

# **Adult Social Care and Public Health Committee**

**Monday, 08 January 2018 at 10:30**

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

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## **AGENDA**

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|----|--|---------|
| 1  | Minutes of the last meeting held on 11 December 2017   | 3 - 8   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Adult Social Care and Health Consultation  | 9 - 18  |
| 5  | The Health and Development of Adult Social Care and Public Health Workforce  | 19 - 30 |
| 6  | Update of the Occupational Therapy Policy  | 31 - 42 |
| 7  | Older Adults Care Homes Review of the Fair Price for Care Framework  | 43 - 48 |
| 8  | Attendance at Local Government Chronicle Awards Event - March 2018   | 49 - 52 |
| 9  | National Children and Adult Services Conference, 11-13 October 2017  | 53 - 56 |
| 10 | Work Programme   | 57 - 62 |

## **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 PUBLIC HEALTH COMMITTEE
Date	11 December 2017 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Stuart Wallace (Chairman)  
Steve Vickers (Vice-Chairman)  
Tony Harper (Vice-Chairman)

Joyce Bosnjak  
Boyd Elliott  
Sybil Fielding  
David Martin

Liz Plant  
Francis Purdue-Horan  
A Andy Sissons  
Muriel Weisz

**OFFICERS IN ATTENDANCE**

Sara Allmond, Advanced Democratic Services Officer, Resources  
Barbara Brady, Interim Director of Public Health  
Paul Johnson, Service Director, ASCH&PP  
Jennie Kennington, Senior Executive Officer, ASCH&PP  
Paul McKay, Deputy Director, ASCH&PP  
Jane North, Programme Director Transformation  
David Pearson MBE, Corporate Director, ASCH&PP

**MINUTES OF THE LAST MEETING**

The minutes of the meeting of Adult Social Care and Public Health Committee held on 13 November 2017 were confirmed and signed by the Chair.

Councillor Wallace gave an update to the Committee on the issue raised at an earlier meeting by Councillor Fielding in relation to suitably accessible anti-natal services and advised that this was a matter for the Health Scrutiny Committee. Councillor Wallace agreed to write to the Chair of the Health Scrutiny Committee to raise the matter.

**APOLOGIES FOR ABSENCE**

An apology for absence was received from Councillor Andy Sissons (medical/illness)

**MEMBERSHIP CHANGES**

The following temporary change of membership, for this meeting only, was reported:-

- Councillor Liz Plant had replaced Councillor Yvonne Woodhead

## **DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

None.

## **RESPONSE TO GOVERNMENT CONSULTATION ON HOUSING**

The Chairman advised the Committee that a number of responses had been received by members in relation to the Government consultation on housing. The response to the consultation was required before the next meeting of the Committee. A draft response would be prepared and circulated for comments before submission.

## **KEY AREAS OF SERVICE IMPROVEMENT AND CHANGE**

David Pearson introduced the report and responded to questions.

### **RESOLVED 2017/076**

- 1) That the new proposed funding structure for the Adult Social Care and Health Transformation Team from 1<sup>st</sup> April 2018 be approved, as summarised below:

<b>Post</b>	<b>FTE</b>	<b>Grade</b>	<b>Cost per fte p.a (with on-costs)</b>	<b>Total cost p.a (with on-costs)</b>	<b>Funding sought until:</b>
Transformation Director	1	H	£94,828	£94,828	31/03/2020
Strategic Development Manager	3	E	£62,186	£186,558	31/03/2020
Strategic Development Manager*	1	D	£55,865	£55,865	2 years from appointment
Strategic Development Manager (DoLS)	1	D	£55,865	£55,865	31/03/2020
Transformation Manager	3	E	£62,186	£186,558	31/03/2020
Project Manager	3	D	£55,865	£167,595	Permanent
HR Project Manager	1	D	£55,865	£55,865	31/03/2020
Programme Officer	2	B	£45,776	£91,552	Permanent
Business Support	0.5	3	£23,412	£11,706	Permanent
Social Care Quality Coach*	4	C	£52,076	£208,304	Permanent
Peripatetic Social Workers	1	B	£45,776	£45,776	Permanent
Strategic Development Officer	1	3	£23,412	£11,706	6 months from 24/12/17
Programme Officer Access	1	5	£45,776	£13,002	12 months from appointment
	<b>22.5</b>			<b>£1,185,180</b>	

- 2) That the post title of Programme Officer Access be amended from the Access Point Community Care Officer approved by the Committee in September 2016,

as included in the table above, at an additional £13,002 for the 12 months in addition to the funds already agreed for this post.

- 3) That the allocation of £80,000 funding from the Better Care Fund (Care Act) be approved as Nottinghamshire County Council's contribution to the Sustainability and Transformation Plan running costs.
- 4) To receive monitoring reports on the spending of the £80,000 funding allocated to the Sustainability and Transformation Plan.
- 5) To receive an update report on the Connect Service and Age Friendly Nottinghamshire at a future meeting.

### **PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH**

Paul McKay introduced the report and responded to questions.

#### **RESOLVED 2017/077**

To receive a performance report on the Deprivation of Liberty Safeguards assessments at a future meeting.

### **PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT**

Nathalie Birkett introduced the report and responded to questions.

#### **RESOLVED 2017/078**

To receive a report on the Obesity Prevention and Weight Management Service at the March 2018 meeting.

### **PROGRESS REPORT ON SAVINGS AND EFFICIENCIES**

Jane North introduced the report and responded to questions.

#### **RESOLVED 2017/079**

- 1) That the delivery of the three new savings and efficiency proposals outlined in paragraph 12 of the report which will in tandem deliver a further £0.810m savings over 2018/19 to 2020/21.
- 2) That the creation of one temporary post, the extension of two existing temporary posts, and to change one existing temporary post to a permanent post, as outlined in paragraphs 13 and 14 of the report be approved.
- 3) That the clarification relating to the change of timescales for the part-time Commissioning Officer post approved at Adult Social Care and Health Committee on 9 October 2017, as outlined in paragraph 15 of the report be approved.

- 4) To receive a report on the outcome of the Newton diagnostic assessment of the department at a future meeting.

### **USE OF PUBLIC HEALTH GENERAL RESERVES TO MARCH 2019**

Barbara Brady introduced the report and responded to questions.

#### **RESOLVED 2017/080**

That additional uses of Public Health reserves from the list in Annex A of The report be approved, including approval to implement the agreed proposals, commence any related procurement and extend related secondment arrangements.

### **EXTENSION OF FALLS PREVENTION PROJECT**

Paul McKay introduced the report and responded to questions.

#### **RESOLVED 2017/081**

- 1) That the falls prevention project be extended for a further two years from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2020, utilising the Public Health Grant
- 2) That the one full time equivalent (FTE) temporary Commissioning Officer (Falls Prevention) post at Band C be extended from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2020 in order to deliver the outlined project.
- 3) To receive an update report in six months

### **QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY – CARE HOME AND COMMUNITY CARE PROVIDER CONTRACT SUSPENSIONS**

Paul McKay introduced the report and responded to questions.

#### **RESOLVED 2017/082**

To receive a report on Nottingham University research into Modern Day Slavery at a future meeting.

### **CHANGES TO ESTABLISHMENT OF THE MOSAIC DEVELOPMENT TEAM**

Paul Johnson introduced the report and responded to questions.

#### **RESOLVED 2017/083**

- 1) That the disestablishment of the one full time equivalent (FTE) Business Lead post (Band B) and the permanent establishment of the one FTE Technical Specialist (Band C) post be approved.
- 2) That the re-allocation of £6,300 per annum within the Strategic Commissioning, Access and Safeguarding budget, on a permanent basis, to fund the change of

job role from one FTE Business Lead to Technical Specialist be approved, this being the difference between pay Bands B and C.

## **CONSULTATION ON DIRECT PAYMENT SUPPORT AND DAY SERVICES**

Paul Johnson introduced the report and responded to questions.

### **RESOLVED 2017/084**

- 1) That approval be given to consult with existing users of Direct Payments on their expectations and experience of using Direct Payment Support Services to inform future shaping of these services
- 2) That approval be given to consult with existing users of Day Services on how current provision is meeting their needs, and any gaps in that provision, to inform future market development
- 3) That further reports be received on the results of the consultations, how this has informed future commissioning of the relevant services and to seek approval for tendering activity to be undertaken.

## **WORK PROGRAMME**

### **RESOLVED 2017/085**

That the work programme be updated to include:

- Monitoring reports on the spending of the £80,000 funding allocated to the Sustainability and Transformation Plan.
- Update report on the Connect Service and Age Friendly Nottinghamshire at a future meeting.
- Performance report on the Deprivation of Liberty Safeguards assessments at a future meeting.
- Report on the Obesity Prevention and Weight Management Service at the March 2018 meeting.
- Report on the outcome of the Newton diagnostic assessment of the department at a future meeting.
- Update report on Falls Prevention Project in six months
- Report on Nottingham University research into Modern Day Slavery at a future meeting

## **EXCLUSION OF THE PUBLIC**

### **RESOLVED: 2017/086**

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 APPENDIX TO ITEM 10: QUALITY AND MARKET MANAGEMENT TEAM  
QUALITY AUDITING AND MONITORING ACTIVITY – CARE HOME AND  
COMMUNITY CARE PROVIDER CONTRACT SUSPENSIONS**

**RESOLVED: 2017/087**

That the information in the exempt appendix be noted.

The meeting closed at 12.30 pm.

**CHAIR**



**8 January 2018****Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH****ADULT SOCIAL CARE AND HEALTH CONSULTATION****Purpose of the Report**

1. The purpose of this report is to:
  - a) provide information about the response received to the public consultation on proposals in relation to Adult Social Care and Health
  - b) seek approval, based on the outcome of the consultation, to take a revised Adult Social Care charging policy to Policy Committee for approval that will allow for the consistent application of the Council's current home care charging policy to people at the point that their reablement programme with the Short Term Assessment and Reablement service (START) has been completed
  - c) seek approval, based on the outcome of the consultation, for proposals to increase the capacity of the Short Term Assessment and Reablement service (START) and to apply the Council's existing charging policy for people who continue to receive a service from the team once their reablement programme is completed
  - d) seek approval, based on the outcome of the consultation, to develop the way support is provided to carers.

**Information and Advice**

2. In order to identify ways to provide services more efficiently and help manage the Council's budget pressures, the Adult Social Care and Health Department undertakes a regular programme of service reviews to consider the way in which social care and support is provided to adult service users in Nottinghamshire.
3. At the October 2017 meeting, the Adult Social Care and Public Health Committee gave approval to consult with the public on four proposals:
  - a) a proposal to review the Adult Social Care and Health Charging Policy in order to reflect the different rates set out in the Department of Health circular 'Local Authority Charging' and also in the Care Act
  - b) a proposal to apply the charge to service users, for particular social care and support services, in advance rather than in arrears
  - c) a proposal to ensure that the Council's existing homecare charging policy is applied for people who continue to require and receive home care after receiving non-charged reablement support where they are awaiting a longer term package of home care

d) a proposal to review the way that support is provided to carers.

4. Following the October Committee approval to consult, legal advice was sought to ensure that the consultation questionnaires allowed people to make a meaningful contribution.
5. In order to make it easier for people to take part in the consultation, the proposals were grouped. Options a), b) and c) described in **paragraph 3** relate to potential changes to Adult Social Care and Health Charging and these were grouped together into one consultation exercise. Option d), the proposal to review the way that support is provided to carers, formed a separate consultation.
6. The consultation commenced on 6 November and closed on 5 December 2017. Whilst there is no statutory guidance with regard to the length of a consultation, the requirement is that the consultation process allows for meaningful contributions from groups that will be affected by the proposed change.
7. The consultations were widely publicised. On-line surveys were made available on the Council's website and paper copies of the consultations were placed in public libraries. Letters about the Adult Social Care and Health Charging consultation and questionnaires were sent to those people who receive adult social care support from the Council and are charged for their services. A link to the survey was also shared with the Experts by Experience group who are currently helping with the work on the Council's tender for home care and the Citizens' Panel which is made up of over 2,000 residents.
8. In addition, letters about the support to carers consultation were sent to the 5,543 carers who had received a County Council assessment or review of their eligibility for support in the previous 12 months. These were considered to be the groups who might be directly affected by any changes to policy or services. The letters outlined the purpose of the consultations and invited people to contribute either online or by returning a paper questionnaire with a freepost address. Information about the carers consultation was also e-mailed to the Nottinghamshire Carers Network comprising carer representatives and partners, and communicated to carer support groups managed by the Nottinghamshire Carers Hub Information and Advice Service.
9. As indicated in **paragraphs 10 and 11**, the level of the response to the consultations has been very good. However, the Council has received feedback about the availability of easy read information for people, who may be affected by the proposals in relation to the charging policy, and whether sufficient time was made available for these people to respond. In response to this feedback the Council has agreed to extend the period of the consultation, and to ensure that people receive an easy-read version of the consultation information to allow them to respond. A report on the outcome of the consultation in relation to proposals a) and b) as listed in **paragraph 3** above will be considered by the Committee at its meeting in February 2018.
10. 1,194 people have responded to the Adult Social Care Charging consultation: 379 completed the questionnaire on line and 815 completed the questionnaire by post.
11. 1,164 people have responded to the carers consultation: 280 completed the questionnaire on line and 884 completed the questionnaire by post.

## Outcomes of the consultation

12. The Care Act 2014 brought in a revised legal framework which covers many areas, including the assessment of the financial contributions people pay towards their care and support. As part of the programme of regular service reviews, the Council has been looking at what changes could be made to the current assessment processes to make them more efficient, less time-consuming and fairer.
13. The consultation asked for people's views on applying the Council's existing homecare charging policy for people who continue to require and receive home care from the Short Term Assessment and Reablement Team after receiving non-charged reablement support, and completing the reablement programme, and those who choose not to engage in the reablement programme available. A copy of the survey questionnaire is available as a background paper.
14. 41% of respondents (493 people) agreed that the Council should charge service users who have home care from Short Term Assessment and Reablement service, if they are assessed as being able to pay, from the commencement of the home care service (question 7). 34% (405 people) of those responding thought the Council should not charge service users who have home care from START and 25% (296 people) did not know or did not answer.
15. 38% of respondents (453 people) agreed that the Council should charge service users who choose not to engage in reablement activity for a home care service according to the current policy. 33% did not agree, 24% said that they did not know and 5% did not answer this question.
16. As a result of the responses received it is proposed that the Adult Social Care charging policy is revised to allow for consistent application of the Council's current home care charging policy to people at the point that the Short Term Assessment and Reablement service (START) has completed its reablement programme, identified eligibility for a home care service and is waiting for a care provider to begin to deliver the ongoing support.
17. Subject to Committee approval, changes to the Adult Social Care charging policy will need to be approved by the Council's Policy Committee.

## Proposal to increase the capacity of the Short Term Assessment and Reablement Team (START)

18. The proposal referred to in **paragraph 16** is one element of the work proposed to improve the efficiency and effectiveness of the Council's Short Term Assessment and Reablement Team (START). The Team works with people for a period up to six weeks to help them regain independent living skills and confidence; this often follows a period of ill-health or an admission to hospital.
19. There is also demand from district social care teams in relation to providing reablement support for people living in the community and currently receiving home care but the service does not currently have capacity to undertake this work. Demand from hospital discharge work is increasing which has meant that the START team has not always been

able to pick up these referrals as well immediately and support has been temporarily provided by other, often more costly, services.

20. An electronic system to automatically schedule the visits of reablement officers to people's homes was successfully piloted in the south of the County and has been successful in reducing travel time and freeing up more staff time for face-to-face reablement work with people. The pilot has indicated that the system, once fully operational and supported by reducing waiting time for people moving from START to an ongoing home care service, could improve capacity in the START service by up to 30%. This system is now being rolled out across the County in order to increase the number of people that the service reables, reduce the amount of ongoing home care required and deliver some savings to the Council.
21. Further capacity will also be achieved within the service by improving the speed at which people are able to leave the service once the reablement team has supported them to achieve their potential. There are currently delays for people who require ongoing home care, which means some people are staying in START for longer than they need to which affects the team's capacity to start to work with new service users. Workshops have already been held with one of the core home care providers and actions have been identified to improve this.
22. The total savings that could be released as a result of all the proposals identified above is likely to be in the region of £185,000 by the end of 2018/19. The implementation costs associated with the rollout of the electronic system will be £35,300 in 2018/19.

## **Carers consultation**

23. The consultation focused on support arrangements for individual carers. The Care Act requires a local authority to assess if carers are eligible for support, using defined assessment criteria. A carer who is eligible for support will have a support plan which sets out how the carer's needs will be met. An eligible carer should receive a personal budget, which is a statement showing the cost of meeting their needs. The Care Act states that identified needs can be met in a variety of ways, for example; through providing directly or referring to services that social care jointly commissions with health to provide information, advice, short term support for people caring for someone with dementia or who are at their end of life.
24. Alternatively, if carers' support needs cannot be met by existing community or specific carer support services, then it may be appropriate to provide a carer with a Direct Payment that can be tailored to their personal needs. This may be a one-off Direct Payment for an item of equipment or ongoing support service to the carer. It is also important to note that one of the services most valued by carers is to provide care and support directly to the person that they care for, such as day services or respite and this is usually done through a Care Act assessment of the cared for person's needs. A local authority also has a legal duty to offer information, advice and support to all carers, including those who are not assessed as eligible for local authority support.
25. The first consultation question explored how the carer's personal budget direct payment might be used to support carers by asking 'The carer's personal budget might be used to enable carers to purchase support to improve their wellbeing or to enable them to

continue caring. Which of these do you consider to be the most useful to carers?' Respondents ranked equipment to help with caring, home services and activities to support health and wellbeing most highly, the highest ranking in importance was 1, the lowest was 8. The ranked order, which is indicative of the emphasis that respondents placed on the different support themes, is as follows:

- Equipment to help with caring e.g. a washing machine/tumble dryer
- Home services such as cleaning or gardening
- Activities to support health and wellbeing
- Information technology such as a laptop or mobile phone
- Help to fund leisure activities, such as holidays or hobby costs
- College/training courses
- Helping carers back to work
- Contribution towards driving lessons.

26. Actual numbers ranking each response are shown in the table below:

Q1: Response rankings	1	2	3	4	5	6	7	8	Not answered
Equipment to help with caring e.g. a washing machine/tumble dryer	331	167	128	133	83	34	29	11	248
Home services such as cleaning or gardening	232	197	148	64	88	71	43	11	310
Activities to support health and wellbeing	144	176	157	119	118	76	45	12	317
Information technology such as a laptop or mobile phone	67	174	120	173	167	82	52	29	300
Help to fund leisure activities, such as holidays or hobby costs	147	128	149	119	99	73	75	48	326
College/training courses	14	44	101	13	87	161	203	57	365
Helping carers back to work	39	60	98	96	78	140	151	125	377
Contribution towards driving lessons	13	14	17	27	43	86	101	364	499

27. These examples were used in the consultation as they are ways in which carers are known to have used the personal budget direct payment. There are alternative ways that these needs could be met instead of providing a Direct Payment, for example, accessing grants such as those made available nationally through the Carers Trust, ensuring carers are aware of the benefits available to them and making use of community and preventative solutions. Direct Payments should focus on offering choice to carers where there are no existing available options and there is a clear link to how this will support the carer to continue their role whilst having a life of their own.

28. People were also asked to indicate any other ways in which the carers' personal budget might be spent, and a number of comments were provided:

- 63 people considered that the personal budget should be used for respite to enable the carer to take a break (under current arrangements, the personal budget is not used for this in Nottinghamshire. Respite can be provided as part of a care and support

package for the cared for and locally Clinical Commissioning Groups fund short breaks where the carer and cared for are registered patients)

- 49 people stated that money would be better spent on support services for carers, including 1:1 support, counselling, information and advice, carer support groups or training
- 26 people stated that transport is an issue for carers, either taking the cared for to appointments or needing to make frequent journeys to provide care if not living with the cared for – some commented that they struggled to find suitable transport and others that fuel or parking costs were high.

29. The second consultation question focused on how carers' needs might be met by direct support services. The Council commissions a range of support services, together with its health partners, and there is scope to develop and refine them further. The question asked: 'We are considering further investment in support services for carers. Which services do you think would be most useful to carers?' respondents ranked respite or short breaks from caring significantly higher than other options. Information and advice, training and support to cope with the pressures of caring and 1:1 support or counselling were also ranked highly. The ranked order, which is indicative of the emphasis that respondents placed on the different support themes, is as follows:

- Respite or short breaks from caring
- Information and advice
- Training and support to cope with the pressures of caring
- 1:1 support or counselling
- Training in practical skills such as first aid or moving and handling
- Health and Wellbeing activities (e.g. access to a gym)
- Opportunities to meet other carers, such as through carer groups.

30. Actual numbers ranking each response are shown in the table below:

<b>Q2: Response Rankings</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>Not answered</b>
<b>Respite or short breaks from caring</b>	403	130	97	71	84	82	82	215
<b>Information and advice</b>	212	156	131	158	126	105	63	213
<b>Training and support to cope with the pressures of caring</b>	104	203	212	175	109	79	30	252
<b>1:1 support or counselling</b>	139	175	152	139	142	112	64	241
<b>Training in practical skills such as first aid or moving and handling</b>	77	145	143	118	129	103	158	291
<b>Health and Wellbeing activities (e.g. access to a gym)</b>	57	112	101	127	130	164	198	275
<b>Opportunities to meet other carers, such as through carer groups</b>	27	65	105	119	146	191	213	298

31. People were asked to indicate any other services that they might value. Many respondents commented on the importance of the options they had already ranked as



important. 63 people commented on the importance of respite or short breaks, with comments about ways this might be provided. Several people commented on the importance of frequent short respite sessions to enable carers to have regular breaks or to attend health appointments for themselves and stated that they felt this needed to be available at short notice. 10 people stated that it was important for counselling or 1:1 support to be available in a crisis, perhaps through a helpline.

32. Respondents were also given the opportunity to make any further comments on the consultation as a whole. Responses were varied and therefore difficult to categorise. All comments will be reviewed and considered in detail as part of any further development of services for carers.
33. Currently, in Nottinghamshire, the default way of supporting eligible carers is most often to offer them a personal budget via a Direct Payment of £150 or £200, with a small number of carers receiving a regular direct payment of a higher amount. This is not considered the best method of allocating resources to carers to meet the priorities that they have identified in the consultation, or to enable needs of the growing numbers of carers. Changes to these arrangements are now therefore going to be considered in order to provide carers with a more personalised support offer that will ensure each carer's support plan includes consideration of access to all available existing support services that could meet their needs, as well as the option of a Direct Payment.
34. This could mean that potentially fewer carers would in the future receive a Direct Payment as their needs would be met by existing services and also that the rate of carers' Direct Payments would vary more to reflect individual needs. This will use existing services effectively and be more tailored to individual need. It is anticipated that this change would also make some budget savings as it will better utilise services that are already funded by the Council and also focus more flexible Direct Payments on supporting carers that need them most.
35. The responses from carers will initially be considered by a co-production group consisting of carer representatives, operational staff and provider representatives across health and social care. Carer representatives have been sought through existing carer networks and at the time of writing eight carers have expressed an interest in being part of this work. The existing Joint Health and Social Care Commissioning Group will then use the information that has been collected on what carers value, alongside national evidence and research, to develop proposals for the future shape of carers services. These proposals will be presented to the Committee in spring 2018.

## Other Options Considered

36. To not proceed with changes proposed to apply the Council's existing home care charging policy to people who continue to receive home care from the Short Term Assessment and Reablement Team (START) where the reablement programme has been completed and they are awaiting a care provider for ongoing support, or where people choose not to engage in the reablement programme on offer: **paragraphs 14 and 15** indicate that the outcome of the consultation was that the majority of respondents either agreed, said they did not know or did not answer with regard to these proposals. As already stated the proposals are in line with application of the Council's current charging policy.

37. To not make any changes to the way services are currently provided to carers: this would not help the Council to respond appropriately with regard to developing the services and support that are considered to be of most value by carers in the County.

### **Reason for Recommendations**

38. The outcome of the consultation, to date, has allowed the Council to seek views on proposed changes to the existing charging policy in relation to people using the Short Term Assessment and Reablement Team service that would reduce the costs to the Council and make processes used to assess the level of contribution people make towards the cost of their care and support fairer. The proposals described in this report reflect the feedback received from respondents to the consultation process.
39. The carers consultation sought feedback on proposals for changes to, and investment in, the support provided to carers in order to ensure that support focuses on those things that people have said are the most useful in terms of improving carer well-being or enabling them to continue caring. The information and views expressed in the consultation will be used to develop and prioritise support to carers in the future.

### **Statutory and Policy Implications**

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

### **Data Protection and Information Governance**

41. Any changes to the Adult Social Care Charging assessment process will need to be compliant with the relevant data protections and information governance legislation.

### **Financial Implications**

42. It is anticipated that the proposals will reduce Council costs by £335,000 gross (£185,000 associated with the proposals relating to START and £150,000 for changes to services to carers). In relation to the proposal for START, there will be an implementation cost of £35,300 required in 2018/19. £23,100 will be met from the team budget and £11,200 for ongoing license costs will be offset against the costs, so the net saving will be £323,800.

### **Human Resources Implications**

43. No direct impact on staff posts has been identified in any of the changes described.

### **Public Sector Equality Duty implications**

44. Equality Impact Assessments are available as background papers.



## **Implications for Service Users**

45. Support to carers will be developed in line with information about what is most valuable to them.

## **RECOMMENDATIONS**

That Committee:

- 1) gives approval for the Adult Social Care Charging policy to be revised as described in **paragraphs 13 to 17** of the report and submitted to Policy Committee for approval
- 2) approves the proposals to increase the capacity of the Short Term Assessment and Reablement Team
- 3) approves the proposal to develop the way in which support is provided to carers based on the feedback received to the carers consultation. This work will be reported to Committee for approval in the Spring.

**David Pearson**

**Corporate Director, Adult Social Care and Health**

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## **Constitutional Comments (LM 20/12/17)**

46. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

## **Financial Comments (DG 21/12/2017)**

47. The financial implications are contained within paragraph 42 of this 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.

Adult Social Care and Health Consultation – report to the Adult Social Care and Public Health Committee on 9 October 2017

Survey questionnaire

Equality Impact Assessments

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

All.

ASCPH518

8<sup>th</sup> January 2018

Agenda Item: 5

**REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE****THE HEALTH AND DEVELOPMENT OF ADULT SOCIAL CARE AND PUBLIC  
HEALTH WORKFORCE****Purpose of the Report**

1. This report sets out further progress on the health and development of the Adult Social Care and Public Health (ASCPH) workforce.
2. The report seeks approval for a targeted recruitment campaign for a number of frontline posts for the delivery of social care and support.
3. The report seeks approval for the extension of 3 Social Worker (Band B) and 7 Community Care Officer (Grade 5) posts, working in the Care Delivery Groups in South Nottinghamshire, until the end of March 2019, with funding provided from the South Nottinghamshire Clinical Commissioning Groups as part of their Better Care Fund allocation for 2018/19.

**Information and Advice****National Context**

4. Adult social care services are facing a number of challenges. These include:
  - **An ageing population with increasing needs**
    - the number of people aged 85 or over in England is set to more than double over the next two decades;<sup>1</sup>
    - more than a third of people aged over 85 have difficulties undertaking five or more tasks of daily living without assistance, and are therefore most likely to need health and care services.<sup>2</sup>
  - **Difficulties in recruiting and retaining staff to support people**
    - in the state of the Adult Social Care workforce report by Skills for Care, it stated that nationally the overall staff vacancy rate across the whole of the care sector was 6.8% (up from 4.5% in 2012/13), rising to 11.4% for home care staff. Turnover rates

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<sup>1</sup> Office for National Statistics 2015, 2014-based National Population Projections

<sup>2</sup> Marmot M and others, English Longitudinal Study of Ageing: Waves 0-7, 1998-2015, 25th Edition, UK Data Service. SN: 5050

have risen from 22.7% to 27.3% a year over the same three-year period.<sup>3</sup> This may indicate some difficulties in recruiting suitable people to the sector.

- in August 2017, Skills for Care estimated that in Nottinghamshire the vacancy rate is 6.8%, similar to the national average.
5. Workforce planning is a key component of the two local Sustainability and Transformation Plans (STP) that cover Nottinghamshire County Council boundaries: Nottingham and Nottinghamshire, and South Yorkshire and Bassetlaw. STPs set out how local health and care services will work together to improve the quality of care and their population's health and wellbeing, and close local systems' financial gaps. Within agreed planning footprints, commissioners and providers in Health and Social Care are required to work together alongside other key stakeholders to develop and implement plans to close gaps in the areas of health and wellbeing, care and quality and finance and efficiency within five years. Good workforce planning is required to underpin and achieve these objectives. The plans include work to map the existing local health and social care workforce, identify current and future workforce issues and skill gaps, as well as workforce modelling and implement plans to ensure an appropriately skilled workforce for the future.

## Local Context

6. The Adult Social Care Workforce Plan, which is aligned to the Council's Workforce Strategy, was approved by the Adult Social Care and Health (ASCH) Committee on 6<sup>th</sup> February 2017.
7. The report also set out the progress that has been made in tackling the six key workforce priorities for the Department which were developed incorporating the results of the Employees survey. These are:
- to develop and maintain accurate and relevant workforce intelligence data
  - to identify the knowledge, behaviours, skills and capabilities required by the workforce to support culture change and succession planning
  - to equip and support Team Managers to embed the Adult Social Care Strategy
  - to develop and maintain the ability to recruit and induct sufficient staff with appropriate qualifications, skills and experience, and support their health and wellbeing, to ensure that they understand and can deliver the ASC Strategy
  - to develop career pathways for social care roles
  - to implement the above objectives within the context of increasingly integrated working and joint workforce plans (through the STP workstreams).
8. Although significant progress has been made since the launch of the ASC Workforce Plan there are key areas that the Department will continue to develop around key pressure areas. Since February 2017 there have been further areas of progress.

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<sup>3</sup> Skills for Care, The state of the adult social care sector and workforce in England, 2016

## **Further Areas of Progress**

### **Recruitment of Council Adult Social Workforce and Key Pressures**

9. Priority has been given to the recruitment of posts required in order to implement the Care Act and also to respond to the delivery of the Adult Social Care Strategy. In 2016, a centralised recruitment campaign was established to manage this effectively. To date, 114 people have been appointed to cover vacant posts due to turnover as well as new posts. Recruiting to some Social Worker posts has been challenging. One main reason for not being able to attract staff to some of the posts is that they are on temporary contracts. For some of the posts it is linked to the temporary nature (up to 31<sup>st</sup> March 2020) of additional national (improved) Better Care Fund monies.
10. Recruiting to vacant Approved Mental Health Practitioner (AMHP) and Best Interest Assessor (BIA) posts continues to be challenging at local, regional and national levels. There is a shortage of qualified BIAs due to the steep rapid increase in demand for assessments following the Cheshire West judgement and the change in who is now included within the widened criteria for a Deprivation of Liberty Safeguard (DoLS) assessment. Despite these challenges, a rolling recruitment exercise continues to result in suitable candidates being appointed to roles and the Council is working well with two agencies who supply BIAs to undertake assessments to provide additional capacity. The requirement to train to be an AMHP or a BIA is embedded into the Social Worker career progression policy and each has their own specific workforce training and development plan.
11. The Department is keen to support staff development of specialist skills. 19 trainees accessed BIA training at Birmingham and Nottingham Trent Universities during 2016/17. This exceeded a target of 15 trainees for the year and was achieved as a result of increased efforts to recruit BIA trainees to the DoLS team. The Department is supporting 14 trainees during 2017/18 with 10 trainees accessing training in September 2017 and a further four expected to start their training in January 2018.
12. Trainees accessing AMHP training currently go through a two-stage process in order to become qualified AMHPs. During 2017 five trainees have been supported on the second stage of whom three have recently qualified while another is expected to do so in early 2018. Four trainees have been supported on stage 1 training during 2017 and these are expected to move on to the second stage and become qualified in November 2018. The Department is looking to access training from September 2018 that will enable trainees to gain their AMHP qualification in a much shorter timescale with the expectation that the Department will continue to support four trainees per year.

### **Recruitment campaign**

13. The current social care and support recruitment campaign has focused largely on the Council's website to promote vacancies. There are a number of frontline posts that the department is recruiting to for the delivery of social care and support. A targeted recruitment campaign with a direct marketing approach coupled with strong online presence will give better opportunity to engage with potential candidates and will generate more and better quality applications.

## **Recruitment and Wellbeing of Wider Adult Social Care Workforce**

14. The turnover for the wider social care workforce is high. Information gathered recently from an open book exercise with one of the Council's core providers showed that the average turnover rate was 50% with one largest provider stating a 70% turnover rate in 2014. Through the work of the Department's Quality and Market Management team, independent sector care providers are being encouraged to share good practice and work collaboratively to develop strategies to improve recruitment and retention of care staff. The team facilitate regular Care Home Provider Forums and these well attended events have included:
- a presentation from a care home rated 'outstanding' by the Care Quality Commission to share ideas and practices, including how staff are empowered and valued, resulting in low turnover.
  - engagement in the East Midlands Workforce Network's 'Homecare' workstream which includes sharing ideas and practice on what has worked across the region.
  - the gathering and sharing of ideas and good practice under the branding 'How do we keep staff caring'. Examples of how providers are working to support the health and wellbeing of staff and improve recruitment and retention that have been shared to date include:
    - making links with local schools and colleges to promote care as a profession
    - giving staff specific roles e.g. champions or mentors
    - notes hidden in different places praising good working practices, that employees come across during their working day. This helps to raise a smile and a sense of wellbeing and motivation
    - providing 'I am a Star' badges for carers to pass on to each other when they see or experience good practice demonstrated by colleagues
    - involving care home residents in recruitment of staff.
15. In homecare services, providers have been working together to explore a move towards value based recruitment of care staff, aimed at better attracting and keeping people who have compatible values, attitudes and aspirations to work in a social care setting. A number of core home care providers are also piloting a different model of home care that is more personalised and care staff work on a case basis with a number of people receiving a service. The service is designed to be more flexible and offer a more bespoke support service to individual needs. Care staff know in advance who they are working with and how many hours they will work and are paid on that basis.
16. Early indications from the pilots show that people get a more responsive service that meets their needs and enables them to be more independent. This in turn gives greater job satisfaction to care staff who know in advance who they will be working with and what they will be paid which it is hoped will enable care providers to retain their staff in the longer term, ensuring a more sustainable social care market.
17. There is currently a research project underway by Nottingham Business School into modern day slavery and the Council is involved in the research looking at supply chains in the social care recruitment market. This allows the Council to explore how managers in

Adult Social Care understand the risks associated with modern slavery and to identify plans to mitigate any risks.

### **Adult Social Care Workforce Development**

18. There is a focus on developing the required workforce skills set against the changes to pension. Changes to pensions introduced from April 2015 gave freedom over how staff aged 55 or over can use their pension funds. This means that, potentially, employees may decide that they want to retire earlier and, whilst their benefits will be reduced, they may decide that the reduced income that they will receive would be sufficient to retire, work part-time or work as an agency worker. This could have an impact on the availability of skills, knowledge and experience. In order to counter this, there is a need to capture the interests of young people and maintain greater focus on succession planning.

19. In line with the rest of the Council, the Department has an ageing workforce, as illustrated in the table below:

<b>Age Band of Department Employees</b>	
16-25	2.1%
26-35	11.5%
36-45	20.7%
46-55	39.2%
56-65	25.2%
65+	1.4%

20. The figures in the table are for the whole of the Department. It can be seen that almost two thirds of the employees of the Department are aged 46 years or over and nearly a quarter are aged over 56 years. This means that Department could lose nearly a quarter of experienced staff within 10 years, hence the need to accelerate the development of the workforce for the future.
21. In addition to the mandatory corporate Leadership Development Programme, the Department encourages managers through their Employee Performance and Development Review (EPDR) to access the corporate 'Manager as a Coach' programme which is designed to ensure that all managers in the Council use the core principles of developing a workplace coaching culture in their day to day management and leadership activities. To date, 102 employees in the Department have accessed the 'Manager as a Coach' programme.
22. In order to ensure a new supply of qualified social workers, the Department is looking to ensure there is an appropriate number of practice educators to support Social Work student placements as part of the D2N2 Teaching Partnership arrangements. This enables the Department to have appropriate development opportunities for social workers while also fulfilling a broader succession planning remit of ensuring there are students and potential Newly Qualified Social Workers (NQSWs) to replenish the workforce at an appropriate rate in the future.
23. The Department is also working closely with the Workforce Planning and Organisation Development Team on Apprenticeship opportunities that are being established through the current Government Apprenticeship levy scheme and the newly established Teaching



Partnership, in which both Nottingham University and Nottingham Trent University are partners. This will support the development of the workforce. The Public Health division is also participating in a national trailblazer group to develop a new degree-level apprenticeship standard for public health practitioner staff.

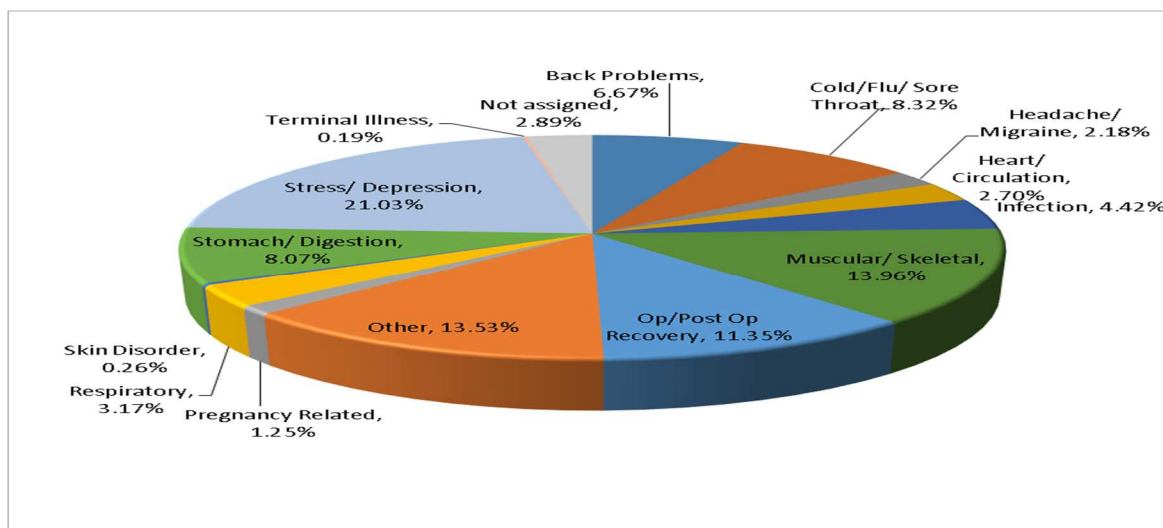
### **Public Health Workforce Development**

24. The Public Health division within Nottinghamshire County Council is an accredited location for the training of Public Health Specialty Registrars and for recently qualified doctors in training (Foundation Doctors). Specialty Registrars in Public Health are skilled and experienced professionals who are currently undertaking high level training to qualify for professional registration as Consultants in Public Health. The full training programme lasts 4-5 years and includes completion of a Masters degree in Public Health. Registrars rotate to various locations within the East Midlands during their training, typically spending two years in the Public Health division in the Council. Each Registrar is attached to a consultant who acts as their Educational Supervisor. Currently, there are three Specialty Registrars working within the Public Health division. They are on placement and are not direct employees of the Council, although they are undertaking Public Health work for the Council and sometimes support other sections of the Department when appropriate.
25. The division trains Foundation Year 2 doctors, who complete a 4-month placement with Public Health division. Foundation doctors are recently qualified doctors on the East Midlands Foundation Training Programme, which consists of six 4 month placements in a range of medical specialties, including hospital based and general practice as well as public health.
26. The roles of Trent Foundation Training Programme Director for Public Health (related to Foundation Doctor training) and the Nottingham and Nottinghamshire Public Health Training Network Coordinator (related to Specialty Registrars) are undertaken by a consultant within the division.
27. In addition, there are ad hoc arrangements for training of other clinical specialists in public health. Currently, there is a GP Fellow and a Paediatric Specialist Registrar attached to the division on a part-time basis.

### **Health and Wellbeing**

28. The chart below shows the breakdown of sickness absence for the whole of the ASCPH Department. It shows that stress remains the most prevalent cause of sickness absence in ASCPH. The information which reflects the latest quarter of 2017 was presented to the Personnel Committee on 27<sup>th</sup> September 2017. This is a regular quarterly report to Personnel Committee.





29. High quality services are better provided by employees who themselves are healthy, well and able to cope with the ongoing national and local challenges and changes. There is a range of corporate bespoke learning materials and training interventions aimed at preventing and managing absence and supporting employees to be well at work, covering in particular resilience, stress and mental health awareness.
30. There is an established Attendance Management Policy, with a range of guidance and tools, including an online stress audit tool, to assist managers to identify actions for improvement.
31. All employees have access to an Employee Counselling Service through manager referral. Similarly, they have access to the Coaching Service through managers or self-referral.
32. Currently, there is targeted HR intervention and a plan to support and drive employees' health and wellbeing within ASCPH.
33. Sickness levels (days per employee) over rolling 12 month periods:

	July 2015 to June 2016	October 2015 to September 2016	January 2016 to December 2016	April 2016 to March 2017	July 2016 to June 2017	October 2016 to September 2017
<b>Council</b>	8.21	8.30	8.42	8.37	8.01	8.01
<b>CiPFA* mean</b>	8.00	8.00	8.00	8.00	8.00	8.00
<b>Council's Target</b>	7.00	7.00	7.00	7.00	7.00	7.00
<b>ASCPH</b>	12.79	12.51	12.94	13.10	12.68	13.03

\* Chartered Institute of Public Finance and Accountancy

34. Absence levels in the department were 13.03 days per employee at September 2017. However, there are variations within the department with Public Health representing 4.20 days per employee.

35. The performance target for 2017/18 for the Council is 7.00 days per employee per annum. The average sickness absence level as at 30<sup>th</sup> September 2017 for the Council performance stood at 8.01 days on average per employee per annum.
36. CiPFA (\*Chartered Institute of Public Finance and Accountancy) national benchmarking regime for County Councils is 8.0 days.
37. With regard to wider employee health and wellbeing, employees within the ASCPH department have access to a range of employee wellbeing support, guidance and interventions delivered through the corporate HR service. In recognition of this the Council has achieved the Platinum level award within the “Wellbeing@Work” Workplace Award Scheme, which is led on a strategic level across Nottinghamshire by the Public Health division. Individual employers deliver the scheme within their own organisation, usually via their HR function.
38. The main aim of the scheme is to work across key partners in statutory, private, voluntary and community businesses to effectively reduce absenteeism and ‘presenteeism’ (coming to work whilst sick) across our workplaces. It is also in line with the national ‘Change for Life’ programme, engaging the adult working age population, using the workplace as a setting to promote healthy lifestyles and a working culture and environment that sustains health. The recruitment and training of champions within workplaces means that colleagues are encouraged to take some ownership of the scheme and to look at benefits to their own health. Healthy lifestyle messages are often spread to friends and relatives, not just work colleagues.
39. Encouragement for staff to volunteer as workplace health champions within the Department is included as an activity within the Departmental Health and Wellbeing Action Plan. The Action Plan is available as a background paper.

### **Sustainability and Transformation Partnerships (STP)**

40. STP work will aim to ensure that strategic workforce plans include the Social Care workforce and also reflect the strengths, values and principles of Social Care. The five Nottingham and Nottinghamshire STP Workforce Strategy priority areas are:
  - developing and embedding a systematic approach to prevention and promoting independence
  - developing a population/place-based approach to workforce redesign
  - building capacity, capability and resilience in the primary care workforce
  - supporting system effectiveness through organisational development
  - development of collaborative human resources solutions.
41. Initial workforce modelling is concentrating on partners using a specific workforce modelling tool to co-produce the skills and competencies required to deliver the future STP vision in the priority areas of urgent and pro-active care. As part of this work, it has been identified that there is a need to evaluate and explore the provision of seven day access to services within Health and Social Care services.
42. To this end, in April 2017 the Council put in a bid from the STP funding stream associated with seven day working and transformation of services for a temporary additional resource

to enable the Department to evaluate the current position, issues and implications regarding seven day access to social care services and develop the business case for the future.

43. The outcome of the work has identified core Social Care services where there is a potential benefit to working in partnership with health, housing and voluntary sector partners towards providing seven day services. The evaluation report has recommended joint assessment with partners to consider extending access to seven day services.
44. Another outcome of the work has been the implementation of a 'seven day working clause' in contracts for some new staff joining the Council.
45. Embedding Prevention, Promoting Independence and Self-Care Project, which is one of the STP workforce workstreams, was launched on 7<sup>th</sup> June 2017. The post for the project is hosted by the Council. The aim of the Project is to strengthen and deliver core activities through the workforce across organisations within the Nottingham and Nottinghamshire STP footprint in order to promote independence, healthy lifestyles and mental wellbeing to at-risk groups in the communities. There will be a focus on person-centred care training for the Health and Social Care workforce. This will involve a change in culture and a shift in conversation with people from asking 'what's the matter with you' to 'what matters to you'.

### **Care Delivery Groups – South Nottinghamshire**

46. Within South Nottinghamshire there are three Care Delivery Groups (CDGs) which provide community services covering Broxtowe, Gedling and Rushcliffe. These teams are made up of health clinicians and social care professionals who work together in the community to support elderly individuals with complex needs to remain as independent as possible in their own home. There are currently 3 Social Workers (Band B) and 7 Community Care Officers (Grade 5) across Broxtowe, Gedling and Rushcliffe that work in the CDGs and approval is requested for these posts to be extended until March 2019, with funding provided from the South Nottinghamshire CCGs as part of their Better Care Fund allocation for 2018/19.

### **Other Options Considered**

47. There are no other options proposed as the report is to set out the continued development workstream to support the Adult Social Care Workforce plan.
48. The targeted recruitment campaign is in addition to the current recruitment activities to generate more and better applications.
49. There are no other options proposed for the extension of the Care Delivery Group posts.

### **Reason for Recommendations**

50. The report provides an opportunity for the Committee to consider any further actions arising from the information contained within the report.

51. The social care posts in the Care Delivery Groups provide support to elderly individuals with complex needs to remain as independent as possible in their own home at nil cost to the Council.

## **Statutory and Policy Implications**

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

## **Financial Implications**

53. The recruitment campaign will be at either no cost or a maximum cost of £500.
54. The extension of the social care posts within the Care Delivery Groups has a nil cost implication for the Council.

## **Human Resources Implications**

55. These are contained within the body of the report. The Department recognises that trade unions have been supportive of the targeted HR support and the positive steps taken to support managers and the ASCPH workforce.
56. The extension of the social care posts within the Care Delivery Groups will be achieved by following the agreed employment policies and procedures of the Council.

## **RECOMMENDATIONS**

That:

- 1) Members consider whether there are any actions they require in relation to progress on the health and development of the Adult Social Care and Public Health workforce.
- 2) a targeted recruitment campaign for a number of frontline posts for the delivery of social care and support is approved.
- 3) Committee approves the extension of 3 Social Worker (Band B) and 7 Community Care Officer (Grade 5) posts, working in the Care Delivery Groups in South Nottinghamshire, until March 2019, with funding provided from the South Nottinghamshire Clinical Commissioning Groups as part of their Better Care Fund allocation for 2018/19.

**Sue Batty**  
**Service Director, Mid Nottinghamshire**

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**Constitutional Comments (LM 14/12/17)**

57. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report and to consider whether there are any actions they require in relation to the issues contained within the report.

**Financial Comments (AGW 18/12/17)**

58. The financial implications are contained within paragraphs 53 and 54.

**HR Comments (SJJ 21/12/2017)**

59. The HR Implications are contained within paragraphs 55 and 56.

**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.

Adult Social Care Workforce Plan – progress update - report to Adult Social Care and Health Committee on 6 February 2017

Employee Health and Wellbeing and Sickness Absence Performance and Action for Improvement – report to Personnel Committee on 27 September 2017

Departmental Health and Wellbeing Action Plan

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

All.

ASCPH515



8<sup>th</sup> January 2018

Agenda Item: 6

## **REPORT OF THE SERVICE DIRECTOR, MID-NOTTINGHAMSHIRE**

### **UPDATE OF THE OCCUPATIONAL THERAPY POLICY**

#### **Purpose of the Report**

1. To invite the Committee to recommend the Council's updated Occupational Therapy policy, attached as **Appendix 1**, to Policy Committee for approval.

#### **Information and Advice**

2. The Occupational Therapy policy has been reviewed by Principal Occupational Therapist in September 2017 to ensure that the content is in line with Care Act legislation and the Nottinghamshire County Council Adult Social Care Strategy.
3. The updated Occupational Therapy policy identifies the additional national legislation that applies to the work of an occupational therapist working in social care and how this relates to the Care Act and social care eligibility. The additional text is highlighted in the updated policy which is attached as **Appendix 1**. The policy also points out Nottinghamshire County Council practice guidance for other interdependent services.
4. There are no implications for staffing or service users as the Occupational Therapy policy is in line with the recently updated Adult Social Care Strategy.

#### **Other Options Considered**

5. The Principal Occupational Therapist has considered changing the Occupational Therapy policy to practice guidance.

#### **Reason/s for Recommendation/s**

6. This document has been identified in the past as a policy, rather than practice guidance. Having a clear policy gives staff confidence in their work and supports them in decision making.

#### **Statutory and Policy Implications**

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty,

safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

#### **Data Protection and Information Governance:**

8. The amendments to this policy do not affect information governance or data protection. There are no changes to existing information sharing between internal or external departments.

#### **Financial Implications**

9. There are no financial implications as the Occupational Therapy policy is in line with the Adult Social Care Strategy.

#### **Implications in relation to the NHS Constitution**

10. The Occupational Therapy policy supports the NHS Constitution that establishes the principles and values of the NHS in England.

#### **Safeguarding of Children and Adults at Risk Implications**

11. The Occupational Therapy policy respects the Nottinghamshire County Council [Children's Social Care Service Policy, Values and Principles](#) that outline the process of transition from Children's Services to Adult Care, in relation to social care occupational therapy and [Transition planning for young people with disabilities](#).

#### **Implications for Service Users**

12. The Occupational Therapy policy identifies an equal opportunity for occupational therapy assessment and interventions for all service users who are eligible for social care, under the Care Act legislation.

#### **RECOMMENDATION/S**

- 1) That the updated Occupational Therapy policy, attached as **Appendix 1**, is recommended to Policy Committee for approval.

**Sue Batty**  
**Service Director for Mid-Nottinghamshire**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (SLB 13/12/17)**

13. Adult Social Care and Public Health Committee is the appropriate body to consider the content of this report.

### **Financial Comments (AGW 15/12/17)**

14. The financial implications are contained within paragraph 9.

### **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 version of Occupational Therapy policy

Adult Social Care Strategy

### **Electoral Division(s) and Member(s) Affected**

All.

ASCPH513



**Policy Library Pro Forma**

This information will be used to add a policy, procedure, guidance or strategy to the Policy Library.

**Title:** Occupational Therapy Service Policy

**Aim / Summary:** To ensure that occupational therapy services are provided consistently across Nottinghamshire.

**Document type** (please choose one)

Policy	x	Guidance	
Strategy		Procedure	

**Approved by:**

**Version number:** 3

**Date approved:**

**Proposed review date:** Nov 18

**Subject Areas**

(choose all relevant)

About the Council		Older people	x
Births, Deaths, Marriages		Parking	
Business		Recycling and Waste	
Children and Families		Roads	
Countryside & Environment		Schools	
History and Heritage		Social Care	x
Jobs		Staff	
Leisure		Travel and Transport	
libraries			

**Author:** Principal OT Cate Bennett

**Responsible team:** Countywide

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**Please include any supporting documents**

1. [Occupational Therapy – Provision of Equipment and Major Adaptations – practice guidance](#)
2. [Occupational Therapy – Recommending Major Adaptations – Practice guidance](#)
3. [Double to single handling practice guidance](#)
4. [DFG contribution- NCC contribution fund practice guidance](#)

5. <a href="#">Personal Budgets and Personal Health Budgets for Community Equipment ICELs</a> 6. <a href="#">Provision of equipment to care homes ICELs policy.</a> 7. <a href="#">Transition planning for young people with disabilities</a>	
Review date	Amendments
1.4.2015	Legislation updated in line with the Care Act 2014
23.10.17	Reviewed and amended by Principal OT

## Occupational Therapy Service Policy

### Context

*Occupational Therapy enables people to experience health, wellbeing and life satisfaction through participation in activities or occupation. When people cannot participate in their daily activities through mental or physical illness, disability or old age their wellbeing, identity and sense of purpose is affected and they can become dependent on others.*

*Giving people the access to the right help at the right time is Nottinghamshire County Council's (NCC) vision for social care, and helping people to help themselves is a key stage in the Adult Social Care Strategy.*

*NCC employ Occupational Therapists and Community Care Officers (OT) to assess people's needs and to support people to identify any outcomes that will improve their wellbeing. The aim of providing this service to people living in the community, is to enable them to have the self-determination to maintain or improve their independence in their daily activities and occupations, it may also be possible to prevent or reduce dependency on social care for some people.*

*Occupational Therapists (OT) bring a unique contribution to social care. They are person centred in their approach, they are able to analyse how a person performs a task and identify different solutions or set goals to enable that person to be more independent. This might include changes to the environment, working with people or their carers to practice or re-learn new skills, or compensating for the things they can't do with equipment or assistive technology. Sometimes, a person will require assistance from another person to enable them to complete a task and they may be eligible under the Care Act for social care funding for this.*

Occupational Therapists who work in social care are governed by specific legislation, primarily:

- [The Care Act 2014](#)
- [The Disability Discrimination Act 1995](#)
- [Housing Grants, Construction and Regeneration Act 1996](#)
- [Health and safety at work act 1974: Manual Handling Operations Regulations 1992 \(MHOR\)](#)

**The Care Act 2014** imposes a duty on Local Authorities to assess adults who appear to have needs for care and support, either in their own right or because they are caring for another adult; it includes young people in transition from children's services to Adult Care. The Care Act reinforces that a Local Authority must contribute towards preventing or delaying the need for care and support services; occupational therapy has a significant role to play in this.

The Care Act **national eligibility framework** relates to the allocation of social care support, including provision of equipment and minor adaptations. The Care Act statutory guidance (2014), paragraph 8:11 clearly states that people should not be charged for community equipment and minor adaptations (under £1000) regardless of whether they are provided to meet eligible need or to prevent or delay needs (Gov.uk; 2016).

The County Council has established an Integrated Community Equipment Loan Service (ICELS) with Nottingham City Council and the local health commissioners for the provision of equipment and minor adaptations; this is overseen by a senior leaders team comprised from health and social care, referred to as The Partnership Board.

#### [Occupational Therapy Loan of Equipment and Provision of Minor Adaptations guidance](#)

**The Housing Grants, Construction and Regeneration Act 1996** provides the current legislative framework for Disabled Facilities Grants (DFGs). Since 1990, District Councils have been under a statutory duty to provide grant aid to disabled people for a range of adaptations to their homes. The maximum amount of grant available for a mandatory DFG is currently £30,000. *This act does not sit within the Care Act legislative framework, meaning that a person can be eligible for major adaptation funding and yet not be eligible for funded social care. This recognises that major adaptations can increase independence and can prevent dependency on statutory services. The Housing Act 1996 provides definitions of who may qualify for a DFG, irrespective of the type of tenure. It also sets out the purposes for which mandatory DFGs may be given.*

A financial test of resources is applied to the disabled occupant, their spouse or partner and may lead to a deduction from the amount of grant payable. A District Council does not have a duty to assist applicants with their assessed share of the costs. However, they may refer cases of hardship to the social services authority or consider using their discretionary powers of assistance.

**Section 24** of the Housing Act 1996 places a duty on District Councils to consult the Social Services authority on the adaptation needs of disabled people, i.e. whether works are necessary and appropriate. The District Council must decide what action to take on the basis of the advice given by the Local Authority and judge whether it is reasonable, practicable and cost effective to carry out the works. *Often District Councils will wish a person to consider rehousing to a more appropriate accommodation; one that is adapted already or more suitable for adaptations. OT and CCO (OT) should advise this on their assessments or when giving initial information and advice, they may also need to signpost to other housing options.*

#### [Occupational Therapy - Recommending Major Adaptations guidance](#)

Under the **Care Standards Act 2000**, the County Council expects the registered manager in a care home to undertake an assessment of the person prior to offering a placement, which includes the need for standard equipment to meet their needs.

#### [ICELS s provision of equipment to care homes policy document](#)

**The Health and safety at work act 1974 (Manual Handling Operations Regulations 1992) Regulation 4(1)** sets out a hierarchy of measures for employers that are designed to reduce the risks of manual handling. The County Council employs Occupational Therapists and CCO (OT) to undertake these risk assessments. They should apply the 3 principles outlined in the MHOR (1992) to their assessments: avoid hazardous manual handling operations so far as is reasonably practicable; risk assess any hazardous manual handling operations that cannot be avoided and reduce the risk of injury so far as is reasonably practicable.

The County Council supports the single handling care approach and will only fund personal budgets based on assessed moving and handling needs. *OTs and CCO (OT)*

*should engage in a positive risk management approach and any risk assessments moving and handling plans or risk management documents should be reviewed to reflect a person's changing needs.*

### Double to Single Handed Care Guidance

#### **Scope of this occupational therapy policy**

This policy applies to:

- People who are assessed by the Adult Access Service and OT intake team.
- People who are referred for Re-ablement or Enablement and need equipment or minor adaptations in order to remain in their own homes safely.
- People who are assessed as eligible for social care support. *This will include those people whose situation presents a risk of deterioration or where problems are escalating, and where early intervention could prevent or delay the need for social care support.*
- People who are caring for a disabled friend or relative and need assistance to meet the eligible needs of the person that they care for.
- *Young people who are in transition from Children Services to Adult Care*
- *People who are in Nottinghamshire prisons or who are in approved secure premises, who are eligible for social care services.*

#### **Principles and Commitments within this occupational therapy policy**

In relation to **assessment and eligibility** the County Council OT will:

- Offer a written copy of the assessment to the service user.
- Undertake strength based conversations with people in the way best suited to their presenting needs. This may involve a phone based, online or face to face assessment, which is responsive to that persons communication needs.
- Enable people to identify sources of support to help them retain control over their lives and achieve the outcomes they want. This will include directing them to places where they can purchase their own equipment or obtain impartial advice, such as the [Nottinghamshire help yourself website](#)
- Apply the [Care Act eligibility](#) to the provision of equipment and minor adaptations, except where people have been referred for Re-ablement or Enablement *or where equipment solutions can clearly be evidenced to prevent a need for funded social care.*
- *Ensure that young people in transition to adult services follow the Transition Pathway. When they are 17 years old, the children's and adult's worker will engage in person centred conversations about how the young person's needs can be met going into adulthood, under the [Care Act legislation](#). They will be referred by children's services 28 days before their 18<sup>th</sup> birthday for any ongoing recommendations or unmet eligible needs, to be assessed by Adult Care [Transition planning for young people with disabilities](#). When possible and necessary, the children's and adult care OT will complete joint visits to ensure a seamless handover for the young person. The children's OT will continue to communicate*

Occupational Therapy Service Policy  
with Adult care OT for 28 days post 18<sup>th</sup> birthday, to enable continuity and information sharing.

- Ensure that people in Nottinghamshire prisons who are eligible for social care services are offered an Occupational Therapy assessment. This is important for people in the criminal justice system who have care and support needs, as it can support their rehabilitation and may positively impact on the likelihood of re-offending and their ability to rebuild their lives on release.
- OTs commit to undertake decision specific Mental Capacity Assessments around matters that relate to their area of expertise, such as: individuals having an understanding of the consequences of their actions in relation to how they perform an activity, use equipment or moving and handling technique or carers ability to understand the use of equipment or moving and handling technique.
- OTs commit to investigate safeguarding concerns that are relevant to their area of expertise for people living in the community.

In relation to the provision of [equipment and minor adaptations](#) the County Council OT will:

- Provide equipment and minor adaptations free to people referred for Re-ablement or Enablement, where this will prevent or delay the need for social care or enable them to remain in their homes for longer.
- NCC will provide a direct payment for equipment on request following an OT or CCO (OT) assessment of need, if certain criteria is met.

#### [Personal Budgets and Personal Health Budgets for Community Equipment ICELS](#)

- Provide equipment and minor adaptations only for a service user's main residence, except in exceptional circumstances, such as where there is a clearly identified risk to a person or their carer by non-provision.
- Not provide standard contract equipment or minor adaptations for permanent residents in care homes, if the resident needs a non-standard piece of equipment as defined by ICELS the OT or CCO (OT) will loan the equipment and provide instructions on how to use it safely. In the case of emergency respite placements, equipment can be loaned and returned to British Red Cross.

#### [Equipment for Care Homes](#)

- Not service, maintain, remove or repair equipment that belongs to a service user, except in the case of ceiling track hoists funded through a Disabled Facilities Grant or via the single handling project.
- Not provide general moving and handling training for care home staff, personal assistants employed using a personal budget either privately or through an agency.

In relation to the provision of [major adaptations](#) the County Council OT will:



## Occupational Therapy Service Policy

- Provide a statement of needs to District and Borough councils that recommends a Disabled Facilities Grant funding application for a major adaptation or make recommendations for adaptations if the property is the councils' own housing stock.
- Where people are living in properties that are unsuitable for their long term needs, or unfeasible to adapt, the OT will suggest rehousing in the first instance.
- They will recommend that people adapt an existing downstairs room if available and suitable, before making a recommendation for a major adaptation.
- Only recommend major adaptations to a person's main residence in line with sections [21 \(2\) \(b\)](#) and [22 \(b\)](#) of the Housing Grants, Construction and Regeneration Act 1996.
- Consider financial assistance for people who cannot afford their assessed contribution towards a Disabled Facilities Grant. The contribution will only be given in cases of extreme hardship and it will be in the form of a loan that is subject to an assessment by the County Council's Adult Care Financial Services. It will result in a legal charge being placed on the property if and when it is sold; this legal charge may incur an admin fee at each mortgage application.

### [Disabled Facilities Grant- NCC contribution fund](#)

#### **Key actions to meet the commitments set out in the policy:**

- Staff guidance will be maintained to ensure that this policy is consistently applied across the County.
- The assessment pathway and associated documentation will be reviewed in consultation with the County Council's occupational therapists.
- Ways of working will be explored with the County Council's occupational therapists to ensure that the Council's processes are as efficient as possible.
- The Integrated Community Equipment Loan Service will be reviewed to ensure that it works efficiently.
- Work will be undertaken with District and Borough councils and local housing associations to ensure that requests for adaptations, and other associated work, are dealt with as efficiently as possible and in line with the existing policy.

Reference:

[Gov.UK \(2016\) Care Act Factsheet](#)

Completed by Principal OT Cate Bennett.
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**8 January 2018****Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,  
ACCESS AND SAFEGUARDING****OLDER ADULTS CARE HOMES: REVIEW OF THE FAIR PRICE FOR CARE  
FRAMEWORK****Purpose of the Report**

1. To seek approval to commence the review of the current local 'Fair Price for Care' framework and associated fee levels for older adults care homes in Nottinghamshire. This will include a review of the current Quality Audit Framework.
2. To seek approval for funding of up to £50,000 to support this work through the engagement of external consultants.

**Information and Advice****Strategic context**

3. The Care Act 2014 places statutory duties on councils to ensure there are sufficient care and support services in the local market to meet the needs of all people in the area who require care and support.
4. The Care Act also places a duty on councils to ensure provider sustainability and viability and, through wider market shaping duties, to ensure contracting arrangements and fees paid to providers are sufficient to enable them to meet their employer duties and responsibilities and provide the agreed quality of care.

**Local context**

5. Nottinghamshire has the highest number of residential services that are inspected/rated by the Care Quality Commission (CQC) in the East Midlands. The Council has a contract with 172 older adults care homes in Nottinghamshire covering both residential and nursing care.
6. In 2008/09 the Council introduced a local Fair Price for Care framework to recognise and reflect increasing costs faced by care home providers and provide incentives for continuous improvement in the quality of services. Work to develop this framework was undertaken with input from the Nottinghamshire Care Association (NCA) and external consultants (Pinders).

7. The framework introduced a phased fee structure, through which higher fees are paid for high quality care provision, as evidenced through an annual quality audit of each older adults care home. The phased fee structure comprises five bands with different fee rates at each banding point for residential care, nursing care and the Council's Dementia Quality Mark (DQM); 20 price points in total. 2017/18 rates per week are set out below:

<b>Care home banding</b>	<b>Residential care</b>	<b>Residential Care Including DQM Payment</b>	<b>Nursing care</b>	<b>Nursing Care including DQM Payment</b>
Band 1	£441	£453	£479	£489
Band 2	£489	£539	£549	£591
Band 3	£519	£567	£578	£621
Band 4	£532	£579	£589	£633
Band 5	£548	£596	£606	£649

8. Annual quality audits are undertaken by a team of Quality Monitoring Officers, supported by a locally developed Quality Audit Framework (QAF) tool. The QAF accounts for 70% of the overall rating for each care home, with the remaining 30% determined by the home's accommodation and environment standards. It is useful to note that for homes that may have previously been family houses and not purpose built, this can limit their ability to achieve the highest bandings.
9. A comprehensive review of the local Fair Price for Care framework was last undertaken in 2012, again with input from the NCA and supported by an external consultancy (KPMG). Revised fee levels were implemented as a result of this work and the banding system linked to annual audit has remained in place.
10. The quality of care homes in Nottinghamshire has improved over the years, as measured through the banding system, with more homes achieving the higher bands year on year. In 2017 there are currently 64 homes in band 5 compared to 2 in 2008 when the system commenced. It is useful to note that some homes that are in the lower bandings are the preferred choice for some residents and their families.
11. Alongside an increase in the number of higher banded care homes, the number that are rated 'good' or 'outstanding' by the CQC is also continuing to rise, with five older adults care homes in Nottinghamshire currently rated as 'outstanding'.
12. Following the Fair Price for Care work in 2008/09 and 2012 and in 2016, in response to care home providers' concerns over the increasing cost of providing care, the Council commissioned an independent review of costs associated with running band 4 and 5 older adults care homes. This review was undertaken by an external consultancy (Libre Advisory) on the same basis as the full Fair Price for Care review in 2012, through an information gathering questionnaire, seeking a breakdown of costs.
13. This exercise was inconclusive in ascertaining actual costs of the service provided by band 4 and 5 homes, with the final report from the Libre review team concluding it was difficult to provide any detailed analysis of the data due to a low return rate, exacerbated by the fact that some sections of the questionnaire were not completed in many returned questionnaires. The report also suggested the Council may wish to engage in further

dialogue with older adults care home providers in relation to their costs and to consider different frameworks which enable better comparison of costs between small care homes against those of larger care homes. As a result, further discussions have taken place with the NCA with a view to undertaking a further full review of the local Fair Price for Care framework, led by the Council's Quality and Market Management team.

## Proposals

14. Through these discussions, two key tasks have been identified:
  - 1) To generate a full, transparent and up to date view of the costs incurred in the delivery of residential care services in Nottinghamshire to help inform future fee levels
  - 2) To review the existing Quality Audit framework linking care home fees and the quality of care provision, including consideration of bandings, differential payments for residential and nursing care and the current dementia premium.
15. In line with previous Fair Price for Care exercises, it is proposed that task 1 is carried out independently through the use of external consultants. This has advantages in that it will support a position of transparency, objectivity and credibility. The NCA has indicated it will share the cost and assist with the selection of an external consultant as part of a partnership approach. As part of the partnership approach, task 2 can be undertaken collaboratively by officers and representatives of the NCA in parallel with task 1. A working group has been established to have oversight of the whole exercise which currently comprises representatives from the County Council and the NCA.
16. Alongside the Working Group, other work is also being undertaken to support the Fair Price for Care review exercise:
  - a sub group of the established (countywide) Care Home Provider Forum has met to look at how existing audit processes could be improved from a provider perspective
  - work is also underway to establish care home 'Experts by Experience' and look at how this might link into the already established engagement structure for homecare services. Through the existing Care Home Provider Forum residents from care homes have already started to attend the group and it is hoped that they may continue to be engaged and support the review work. The CQC is also invited to the Forum and will be consulted with as a part of this review.
17. An outline of proposed timescales and key milestones for the overall review exercise is set out below for information:

Task	Completed by
Governance and oversight arrangements established	Sept 2017
External cost modelling work scoped and agreed	Dec 2017
Agreement/approval for appointment of external consultants	Jan 2018
Consultants appointed through existing framework/agreement	March 2018
Cost modelling work completed (work stream 1)	July 2018

Review of audit framework completed (work stream 2)	July 2018
Initial recommendations/proposals	July 2018
Engagement/review and finalise proposals	Aug - Oct 2018
Report to Committee	Dec 2018
Implementation of new arrangements	April 2019

## Other Options Considered

18. The option of carrying out the entire Fair Price for Care review exercise internally has been considered but rejected on the basis that a level of objectivity is required in order to provide a full, transparent and up to date view of the costs incurred in the delivery of residential care services in Nottinghamshire. This is best achieved by having the task undertaken externally by a suitably experienced and qualified consultancy. In addition, the volume of additional work required would prove difficult to manage within existing staffing resources within the Quality and Market Management team who are leading the review exercise.
19. The option of having the entire review exercise carried out by external consultants has also been considered but rejected as it is felt there are sufficient skills and resources available within the Quality and Market Management team to undertake this work, in partnership with the NCA, and that this would be a more cost effective option.

## Reason/s for Recommendation/s

20. The Council has a statutory duty to have in place a range of care and support services for people who require care and support. This duty extends to ensuring there is a viable and sustainable market of social care providers who are able to deliver the required services and that contracting arrangements and fees paid to providers are sufficient to enable them to meet their employer duties and responsibilities and provide the agreed quality of care.

## Statutory and Policy Implications

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

## Financial Implications

22. Based on the cost of previous exercises, it is anticipated that funding of up to £50,000 will be required, which will be the Council's contribution to support this work through the engagement of external consultants to undertake the task. This cost would be met through departmental budgets. The total cost could be up to £100,000 and is to be split evenly with the NCA.

## Implications for Service Users

23. 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 and that the services are

sustainable. A robust framework for care home fees will help ensure there are sufficient and viable services within the local social care market to meet current and future needs.

## **RECOMMENDATION/S**

That the Committee:

- 1) approves the commencement of the local 'Fair Price for Care' framework and associated fee levels for older adults care homes in Nottinghamshire which will include a review of the Quality Audit Framework.
- 2) approves the funding of up to £50,000 to support this work through the engagement of external consultants.

**Paul Johnson**

**Service Director, Strategic Commissioning, Access and Safeguarding**

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### **Constitutional Comments (LM 14/12/17)**

24. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

### **Financial Comments (OC 14/12/17)**

25. The financial implications are contained within paragraph 22 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.

Fair Price for Care – Older Persons' Care Home Fees – report to Policy Committee on 13 February 2013

Libre Advisory – Review of Older Adults' Care Home Fee Levels for Nottinghamshire County Council, December 2016

### **Electoral Division(s) and Member(s) Affected**

All.

ASCPH517





**8<sup>th</sup> January 2018****Agenda Item: 8****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH****ATTENDANCE AT LOCAL GOVERNMENT CHRONICLE AWARDS EVENT -  
MARCH 2018****Purpose of the Report**

1. The report requests approval for attendance of the Chairman of the Adult Social Care and Public Health Committee at the Local Government Chronicle (LGC) Awards on 21 March 2018. The Council has been shortlisted in two of the awards categories.

**Information and Advice**

2. The annual LGC Awards is a prestigious event that rewards excellence in local public service delivery. The awards event will bring together the finalists in 20 categories, where winners of each category will be announced. This year the Council was shortlisted in two categories. The Integrated Community Equipment Loans Service (ICELS) is a finalist in the Public/Private Partnerships category. The work that has taken place in relation to Information Technology (IT) developments in social care and health integration has been shortlisted in the Driving Efficiency through Technology category.
3. The ICELS submission was based on the work undertaken to improve outcomes for service users, the extension of service opening hours, improvements to the practice of professionals requesting equipment and the reduction in costs in order to ensure the service is on budget. Examples of achievements in these areas include: 100% of same day equipment requests being delivered on time; the service is now open to people from 8am to 12 midnight, 7 days a week; and 95% of equipment is now recycled back into use.
4. The IT submission highlighted innovation across a number of projects which were focused on information to manage the care and support packages of individuals and information required at the point of service delivery. Examples of achievements in these areas include the pilot project at King's Mill Hospital which enables service user information to be quickly exchanged between health and social care systems - this has speeded up hospital discharges; and automatic scheduling in both the Short Term Assessment and Reablement Team (START) and for initial assessments by Occupational Therapists and Social Care staff, both of which have increased service capacity and improved the response for service users.

5. Officers representing both nominations will undertake presentations and be interviewed by an expert judging panel made up of senior local government figures in January 2018, and the awards ceremony will take place in London on 21<sup>st</sup> March 2018.
6. The cost of a table for 12 people at the awards ceremony will be £3,400. In addition there will be further costs associated with travel to and accommodation in London. The cost of the table would be funded from the Corporate Director's budget, although any officers attending from partner organisations will be asked to contribute to this cost. It is proposed that the travel and accommodation costs for staff attending will be covered by relevant service budgets.
7. It is anticipated that the Chairman of the Adult Social Care and Public Health Committee and the Corporate Director will attend the awards event along with five staff representatives for each of the shortlisted areas.

### **Other Options Considered**

8. It was considered that the Council does not attend the event. However being shortlisted for these awards is a significant achievement given the number and quality of entries and it provides an opportunity for staff involved in these areas of work to have their work recognised and celebrated. It is also an opportunity to promote the achievements and reputation of the Council.

### **Reason/s for Recommendation/s**

9. The reports recommends attendance by the Chairman of the Adult Social Care and Public Health Committee at the LGC Awards event to celebrate the achievements of the staff involved in the two nominated areas in a highly competitive field of entries from across the country.

### **Statutory and Policy Implications**

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

### **Financial Implications**

11. The financial implications are contained in **paragraph 6** of the report.

### **Human Resources Implications**

12. The awards recognise the achievements of the Council's staff, and those in partner organisations, at a national and high profile event. Such recognition is a source of pride and high morale amongst the staff involved.

## **RECOMMENDATION/S**

- 1) That the attendance of the Chairman of the Adult Social Care and Public Health Committee at the Local Government Chronicle Awards ceremony on 21 March 2018 be approved.

**David Pearson**  
**Corporate Director, Adult Social Care and Health**

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### **Constitutional Comments (SLB 13/12/17)**

13. Adult Social Care and Public Health Committee is the appropriate body to consider the content of this report.

### **Financial Comments (DG 20/12/17)**

14. The financial implications are contained within paragraph 11 of this report.

### **Background Papers and Published Documents**

None.

### **Electoral Division(s) and Member(s) Affected**

All.

ASCPH512



**8<sup>th</sup> January 2018****Agenda Item: 9****REPORT OF PROGRAMME DIRECTOR, ADULT SOCIAL CARE AND PUBLIC  
HEALTH****NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE,  
11-13 OCTOBER 2017****Purpose of the Report**

1. The report informs the Committee of the key messages from the National Children and Adult Services (NCAS) Conference which took place in Bournemouth between 11<sup>th</sup> and 13<sup>th</sup> October 2017.

**Information and Advice**

2. The County Council's representatives attending the conference were Councillor Stuart Wallace, Chairman of the Adult Social Care and Public Health Committee, Colin Pettigrew, Corporate Director of Children, Families and Cultural Services, David Pearson CBE, Corporate Director of Adult Social Care and Public Health, and Jane North, Programme Director, Adult Social Care and Public Health.
3. The report is supported by the presentations which are available on the [conference website](#).
4. A range of issues and priorities in adult social care were reflected in the conference agenda including some joint issues with children's services. Major topics covered were: integration with health; rising demand, continued budget pressures and few savings remaining; early intervention and prevention; and strengths based approaches to social care work.
5. A key topic at the conference was the joint letters from the Secretaries of State for Health and Department of Communities and Local Government on 10<sup>th</sup> October to individual local authorities with regard to delayed discharge of care targets. The letters indicated that the government may introduce directions as to how the funding could be spent if performance does not improve for poor performing councils and health trusts. A major issue was the difficulties in ensuring that accurate data is submitted by Health Trusts about delayed discharges of care. A particular concern was the recording of delays by Health Trusts located outside the local authority area. Since the conference, councils have been putting in place robust arrangements with health trusts to enable more accurate recording of delays.
6. Lord Gary Porter, Chair of the Local Government Association, opened the NCAS conference in a gloomy mood and said 'if we don't get housing right then services are destined to fail'. He also made a plea for investment in prevention and said 'stopping people

going into hospital is the important thing and our resources should be focused on prevention rather than cure’.

7. This was followed by Margaret Willcox, President of the Association of Directors of Adult Social Services (ADASS), and Alison Michalska, President of the Association of Directors of Children’s Services (ADCS). The main messages from Margaret’s speech were:
  - the budget pressures facing adult social care
  - hopes for the upcoming adult social care green paper consultation
  - concerns over the measures being taken to limit delayed transfers of care, and the impact this is having on relations with NHS colleagues.
8. During Margaret’s speech she made reference to some of the key findings from ADASS’s Autumn Survey, including major difficulties in the care market. Almost half, 48%, of all authorities reported that they have experienced homecare providers handing back contracts in the first five months of the fiscal year. That is up sharply from just over a third, 37%, who said the same over a longer period – six months - in ADASS’s main Budget Survey from 2017. More than 45% of councils say that they are finding it difficult or very difficult to source homecare for people who need it. Just over 20% of councils say they are struggling to find enough places in residential homes, but 52% are struggling to find enough places in nursing homes.
9. A key message from the conference was prevention and the need for health, social care and housing to work together to address financial and demographic pressures by investing in prevention. At the session on ‘Better than cure – getting serious about prevention’ Duncan Selbie, Chief Executive, Public Health England, said ‘we conflate good health with the role of the NHS, and it’s simply wrong.’ He added that the NHS can only make 10% difference to good health and what mattered more included factors such as employment, good mental health, social inclusion, housing and the environment. He called for local government to lead on good health.
10. Strength based approaches were a common theme at the conference and in the session ‘Get your asset-based approach into gear!’ with Clenton Farquharson MBE, Chair of TLAP (Think local, act personal), he talked about looking at people’s strengths rather than their deficits. This is at the heart of strength based approaches and the Social Care Institute for Excellence (SCIE) has released a new framework to support councils to adopt this approach called the [Future of Care](#).
11. Lyn Romeo, Chief Social Worker for Adults and Julia Scott, Chief Executive of the Royal College of Occupational Therapists focused on the transformative role of social workers and occupational therapists in enabling people to stay independent and live good quality lives. In the report, [Living not existing](#) Julia Scott describes how the skills of an occupational therapist are rooted in working with individuals ‘to establish what activities matter to them and to set goals to help them maintain or regain their ability to do them’.
12. David Pearson took part in a thought provoking session about the future of health and social care and considered some of the solutions to the challenges ahead. He set out a framework for how local politicians, clinical, commissioning and community leaders can come together to redesign their local health and social care landscape to meet the future challenges and deliver improved outcomes. He urged local leaders ‘not to stand still as this will result in in worsening outcomes for our citizens and services.’ He added that after years of pressure,

adult social care is now a well-recognised public policy priority and the national debate about appropriate levels of funding for adult social care and health is set to continue. David advised each area to set a plan and approach for the best way of meeting the needs of the population across health, local government, housing and wider public services. He advocated that social care and local government needs to be an equal partner in this endeavour and 'we need to blend the best of social care and health'.

13. Jackie Doyle-Price MP, the care services Minister, announced that the consultation on the Green Paper will be launched sometime in the New Year. She described the consultation on the Green Paper as a catalyst for an honest debate about how social care should be funded in the future. Subsequently, the date of consultation for the Green Paper has been delayed until the Summer. This is to allow for a period of engagement with experts to shape the proposals within the Green paper.
14. Examples of transformation programmes from different councils were peppered through the conference sessions. Stephen Chandler from Somerset Council talked about how they have put promoting independence at the heart of practice and emphasised creative, community driven support. He described how frontline social workers and their leaders have been given the freedom and flexibility to do things differently. This was summed up in the phrase 'no rules, don't break the law and don't break the bank'.
15. Different approaches by councils to transformation are by necessity many and varied, but whatever model is chosen, strong political and officer leadership is essential to drive effective change and realise ambitions.
16. At a fringe event on Integrated Personal Commissioning (integrated personal budgets in health and social care) Nottinghamshire was cited as an example of good practice.

### **Other Options Considered**

17. No other options have been considered.

### **Reason/s for Recommendation/s**

18. The report provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

### **Statutory and Policy Implications**

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

### **Financial Implications**

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

## **RECOMMENDATION/S**

- 1) That Members consider whether there are any actions they require in relation to the key messages from the National Children and Adult Services Conference which took place in Bournemouth between 11<sup>th</sup> and 13<sup>th</sup> October 2017.

**Jane North**  
**Programme Director**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (LM 14/12/17)**

21. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report and any actions they require in relation to the issues contained within the report.

### **Financial Comments (OC 14/12/17)**

22. The financial implications are contained within paragraph 20 of the report.

### **Background Papers and Published Documents**

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

National Children and Adult Services Conference 2017 – report to Policy Committee on 15 March 2017

### **Electoral Division(s) and Member(s) Affected**

All.

ASCPH514



**8 January 2018****Agenda Item: 10**

## **REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME**

### **Purpose of the Report**

1. To consider the Committee's work programme.

### **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 considers whether any amendments are required to the work programme.

**Jayne Francis-Ward**  
**Corporate Director, Resources**

For any enquiries about this report please contact: Sara Allmond – [sara.allmond@nottsccl.gov.uk](mailto:sara.allmond@nottsccl.gov.uk)

## **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 PUBLIC HEALTH COMMITTEE – WORK PROGRAMME**

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
<b>5<sup>th</sup> February 2018</b>			
Progress on tender for older people's home based care and support services	Progress report on the tender for these services.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/Jane Cashmore
Friary Drop In	Report requesting approval to cessation of contract	Consultant in Public Health	Jonathan Gribbin
Recommendations for a future strategy on Extra Care	Report on the outcome of a review of the current Extra Care strategy by Members working group and recommendations for a future strategy.	Chair of Member Working Group	Sue Batty/Rebecca Croxson
Public Health commissioning intentions	Proposals for recommissioning of Public Health Services from 2019 onwards	Director of Public Health	Jonathan Gribbin
Adult Social Care and commercial development	Progress update on work undertaken with the Commercial Development Unit on County Horticultural Services and the outcomes so far, and an update on evaluation of alternative service delivery models for direct services.	Service Director, North Nottinghamshire and Direct Services	Ainsley MacDonnell/Jane McKay/Jennifer Allen
Adult Social Care and Health consultation – presentation of outcomes and recommendations	Report on the outcomes of the consultation undertaken in relation to proposals on changes to the charging policy.	Corporate Director, Adult Social Care and Health	Jennifer Allen/Jennie Kennington/Bridgette Shilton
Adult Social Care and Public Health – planned events and activities	Approval for range of activities and events planned by the department over the coming months.	Deputy Director	Paul McKay
<b>12<sup>th</sup> March 2018</b>			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health, including update on DoLS assessments and reviews.	Deputy Director	Celia Morris/ Matthew Garrard/ Sue Batty
Public Health Services Performance and Quality	Regular performance report on services funded with ring fenced Public Health Grant (quarter 3,	Consultant in Public Health	Nathalie Birkett

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Report for Funded Contracts	2017/18)		
Progress with allocation of Improved Better Care Fund 2017/18 and plans for future allocation	Following approval of proposals for allocation of IBCF (July 2017), report on progress with areas identified in the report, and plans for future allocation, including approval of temporary posts.	Service Director, Mid-Nottinghamshire	Paul Brandreth/Kath Sargent/Jennie Kennington
Progress with the development of the transitions service for children and young adults with disabilities		Service Director, North Nottinghamshire and Direct Services and Service Director, Mid-Nottinghamshire	
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Proposed fee increases for independent sector adult social care providers		Service Director, Strategic Commissioning, Access and Safeguarding	Paul Johnson/Cherry Dunk/Cath Cameron-Jones
Next steps with Newton Europe work		Programme Director, Transformation	Jane North
<b>16<sup>th</sup> April 2018</b>			
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department.	Programme Director, Transformation	Ellie Davies
Progress with prevention services	Report including evaluation of Defence Medical Welfare Service - Aged Veterans Services in Nottinghamshire project, outcomes from the Connect Services and the Age Friendly Nottinghamshire pilot.	Service Director, Mid-Nottinghamshire	Lyn Farrow
Progress with Public Health commissioned services: tobacco control	Report on progress with and uptake of these services commissioned by the Council.	Consultant in Public Health	Helen Scott / John Wilcox

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
and smoking cessation services and Obesity Prevention and Weight Management services.			
Utilisation of funding allocated to Nottingham and Notts Sustainability and Transformation Partnership		Corporate Director, Adult Social Care and Health	Joanna Cooper
Progress with Deprivation of Liberty Safeguards work and future plans		Service Director, Mid-Notts	Daniel Prisk
<b>14<sup>th</sup> May 2018</b>			
Outcome of the Social Care Assistants pilot	Report on outcomes and evaluation of the Social Care Assistants pilot approved at committee in Nov 2017.	Programme Director, Transformation	Ian Haines
Outcomes of work with Nottingham University on Modern Day Slavery		Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
<b>11<sup>th</sup> June 2018</b>			
Review of Rapid Response and Hospital Discharge Service	Report on progress and outcomes of Rapid Response and Hospital Discharge Service after 6 months of service implementation.	Service Director, Mid-Nottinghamshire	Jane Cashmore
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Deputy Director	Celia Morris/ Matthew Garrard
Progress update from falls prevention project		Service Director, Mid-Nottinghamshire	Richard Allen
<b>9<sup>th</sup> July 2018</b>			
Public Health Services Performance and Quality Report for Funded	Regular performance report on services funded with ring fenced Public Health Grant (quarter 4, 2017/18)	Consultant in Public Health	Nathalie Birkett

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Contracts			
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk