, Hay Band F (SCP 56-61) (maximum £72,430 per annum)
- 1 FTE Board Manager, Hay Band D (SCP 42-4761) (maximum £52,860 per annum)
- 2 FTE Development Officers, Hay Band B (SCP 34-39) (maximum total cost of £86,793 per annum)
- 1 FTE Board Officer, Grade 5 (SCP 24-28) (maximum £31,201 per annum)
- 0.5 FTE of Business Support Officer, Grade 3 (SCP 14-18) (maximum £11,209 per annum).

23. Temporary Commissioning Officer post:

A total of £222,000 was allocated to the Multi Agency Safeguarding Hub (MASH). Out of this £136,000 has already been allocated to cover the cost of 2 FTE Social Work posts and the Designated Adult Safeguarding Manager. This means a further £85,600 remains unallocated. It is proposed that a proportion of this unallocated money is used to create a one year post:

- 1 FTE Commissioning Officer Hay Band C (SCP 39-44) (maximum £50,306.72 per annum).

Human Resources Implications

24. Prior to establishment the posts listed in the recommendations will be subject to Job Evaluation. Please note that the bands and grades of the posts listed are anticipated.
25. The disestablished posts that are not currently vacant will be subject to County Council redeployment processes.

Safeguarding of Children and Adults at Risk Implications

26. Strengthening strategic safeguarding arrangements will ensure the Council's interventions to safeguard adults at risk are proportionate and risks are identified.

Implications for Service Users

27. More effective partnership working will lead to better outcomes for service users

RECOMMENDATION/S

That:

- 1) the proposed Safeguarding Adults Strategic Team re-structure is approved; this includes the following proposals:-

The disestablishment of:

- 1 FTE Quality Assurance Manager (Hay Band C)
- 0.8 FTE Training Co-ordinator (Hay Band B)
- 0.67 FTE Business Support (Grade 2)
- 1 FTE Business Support Officer post (Grade 3)

The establishment of:

- 2 FTE Development Officer Posts (Hay Band B)
- 1 FTE Board Officer Post (Grade 5)
- 0.5 FTE Business Support Officer Post (Grade 3)

- 2) the use of unallocated budget to fund a temporary post for one year to ensure ASCH&PP safeguarding governance arrangements are fit for purpose is approved.

Caroline Baria

Service Director, Strategic Commissioning, Access and Safeguarding

For any enquiries about this report please contact:

Claire Bearder

Group Manager Access and Safeguarding

T: 0115 977 3168

E: Claire.bearder@nottsccl.gov.uk

Constitutional Comments (SLB 11/11/15)

28. Adult Social Care and Health Committee is the appropriate body to consider the content of this report, subject to the provisions of the Council's Employment Procedure Rules which require all reports regarding staffing structures to include HR comment and for the recognised trade unions to be consulted.

Financial Comments (KAS 09/11/15)

29. The financial implications are contained within paragraphs 22 and 23 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCH350

30th November 2015**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE****PROPOSAL FOR ADDITIONAL EXTRA CARE ACCOMMODATION FOR
MANSFIELD****Purpose of the Report**

1. The purpose of this report is to request approval for work with Mansfield District Council to develop proposals for additional Extra Care accommodation on the former Mansfield General Hospital site – subject to a further report being brought back to the Committee in early 2016 to confirm and seek approval for the exact amount of Extra Care capital funding required.

Information and Advice**The County Council's Extra Care Strategy**

2. As part of its commitment to improving choice and support for older adults, the Council is committed to ensuring that there is Extra Care provision in every District and Borough in Nottinghamshire. To do this, the Council has a first tranche of capital funding (£12.65 million) available for the delivery of a minimum of 160 new Extra Care housing places across Nottinghamshire by March 2018. In addition, a second tranche of funding (an additional £12.35 million) has been reserved for further Extra Care capital and can be accessed as required via submission of a report / Business Case to the Council's Corporate Asset Management Group. These two tranches together create a combined Extra Care capital budget of £25 million.
3. From the combined Extra Care capital pot of £25 million:
 - a total of £9.55 million has already been committed to new Extra Care schemes that have either started work on site or which are agreed/ready to start on site subject to final contract documentation
 - a further £10.28 million is likely to be required for a number of schemes which have been agreed in principle, as well as other potential schemes in earlier stages of development.
4. Considering these committed schemes and the likely schemes together as a whole, the total range of schemes identified to date will ensure that there is Extra Care provision in every District and Borough – whilst at the same time leaving £5.17 million from the original £25 million pot available for the creation of additional new Extra Care

accommodation in those parts of the County where there is the greatest need, such as Mansfield.

5. Mansfield is a densely populated urban area and there is a recognised oversaturation of care homes. Whilst the Council's social care teams across the County are supporting more older adults in community settings, the Council needs viable alternatives to residential care in order to be able to continue to reduce inappropriate admissions. Additional Extra Care provision in Mansfield would help to ensure there are sufficient alternatives to residential care.

Overview of existing Extra Care schemes in Mansfield

6. The Poppy Fields Extra Care scheme, currently being developed in partnership between Mansfield District Council (MDC) and Nottinghamshire County Council, will be sited on land owned by the District Council. In addition to capital funding by MDC and the County Council, the scheme has also secured a £1.3m grant from the Department of Health.
7. MDC is project managing the building works on site, with the accommodation scheduled to be ready from late November/early December 2015 onwards. The scheme is set to formally open in early 2016 following the completion of the build of the onsite communal hub.
8. The Poppy Fields scheme will provide purpose built communal facilities along with 64 new homes for older adults. The homes will be a mix of 1 and 2 bed houses, bungalows and apartments - including 10 bungalows specifically designed for older adults needing specialist dementia support. MDC will be the landlord for all 64 new homes and will manage the use of the whole site, including the communal facilities.
9. All of the 64 new homes on the Poppy Fields site will be built to the County Council's Extra Care standard, designed to meet the possible future needs of tenants e.g. level access showers, wheelchair turning circles, accessible kitchens, built-in call alarms etc. Of the 64 new homes being created on the site:
 - 10 will be available as part of a MDC shared ownership scheme (part rent from MDC/part buy)
 - 48 will be available for rent from MDC and will be let to older adults who are assessed by the County Council as being eligible for social care support and as requiring Extra Care accommodation. It is intended that the 48 nomination units will be used to provide an alternative to residential care.
 - 6 homes will be for older adults to rent from MDC in line with the District's eligibility criteria.
10. In order to be considered for one of the 48 nomination units, an individual will need an assessment of social care needs. Care assessments are carried out by the County Council's Older Adults Assessment Team, which is currently developing a waiting list for the 48 NCC nomination units on the Poppy Fields scheme. The older adults who move into Poppy Fields will be assessed as having a high level of personal care and support

needs and will receive personal support services from the Council's chosen care provider.

11. In terms of the care support available on site, the County Council has commissioned its local home based core care provider to deliver personal care support to tenants in the 48 NCC nomination units via an on-site care team. Care staff will be on site 24 hours/7 days a week. The care support provided on-site will vary in line with each individual's agreed care and support plan. Extra Care housing is designed to support older adults to live as independently as possible and so tenants must be willing and able to manage on their own for parts of the day.

Proposal for additional older adults Extra Care in Mansfield

12. In addition to the Poppy Fields development, the District Council intends to build a new housing scheme for older adults on the site of the former general hospital in Mansfield, and has asked if the County Council would like nomination rights to some of this new accommodation for use as an extension to the Poppy Fields Extra Care scheme.
13. The new older adults housing scheme, off West Hill Drive, will consist of:
 - 12 bungalows (general needs older adults housing for rent from MDC)
 - an apartment block of 42 apartments overall, consisting of 34 two bed apartments and 8 single bed apartments (this is as MDC says it has a greater local demand for 2 bed older adults housing).
14. The site is relatively near the Poppy Fields scheme (circa 10 minutes walk) and officers in the two councils have held initial discussions about whether 10 of the apartments could be used as an outreach to the Poppy Fields scheme. The proposal is that the Core Care Provider Team, based 24/7 on the Poppy Fields, would move between Poppy Fields and the new scheme on the former Hospital site to deliver care and support as required.
15. It is intended that the design of the new accommodation will meet the NCC Extra Care Design Brief, with the proposed layout including wheelchair accessible apartments with open plan kitchen/living rooms, bathrooms with level access showers etc.
16. MDC is keen to progress its plans for the new scheme, with a view to being on site in May 2016. MDC intend to apply to the HCA for some grant funding. If NCC wants to use some of the apartments as Extra Care, MDC would require a capital contribution in return for nomination rights
17. As set out in paragraph 2 above, from its first tranche of £12.65 million, the County Council has committed Extra Care capital of £9.55 million towards the cost of creating six new Extra Care schemes (including Poppy Fields). At each of the new schemes the Council has contributed different amounts ranging from 11% to 46% of the total build cost dependent on the size and design of the building.
18. Mansfield District Council is currently finalising its design and costings for the proposed new scheme on the former hospital site. It is expected that the funding contribution likely to be requested from the County Council would be lower than that provided for

Poppy Fields, in recognition that the development on the former hospital site would be a much smaller housing scheme. The initial discussions at this stage regarding the proposed new Mansfield scheme have been looking at the County Council contributing approximately £40,000 per unit i.e. £400,000 for 10 units of accommodation.

Other Options Considered

19. When deciding where to create new Extra Care accommodation, the location of existing schemes, as well as demand/population demographics are all considered by officers when making recommendations to Committee in order to ensure a good geographic spread across Nottinghamshire.
20. In addition to the 64 new homes being created on the Poppy Fields site as part of phase 1, construction is now also underway for a phase 2 development on the site to create an additional 20 general needs older adults homes (also due to be ready in 2016). A further phase 3 also planned for the site to create general needs housing open to any age group. Following careful consideration, it has been decided that it would not be suitable to use any of the phase 2 accommodation for additional Extra Care housing as it would lead to the a scheme that was predominately populated by older adults with care needs – in contrast, the County Council’s usual Extra Care model is to have nomination rights to a proportion of the overall total number of housing places provided, in order to help create a balanced and sustainable older adults community.

Reason/s for Recommendation/s

21. The percentage of the population aged 65 and over in Mansfield is similar to the percentage for Nottinghamshire as a whole. However, Mansfield is a densely populated urban area and there is a recognised oversaturation of care homes. Additional Extra Care provision would help to ensure there are sufficient alternatives to residential care.
22. As part of its approach to Extra Care, the County Council is considering where there might be opportunities to use the 24/7 onsite care teams provided within Extra Care schemes to provide additional care services where appropriate to the local older adults communities adjacent to Extra Care schemes. This type of ‘Extra Care Outreach’ model could be tested in Mansfield by using the Poppy Fields Care Team to provide support services to 10 of the apartments on the former hospital site. Piloting this outreach approach in Mansfield would build on the extremely positive work already underway locally by Council’s Older Adults Team – where strong and effective partnership working with the CCG and MDC is enabling accommodation to be used to ensure the safe and timely discharge of older adults from hospital.

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. The exact capital funding that would be required to cover the cost of contributing to this proposed new Mansfield scheme needs to be established via further work with MDC. However, it is anticipated that the cost could be covered from within the £3,095,448 funding currently unallocated in the Extra Care Capital budget.

Service User Implications

25. The creation of additional Extra Care provision will provide additional choice and opportunity for Service Users.

RECOMMENDATIONS

That:

- 1) the Committee gives approval for work with Mansfield District Council to develop proposals for additional Extra Care accommodation on the former Mansfield General Hospital site
- 2) a further report be bought back to the Committee in early 2016 to confirm and seek approval for the exact amount of Extra Care capital funding required.

Sue Batty

Service Director for Mid Nottinghamshire

For any enquiries about this report please contact:

Cherry Dunk
Group Manager Strategic Commissioning
T: 0115 9773268
E: cherry.dunk@nottscg.gov.uk

Constitutional Comments (SMG 10/11/15)

26. The proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 09/11/15)

27. The financial implications are contained within paragraph 24 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.

Previous update reports on Extra Care to the Adult Social Care and Health Committee on the following dates: 29 October 2012, 7 January 2013, 1 July 2013, 9 September 2013, 3 February 2014, 7 July 2014, 2 February 2015, 29 June 2015 and 15 July 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH356

30 November 2015**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING****REVIEW OF THE POST OF PRINCIPAL SOCIAL WORKER/SERVICE
MANAGER FOR DEPRIVATION OF LIBERTY SAFEGUARDS AND
APPROVED MENTAL HEALTH PRACTITIONER TEAM****Purpose of the Report**

1. The purpose of the report is to advise Members of the review of the work load and tasks undertaken by the temporary Principal Social Worker (PSW) and to seek approval for:
 - the permanent establishment of the PSW (1 FTE) post
 - the permanent establishment of business support administration capacity at 3.5 hours per week
 - the temporary establishment of a Strategic Development Officer (1 FTE), for an 18 month period, to implement the changes arising from the Cheshire West Supreme Court ruling and new Mental Health Act Code of Practice, 2015.

Information and Advice

2. In April 2014, The College of Social Work published a report identifying the need for local authorities to establish the role of a Principal Social Worker. The report states that the PSW role provides a key connection between practice and strategy and it is seen as essential at a time of significant change and budget reductions because it has the potential to reduce what it describes as 'the economic burden associated with poor standards of practice'. Also, 'The Standards for employers of Social Workers in England', published in May 2014, sees the PSW role as having responsibility for implementing and leading the standards.
3. The College of Social Work drove the adoption of the PSW role through Children's and Adults services across the country, and the role is now seen as vital to the changes required of social workers and in ensuring the standards are maintained with regard to social work practice as well as continuous professional development.
4. In May 2014, the Adult Social Care and Health Committee considered the impact on Deprivation of Liberty Safeguards (DoLS) arising from the Cheshire West Supreme Court ruling and Members approved the establishment of a single post, for a temporary 12 month period, to manage the central DoLS team and the central Adult Mental Health Practitioner (AMHP) Team combined with the duties of the Principal Social Worker (PSW) relating to the development of social work practice and policy. The post was

recruited to during the summer and the post holder commenced the post in September 2014. A progress report has, since this time, been considered by ASCH Committee on the implementation of the changes in DoLS arising from the Cheshire West Supreme Court ruling and Members have approved the extension of the post until the end of March 2016.

Operational management responsibility for AMHP and DoLS services

5. The PSW role also includes the operational responsibility for two vital services that require a high degree of oversight due to the nature of the work. At present both services require the completion of new work in relation to their operating models to determine effective and efficient practices, as well as liaison with partner agencies.
6. The work also includes updating all the policies, staff guidance and forms, relating to a review to ensure compliance with the new Mental Health Act Code of Practice (2015) and the Cheshire West Supreme Court ruling (2014).

PSW role

7. The Principal Social Worker role is linked to the Employers Standards. These cover social work accountability, effective workforce planning, safe workloads and case allocation, managing risks and resources, effective and appropriate supervision, continuing professional development, registration and effective partnerships. This PSW role includes:
 - social work education
 - placements and links with Higher Education
 - continuing professional development (CPD)
 - roles and responsibilities of social care staff
 - career progression/accreditation and approval
 - workforce planning and learning and development strategy in line with future strategic needs
 - linking senior management to front line practice
 - promotion of and advice on evidence based practice
 - linking with the PSW in Children and Family services
 - Mental Capacity Act lead.
8. Nationally, there have been recent changes with the closure of the College of Social Work, proposed restructuring of Social work education and CPD through the development of teaching partnerships and the development of proposed Practice Leaders in Children's Social work, for example. This reflects a general move towards a 'practice-focused system' and demonstrates the need for a dedicated role. For example, The British Association of Social Workers (having taken responsibility for the Professional Capabilities Framework (PCF) for social workers) has published a review in which it refers specifically to the PSW role. They indicate that PSWs should:
 - take a professional lead across an organisation, and have a responsibility for supporting and advising on the quality of practice

- provide professional leadership for social work practice, and continue to directly engage and work with people who use services and their families and carers
 - draw on this professional experience to influence strategic decision-making across the organisation
 - use their knowledge and skills to inform the wider functions of the organisation, beyond social work and 'social care' boundaries
 - take the responsibility for identifying and responding to new initiatives and changes in legislation and government policy
 - liaise and develop professional networks locally, regionally and nationally to identify and influence practice improvements
 - ensure that organisational change takes account of professional social work issues
 - develop and sustain partnership arrangements with stakeholders within and across organisations
 - promote and take part in developing the body of social work knowledge and research within and outside of the organisation, working in partnership to ensure that developments reflect the needs of front line practice.
9. Nationally, the PSW role is focussed exclusively on qualified social workers. This allows the post holder to focus on the adherence to and development of professional and technical competences. However, within the ASCH&PP Department, the PSW role has been extended to cover all social care roles in assessment and care management teams, including Community Care Officers and Occupational Therapists.
10. The post holder has been involved in some of the PSW roles and responsibilities, including leading the organisational 'health-check' required by The Employers Standards. The completion of this work is a priority for the department in order to enable the Senior Leadership Team to address the various workforce issues raised by frontline staff, which may be impacting on their work.
11. A significant number of the key PSW tasks have not yet been progressed, such as audit of The Employers Standards and ensuring good compliance with the Mental Capacity Act. This is because the post holder has been required to prioritise other work arising from the changes in relation to the Deprivation of Liberty Safeguards.
12. All PSWs have a practice aspect to their role in order to maintain a link with front line practice, however, it is unusual for the post holder to also manage a significant and high priority statutory operational service as well as undertaking the strategic PSW role. Also, when the temporary post was established there was no business support time attached to the post.

Current position

13. Due to the complex nature and the high volumes of work, the post holder is not able to effectively undertake both the PSW role and the operational management activities, and priority has had to be given to the operational management responsibilities of the role in order to ensure that the Council is legally compliant in its obligations following the changes relating to the DoLS and AMHP services.

14. It is anticipated that further focussed work will be required in order to fully implement and embed the changes required in relation to DoLS. This in turn will continue to impact on the ability of the post holder to undertake significant aspects of the PSW role.
15. Given the unrealistic workloads of the post holder, initial action has been taken and management of the AMHP team has been moved to an existing operational Group Manager. Consideration has also been given to the future resource requirements and options for managing the DoLS service, in order to create capacity to enable the PSW responsibilities to be undertaken. There is a significant amount of future development work and project management required by the DoLS service. This includes:
 - implementing a rapid increase in assessment capacity to deal with rising demand
 - establishing performance and monitoring systems
 - workforce plans to ensure the availability of sufficient numbers of trained staff
 - ensuring sufficient capacity in all other services that require increases alongside the assessments, such as advocacy
 - work with Nottinghamshire Healthcare NHS Trust in order to ensure increased assessor capacity.
16. The Law Commission is currently reviewing the DoLS legislation for implementation in 2017. Existing proposals indicate that the volume of work is unlikely to reduce and that further development work will be required as staff will be in different roles, working to different processes.
17. Given the current and anticipated work pressures in relation to DoLS, it is proposed that there is a separation of the PSW activities and the operational management activities relating to DoLS and AMHPs. This will entail moving the management of the DoLS service to an existing operational Group Manager and that a post of Strategic Development Officer is established for a temporary period of 18 months. This would enable the PSW to focus on the key functions of that role whilst the Strategic Development Officer would focus on the development of the required policy and procedure changes and to oversee the important changes around the DoLS arising from the Supreme Court ruling. This Cheshire West ruling has created significant new work which requires some dedicated resource in order to ensure oversight and implementation of the required changes.

Other Options Considered

18. Consideration has been given to the PSW retaining oversight of the DoLS and AMHP functions in accordance with the current job description, but for aspects of the role to be delegated to other officers. The post holder has previously looked at opportunities to delegate some aspects of the various tasks and activities any of the work to other colleagues in the department but this has had limited success. It has also resulted in some elements of service becoming fragmented and has increased the risk of some of the activities not being completed for example, progress in relation to workforce development.
19. Consideration has also been given to the post holder assuming the full responsibilities of the PSW role with a separation of the operational management of the central DoLS service, in addition to the AMHP Teams with these functions being redirected to

operational Group Managers. This would allow the PSW post to have the capacity to carry out the functions in line with national recommendations and lead the relevant and necessary changes in social care. However, due to the significant and ongoing DoLS development work as outlined in paragraphs 15 and 16 above, and no operational group manager having capacity to take on this aspect of the work as well as the line management of the service, additional temporary support would be required in order to avoid the risk of the changes not being implemented.

Reason/s for Recommendation/s

20. There is a need to consider the current and longer term resource requirements to enable the Council to effectively meet its responsibilities both in terms of social work staff and workforce development and also new and changing statutory responsibilities arising from the Mental Health Act Code of Practice (2015) and the Cheshire West Supreme Court ruling (2014).
21. The functions relating to the PSW, as outlined in **paragraphs 7 and 8** above, are required on an on-going basis to ensure that the Council is able to retain a flexible and effective workforce which is well trained, motivated and committed, and which is able to adapt to the changing work environment. It is therefore proposed that the PSW post is established on a permanent basis. It is also proposed that 3.5 hours per week of business support administration time is allocated to support the work of the PSW.
22. Having evaluated the workload of the current post holder, it is clearly not feasible for the post to undertake all the activities relating to the PSW whilst also retaining responsibility for the operational management of the central DoLS and AMHP teams. In order to ensure a more manageable workload and to reduce the risk of key tasks not being completed, it is necessary to separate the two functions. This will require the establishment of a temporary post of Strategic Development Officer for an 18 month period to complete the tasks and activities relating to the changes in statutory responsibilities in the DoLS and AMHP areas of service. This will then require a review to determine the extent to which all the key tasks and activities have been completed. The operational management arrangements will be undertaken by:
 - AMHP service (Younger Adults Group Manager)
 - DoLS service (Older Adults Group Manager).

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. The Principal Social Worker post and the Strategic Development Officer post are both graded at Hay Band E, scale point 47 – 52 (£41,140 - £45,703). Funding for the PSW

post is required on a permanent basis and funding for the Strategic Development Officer post is required for an 18 month period, subject to review. The cost of the posts will initially be met from the funding allocated for the implementation of The Care Act. Permanent funding will also be required for 3.5 hours per week of business support administration (0.05 FTE) at Grade 2, scale point 9 - 13 (£14,075 - £15,941). The cost of the post will be £1,507 per annum and will be met from the funding allocated for implementation of The Care Act.

Human Resource Implications

25. The post of Strategic Development Officer will be subject to an evaluation to determine the grade. The appropriate personnel policies will be applied to recruit/appoint to the posts.

Implications for Service Users

26. The PSW role provides a mechanism for accountability around social work practice across adult social care e.g. advising around quality of practice and professional leadership. This will assist in achieving good outcomes for service users, their families and the community. Social care workers will be able to access better information and training on good evidence based practice and interventions to ensure effective service delivery.

RECOMMENDATION/S:

That the Committee approves:

- 1) the permanent establishment of the Principal Social Worker (1 FTE) post at Hay Band E (£40,254 - £44,719) and the post allocated an authorised car user status.
- 2) the permanent establishment of business support administration at 3.5 hours per week at Grade 2.
- 3) the temporary establishment of a Strategic Development Officer post at Hay Band E, (£40,254 - £44,719) and the post allocated an authorised car user status, for an 18 month period from the date of appointment, to implement the changes arising from the Cheshire West Supreme Court ruling and new Mental Health Act Code of Practice, 2015.

Caroline Baria

Service Director, Strategic Commissioning, Access and Safeguarding

For any enquiries about this report please contact:

Tina Morley-Ramage

Principal Social Worker for Adult Social Care/Service Manager for AMHP and DoLS services.

T: 0115 8546325

E: tina.morley-ramage@nottsccl.gov.uk

Constitutional Comments (LM 22/10/15)

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

Financial Comments (KAS 22/10/15)

28. The financial implications are contained within paragraph 24 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.

College of Social Work (April 2014) "The business case for adult Principal Social Workers (PSW) - A discussion paper"

<http://socialwelfare.bl.uk/subject-areas/services-activity/social-work-care-services/collegeofsocialwork/165532PrincipalSocialWorkerBusinessCase.pdf>

Department of Health (2014) Annual Report by the Chief Social Worker for Adults

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368485/Annual_report_2014_web_final.pdf

Local Government Association (LGA) on behalf of the Social work reform partners (2014) The Standards for employers of social workers in England

<http://www.local.gov.uk/documents/10180/6188796/The+Standards+-+updated+July+01+2014/146988cc-d9c5-4311-97d4-20dfc19397bf>

Local Government Association (LGA) (June 2014) The Standards for employers of social workers in England: Audit tool

http://www.local.gov.uk/workforce/-/journal_content/56/10180/3511605/ARTICLE

Report to the Adult Social Care and Health and Public Protection Committee (12th May 2014) Report of Deputy Corporate Director, Adult Social Care and Health and Public Protection on Deprivation of Liberty Safeguards.

Report to the Adult Social Care and Health and Public Protection Committee (1st December 2014) Report of Deputy Corporate Director, Adult Social Care and Health and Public Protection on Deprivation of Liberty Safeguards.

Electoral Division(s) and Member(s) Affected

All.

ASCH345

30 November 2015**Agenda Item: 11****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>
11th January 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 / Jessica Chapman
Adult Social Care and Health – Overview of Current Developments	Overview report to update committee on a range of developments and activities taking place across the department.	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
Update on consultation on establishing a local authority trading company for the delivery of Adult Social Care Direct Services	Progress on the development of models for alternative service delivery within this group of internal services	Interim Service Director, North Nottinghamshire and Direct Services	Jennifer Allen / Ian Haines
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
New advocacy model	To agree the new model	Service Director, Strategic Commissioning, Access and Safeguarding	Gill Vasilevskis
Transforming Care update	Report on progress of the Nottingham & Nottinghamshire Fast Track Programme	Service Director, Strategic Commissioning, Access and Safeguarding	Cath Cameron-Jones
National Children and Adult Services Conference 2015	Report on attendance at the Conference in October	Corporate Director, Adult Social Care, Health and Public Protection	David Pearson
8th February 2016			
Carers' Information and Advice Hub and Support	Update and evaluation on the service being provided following the contract awarded in 2015	Service Director, Mid Nottinghamshire	Penny Spice

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Service Progress Report			
Direct Services Delivery Group Update	Report on progress with savings programmes within this delivery group.	Programme Director, Transformation	Ian Haines / Jennifer Allen
Development of the Mid Nottinghamshire Better Together Programme – commissioner provider alliance agreement	Progress report	Service Director, Mid Nottinghamshire	Wendy Lippmann
Personal Health Budget Proposals from the Vanguard Site	Update on the Personal Health Budget work taking place with health in the Vanguard site in mid Nottinghamshire	Service Director, Mid Nottinghamshire	Cherry Dunk / Nigel Walker
7th March 2016			
Transforming Care: Response to the Winterbourne View Report	Six-monthly update to include finance information as detailed in report of 2 March 2015	Service Director, Strategic Commissioning, Access and Safeguarding	Cath Cameron-Jones
Update on the Future of the County Horticulture Service	Update on the proposed revised staffing structure for the new service following consultation	Service Director, North Nottinghamshire	Jane McKay
Savings and Efficiencies Delivery Group Update	Report on progress with savings programmes within this delivery group	Programme Director, Transformation	Ellie Davies
18th April 2016			
16th May 2016			
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 Page 50 of 64	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
13th June 2016			
11th July 2016			
Update on Integrating Health and Social Care: Two Schemes to Reduce the Length of Stay in Hospital	Progress report since June 2015 on two schemes (SCOPES and EOSS) to reduce the length of stay in hospital	Service Director, Access and Public Protection	Steve Jennings-Hough / Yasmin Raza
Update on the Transfer of the Independent Living Fund	Progress report since June 2015 on the transfer of the Independent Living Fund	Service Director, South Nottinghamshire	Paul Johnson
To be placed			
Appropriate Adults Service			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	Rosamunde Willis-Read
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

ASCH333

30 November 2015

Agenda Item: 12

**REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING**

**THE SOCIAL CARE MARKET: PROVIDER COST PRESSURES AND
SUSTAINABILITY**

Purpose of the Report

1. To advise Members of the various cost pressures facing community based care and support providers.
2. To recommend the application of an in-year fee increase for the core providers of the home care and supported living services, to be applied from 1 December 2015.

Information and Advice

3. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an Exempt Appendix. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because of commercial sensitivity relating to the County Council's contracts with care providers.

The budget

4. The Council's net budget for adult social care is £202.7m for 2015/16 with a gross budget of £313.7m. The vast majority (67%) of this is spent on care and support services are commissioned externally from both private and voluntary sector external providers through contractual arrangements. The Council's gross budget allocations for externally provided care and support services for 2015/16 are broken down as follows:

Area of service	Budget
Care Home placements - Older Adults	£73.9m
Care Home placements - Younger Adults	£36.7m
Home care services	£15.7m
Supported Living services	£36.1m
Direct Payments*	£42.8m

*Direct Payments are used by service users and carers to purchase all types of community based services including home care, supported living, day time activities and carers' breaks. This includes one-off Direct Payments.

5. A total of 1,567 service users currently receive home care services and 1,214 service users receive supported living services, all of which are arranged and managed by the Department. In addition to this, there are approximately 3,300 people who receive an on-going Direct Payment, the majority of whom will be using their funding allocation to purchase home care, outreach support or supported living services.

Home care services

6. In September 2013 Council approved the commencement of the tender for home based care and support services and for the new contracts to be awarded for commencement in April 2014. Contracts were awarded to four core providers for home based care and support services (home care), each covering a large geographical area based on district council boundaries.
7. The transition to the new home care services was complicated and protracted as the model of provision was to move from 30 different providers, each covering various parts of the county, to four providers, one in each geographical area. This resulted in a large number of service users experiencing a change in their care provider. However, a significant number of service users chose to take a Direct Payment and remain with their existing home care provider.

Supported Living services

8. In November 2013 the Adult Social Care and Health Committee approved the commencement of a tender for Care, Support and Enablement Services (Supported Living) for adults with learning disabilities for the new services to commence in October 2014 and contracts were awarded to four core providers for the care, support and enablement services. Tenders were evaluated on the basis of 80% of the score for quality and 20% relating to price. There was a cap of £13 so only 5% was attributed to the hourly rate and 15% to the direct staff costs as a % of the hourly rate to encourage providers with the best terms and conditions.
9. In order to ensure continuity of care for adults with learning disabilities and mental health needs, the contracts awarded to four core providers for the Supported Living services was specifically for newly commissioned packages of care and support required from October 2014. All existing packages of care and support were to be retained by the legacy providers.
10. When the tender process was undertaken for the supported living services, it was on the basis that all service users already receiving supported living services would be able to retain their existing care and support provider. This was in order to ensure continuity of care, given the specific needs of people receiving supported living services. This enabled the Council to award contracts to four core providers for all new packages of care whilst retaining existing arrangements with the legacy providers. The service specification and the terms of the contract with the legacy providers was the same as

that of the core providers. In addition, the Council has retained contracts with a small number of providers who deliver an enhanced supported living service for people who require more specialist services due to complex health and social care needs and challenging behaviour.

11. As part of the tender processes, providers were required to submit hourly rates which included all their costs including staffing, overheads and profit margins. Contracts were only awarded to those providers who were able to evidence that they paid their staff the National Minimum Wage or above, inclusive of travel time.

Implementation of the new home care and supported living contracts

12. Since the start of the new contracts, both the home care providers and the supported living providers have reported difficulties in recruiting and retaining staff. Consequently, the providers have not been able to deliver services at the capacity required to meet demand. In order to address this, the Council has had to enter into spot contracting arrangements with a number of other home care agencies and has to increasingly use Direct Payments as a means of securing services for individuals in a more timely way, but at higher costs.

National context

13. The continued increase in demand for health and social care services arising from demographic pressures and an increase in life expectancy of people with multiple and complex health conditions is well documented. Both nationally and at the local level, the focus continues to be on supporting people to live independently in their own homes for as long as possible. Demographic changes, together with a fundamental shift in policy away from long stay hospital to community based services for younger adults with complex needs and/or challenging behaviour, has resulted in increasing demand pressures at a time when the overall funding for adult social care services continues to reduce.
14. Significantly greater numbers of skilled, well-trained and motivated care workers are required across the range of care services in order to meet increasing demand for care and support services. However, there is recognition at a national level that there is a lack of sufficient workforce capacity across the health and social care sector, and this is particularly the case in relation to the private and voluntary sector care workers as a consequence of relatively poor conditions of employment and low status. Over the past couple of years, issues such as zero-hours contracts, 15 minute visits, national minimum wage rates, payment for travel time for care workers, and other terms and conditions of employment have been subject to much national debate.
15. The high turnover of care workers and poor staff retention rates also impacts on the ability of care providers to invest in training and career development for their workforce and this in turn impacts on their ability to deliver sustained high quality care services (see *The Key to Care – Report of the Burstow Commission on the future of the home care workforce*, LGiU December 2014).
16. During late 2014, the United Kingdom Home Care Association (UKHCA) through the Freedom of Information Act, 2000, sought information from all local authorities with

responsibilities for commissioning social care on the average price paid to independent and voluntary sector home care providers, and the numbers of hours of homecare commissioned, during a sample week in September 2014. In their report, '*The Homecare Deficit - A report on the funding of older people's homecare across the United Kingdom (March 2015)*', the UKHCA published the comparative data broken down into regions. In the report, the UKHCA cited its own 'minimum price for homecare' of £15.74 per hour, to enable providers to meet their legal obligation and the ability to run a sustainable business. It is important to note that the rate of £15.74 per hour is broken down as 70% for staffing costs, 27% attributed to running the business, and an operating surplus or profit of 3%. The report showed that the average rate paid by councils to home care agencies was £13.66 per hour.

17. In its 2015 budget survey, the Association of Directors of Adult Social Services (ADASS) estimated that the cost of bringing local authority contracted rates up to the UKHCA's cost of care benchmark based on the current minimum wage alone would be £278m. However, this was prior to the government's announcement on the introduction of the new National Living Wage.

Pressures arising from new and changing statutory duties and responsibilities

The Care Act, 2014

18. Whilst the benefits of the Care Act mean a more comprehensive, accessible and equitable service for local authority funded service users, carers and self-funders, with improved outcomes for individuals, it is recognised that the new and extended duties bring increasing pressures on adult social care services at a time when there continue to be significant reductions in resources and funding allocations. The national eligibility criteria, the wellbeing principle and the continued emphasis on personalised care, extending access to preventative services, and new statutory duties in relation to carers and self-funders place further responsibilities on local authorities not only to ensure there are sufficient care and support services to meet current and future demand but also to ensure there is sufficient diversity to enable service users and carers to have a choice of services.
19. In response to the major failure of the country's largest residential and nursing care home provider, Southern Cross Healthcare, in 2011, the Care Act also places new duties on local authorities to ensure provider sustainability and viability (Sect. 5 (2) (d)). The Care Act requires local authorities to ensure that there is continuity of care for service users and carers, including people who fund their own care, during times of business failure. Additionally, local authorities now have legislative duties around market shaping which require them to know what capacity there is in the local area and to know where there are gaps in provision so that they are able to plan for and address service disruptions as a result of provider failure.

Transforming Care

20. Following publication of the Department of Health's report *Transforming care: A national response to Winterbourne View Hospital* in December 2012, and *Transforming Care for People with Learning Disabilities – Next Steps*, in January 2015, a significant amount of work has been undertaken to transfer people out of long stay hospital provision into

community settings. However, nationally and locally the numbers of people being placed in the NHS long stay facilities and in independent hospitals continues to remain high.

21. In June 2015, Simon Stevens, Chief Executive of NHS England (NHSE), gave a commitment to the closure of long stay hospital beds and subsequently NHSE announced that there were to be five 'fast track' areas that would be the forerunners of transformation of services for people with a learning disability and/or autism and challenging behaviours, or a mental health condition. Nottinghamshire, including Nottingham City, is one of the fast track sites required to reduce long term hospital bed provision and to develop a range of enhanced community based services.
22. Work is underway to identify the potential cost implications of the re-provisioned services to the CCGs and to both Councils. As well as the direct financial impact, the Transforming Care programme requires local authorities and CCGs to commission a wide range of community based support services for people with complex needs and challenging behaviour. As with the initial Winterbourne cohort of long stay patients, the aim is to seek new supported living accommodation and support services rather than placing the individuals into long term residential or nursing care homes. This will require a significant increase in capacity from the supported living providers. These individuals require highly skilled and experienced care staff that are able to manage challenging behaviour.

Local Considerations

23. The core providers under both the home care and the supported living services have identified on-going difficulties in the recruitment and retention of care workers. As is the case nationally, the difficulties are compounded by the difference in pay and conditions between care workers employed to undertake health related care on behalf of NHS organisations and those employed to undertake social care. The report by the County All Party Parliamentary Group, *The State of Care in Counties, LGiU, February 2015*, emphasises the need for local authorities to work with the NHS and private and voluntary sector organisations to address the workforce issues. The report states:

‘Workforce gaps in key areas such as domiciliary care are having an impact on the whole health and social care system. The issue of the pay imbalance between health and social care needs to be considered as part of a local strategy’, (p.51, *The State of Care in Counties - County All Party Parliamentary Group*).
24. Currently in Nottinghamshire, the hourly rate of the four core providers for the home care service ranges from £12.70 to £13.20 per hour. This is based on the prices submitted by the providers as part of the tender processes during 2013/14. However, to date, the core providers have not been able to provide the volume of services required, especially in the more rural parts of the county and also in the areas bordering Nottingham City. As a result, the Council has had to commission services from other agencies or through the allocation of Direct Payments and these have in the main been at higher hourly rates. Therefore, the average cost of these services is significantly higher than the tendered rates of the core providers. For the home care services, this has impacted on the ability to realise the levels of savings previously anticipated.

25. For the supported living services, different mechanisms were used to set the hourly rate at £13 per hour for the four core providers and the 16 legacy providers and work is being undertaken with the providers to reduce the cost of packages of care by delivering the services in the most cost effective ways for example through the use of assistive technology, better use of shared hours, access to community resources and other creative measures and initiatives wherever feasible.
26. The Council did not award an inflationary increase to community based care and support providers for 2015/16 and there are no provisions within the Medium Term Financial Strategy for inflationary increases to be applied on an annual basis to any adult social care services other than older persons' residential and nursing care home provision.
27. During July and August an open book exercise was undertaken with the four core home care providers and the four supported living providers. The exercise was extended to include three of the home care agencies where a spot contract had been put in place in order to meet high levels of demand directly as a result of discharges from hospital.
28. The purpose of the exercise was to understand providers' costs and to identify how their hourly rate is broken down compared to that detailed in the pricing breakdown in UKHCA's report. The breakdown of costs also showed the providers' profit margins and their longer term financial viability.

Open book exercise

29. The open book exercise showed that the core providers of the home care and the supported living services pay their care staff above the current National Minimum Wage. The average pay rates include travel time as well as direct contact time with service users. Despite this, they are all experiencing difficulties in recruiting and retaining sufficient numbers of staff. As anticipated, all of the providers have stated that they will need to increase their pay rates for care staff in advance of or by April 2016. The core providers state that whilst the pay rate is not the only factor affecting recruitment and retention, it is nonetheless critical and they will need to ensure that there is a significant differential between the new NLW and the hourly rate that they pay to their care staff. Maintaining the existing differentials between the NMW and current pay levels may help the providers to sustain current staffing levels however this is not likely to be sufficient to enable them to recruit to the levels required to meet the levels of demand.

Issues being raised by care providers

30. Another significant cost pressure identified particularly by the home care core providers was a higher than anticipated cost for staff travel time. In their tender submissions, the providers had accounted for payment of travel time but the actual cost has been higher because the volume of services that were transferred to them during the transition was significantly less than anticipated. This was because a large number of service users chose to remain with their existing care provider and to manage their own care and support through the use of Direct Payments. The impact of this is that the care staff are spending from 8% to 25% of their time travelling depending on the area they are required to cover and the amount of work the provider has in that area.

31. The supported living service providers also raise concerns about their ability to deliver the required volumes of outreach support compared to the services they deliver in the accommodation based services. Outreach support, like home care, entails shorter visits and it requires significantly more travel time from one home visit to another. As such, this type of provision is a less attractive option for the care workers and turnover of staff is higher in this part of the service. Since the contracts commenced in 2014, there has been an increase in the commissioning of outreach support especially for people with mental health needs to help them to remain living independently in their own home.
32. As part of the Transforming Care programme there is an increased need for enhanced supported living services to meet the needs of people with the most complex needs and challenging behaviours. This requires staff who are highly skilled and experienced and who will command higher rates of pay.
33. Other cost pressures identified by providers have included higher than anticipated recruitment costs, initial training, and costs of the Disclosure and Barring Service (DBS). These costs are higher due to the high turnover, with particularly high numbers of staff leaving within a few days or weeks of commencing the job.
34. Interviews with the providers as part of the open book exercise highlighted a range of other issues which was impacting on their ability to recruit and retain sufficient good quality staff. Most of these relate to the nature of the work and job status, including:
- Split shift patterns, especially for home care resulting in care staff having one or two breaks in their working day with unpaid hours in between
 - Staff feeling that they have to rush to complete tasks, not having long enough time to spend with individual service users and having to rush from one visit to another
 - Staff pay calculated on the basis of contact time and travel time, rather than on a weekly salary
 - job isolation and level of support
 - general status of care work

Risks in the ability to meet statutory duties and mitigating actions

35. As outlined above, there continues to be an increase in the demand for home care and supported living services as more people are being supported in their own homes. Plans are being put in place to ensure that there are the required levels of health and social care services to meet demand over the winter period in order to prevent unnecessary delays in hospital discharges for people who require care and support services. However allocations of short term Winter Pressures or System Resilience funding has been reduced, impacting on the amount of interim home care provision that can be commissioned. Also there are currently increasing funding pressures on the local acute trusts to reduce overspends, thereby making it more difficult for the CCGs to release funding from the hospitals to invest in community based care and support services.
36. The home care and the supported living core providers continue to report difficulties in being able to deliver the required volumes of services. Frequently, providers have not been able to accept new packages of care due to recruitment and retention issues.

37. Work continues to be undertaken to support the providers with their recruitment processes and by offering support such as access to relevant training courses for care staff.
38. In order to ensure there is sufficient home care provision to meet needs, the Council continues to rely on the use of other home care agencies under spot contract arrangements but these are at significantly higher cost than the hourly rates of the core providers. Also, due to limited home care capacity, increasing numbers of service users are opting to take a Direct Payment and to arrange their care and support services through other home care agencies but again this is at a higher cost than the hourly rate paid to the core providers.

Consideration of applying an in-year fee increase for home care and supported living services

39. As outlined above, there has not been an increase in the fee rates applied during 2015/16 for the home care or supported living services and there is no provision in the Medium Term Financial Strategy to fund any fee increases for these services. This places financial risks to the Council given that the costs to the care providers continue to increase. As identified in the open book exercise, the cost to providers for the delivery of these services has increased since the award of the contracts in 2014. The main cost pressures to the providers relate directly to increasing staffing costs.
40. The contracts between the Council and the home care and supported living providers contain provisions for the Council to apply fee increases up to 10% of the total contract value, over the life of the contract.
41. The open book exercise showed that the current average cost of the home care contracts with the four core providers is significantly above their average tendered price. An increase of 10% will take the rate paid to providers to approximately £14.30 per hour.
42. For the supported living services, the providers have stated that the cost pressures are greater for the outreach services than the accommodation based services which, like home care, entail a large number of shorter visits and also incur higher travel costs. It is therefore proposed that the increase is weighted towards the outreach support and the enhanced supported living services. This targeted approach would enable providers to recruit staff where they are required most, and would help with the retention of highly experienced and skilled staff. The fee increase would need to be applied to the legacy providers as well as the core providers of the supported living services.
43. The current circumstances where the core providers are not able to deliver sufficient services to meet needs, and the analysis of provider costs as set out in this report, have led to the conclusion that a 10% price increase is necessary and that this should be applied in-year. The in-year cost implications of an increase of 10% from 1 December 2015 to 31 March 2016 would be £716,000 for services delivered by the core home care providers and the supported living providers.

Other Options Considered

44. The purpose of this report is to highlight the cost pressures being experienced by the core providers of home based care and support services and care, support and enablement services and the impact of these on their future sustainability and viability.

Reason/s for Recommendation/s

45. The Council has a statutory duty to have in place a range of care and support services for people who meet national eligibility criteria, either directly through its internal services or through commissioned services from external providers. This statutory duty extends to ensuring that there is a viable and sustainable market of social care providers who are able to deliver the required services.
46. Consideration has been given to the current fee levels paid to the core providers within the context of the increasing cost pressures directly impacting on the providers. The open book exercise has highlighted concerns about provider viability and the sustainability of these services in terms of meeting increasing demand. This is especially the case because of rising costs relating to staff pay and terms and conditions of employment. It is already evident that the providers are not able to recruit and retain sufficient levels of well trained, motivated and committed care staff to deliver the required volume of services.
47. Given the cost pressures outlined above, there is a need to review the hourly rates paid to the core providers and to consider opportunities for applying an in-year fee increase. There has not been an inflationary increase applied to the core providers in the current year and there is no provision within the MTFS for this.
48. The Council has been working with the home care providers to help move away from the delivery of time and task based services to more flexible services based around each individual service user's identified outcomes. The service is also based on reablement principles with an emphasis on supporting people to retain their independence. This requires providers to ensure that care workers are helping people to undertake their care and support tasks themselves rather than completing the tasks on behalf of the service users.
49. The providers are required to ensure their care workers are trained to deliver services in a way which is enabling and which helps to promote people's independence. The services should also be tailored around each individual's specific needs as identified and agreed in their support plan. Providers acknowledge that this model of service delivery is much more rewarding for the care staff as it means that they are better able to meet service users' needs in ways which promote their dignity as well as their independence. However, due to difficulties experienced by the core providers in retaining staff and the unprecedented levels of staff turnover, the providers are not able to train adequate numbers of care staff and then to have this learning embedded into everyday practice.
50. The proposed fee increase should enable providers to retain higher numbers of care staff who, once trained, are able to deliver more personalised services which are centred around each service user's specific needs. This model of service will have the added benefit of driving cost effectiveness as care staff help to reduce the size of packages over time as people are assisted to regain their independence. Discussions are already underway with the core providers on the delivery of outcomes and on ways in which

packages of care may be reduced over time with better use of assistive technology and through direct access to occupational therapy staff. In applying a 10% fee increase, providers will be required to implement an outcomes focussed service based on reablement principles and officers from the Council will work proactively with the providers to embed this model of service.

51. Currently, the Council is having to commission home care services from other agencies on a spot contract basis at significantly higher hourly rates. The lack of capacity from the core providers has also resulted in the Council having to pay much higher rates for Direct Payments where service users and carers choose to purchase their services from other home care agencies. Out of the total 1,567 service users who are currently receiving home care services, 1,159 service users receive the service from one of the core providers. The remaining 408 service users receive services from other home care agencies. These agencies are paid at various different hourly rates but they are all higher than the core providers. Therefore increased capacity amongst the core providers will enable the Council to realise significant savings.
52. The proposed fee increase would help to break this cycle as the fee increase would be targeted at staff terms and conditions and pay rates so that the core providers are able to recruit and retain care workers and to deliver the volume of services required. Increased stability within the market would enable the Council to apply a ceiling rate on Direct Payment rates across the county thereby reducing the cost of those services. This would also enable delivery of existing savings targets within the department which are predicated on reducing the costs of Direct Payments.

Statutory and Policy Implications

53. 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.

Implications for Service Users

54. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. A review of the fees paid by the Council to the core providers of home care and supported living services will help to ensure that there are sufficient and viable services within the local market to meet current and future needs.

Financial Implications

55. The full year cost implications of a 10% increase for home care services delivered by the four core providers and a 10% increase for services delivered by the four core providers and the legacy providers of supported living services would be approximately £2.15m. A 10% increase from 1 December 2015 would amount to approximately £716,000 in-year, with an annual cost pressure thereafter of £2.15m.

56. This price increase will be funded in year from departmental resources. Any permanent increase to the Department's base budget will be subject to the County Council's formal budget setting process, which is currently underway, and will conclude with a revised Medium Term Financial Strategy being proposed for consideration at the County Council annual budget meeting in February 2016.

Human Resources Implications

57. The information and proposals contained in this report relate to externally provided care and support services and do not have a direct impact on internal staffing. Any increases in staff pay across the social care sector will help to ensure that the Council is able to commission appropriate levels of care and support services from external providers.

RECOMMENDATION/S

- 1) That the Committee approves the application of an in-year fee increase of 10% for the core providers of the home care and supported living services, to be applied from 1 December 2015.

Caroline Baria

Service Director, Strategic Commissioning, Access and Safeguarding

For any enquiries about this report please contact:

Rosamunde Willis-Read

Group Manager, Quality and Market Management

T: 0115 9772380

E: rosamunde.willis-read@nottsccl.gov.uk

Constitutional Comments (SMG 10/11/15)

58. The Committee has responsibility for adult social care matters. The proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 17/11/15)

59. The financial implications are contained within paragraphs 55 and 56 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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