Nottinghamshire County Council

Adult Social Care and Public Health Committee

Monday, 14 September 2020 at 10:30

Virtual meeting, **https://www.youtube.com/user/nottscc**

AGENDA

12	Market Management Position Statement	117 - 122
13	Work Programme	123 - 126

14 EXCLUSION OF THE PUBLIC

The Committee will be invited to resolve:-

"That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information."

Note

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

EXEMPT INFORMATION ITEM

15 Market management Position Statement - Exempt Appendix to Item 12

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) 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

Nottinghamshire County Council

minutes

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	13 July 2020 (commencing at 10.30 am)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

Tony Harper (Chairman)
Boyd Elliott (Vice-Chairman)
Francis Purdue-Horan (Vice-Chairman)

Joyce Bosnjak
Dr. John Doddy
Sybil Fielding
David Martin
Andy Sissons
Steve Vickers
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's
Sue Batty, Service Director, Adult Social Care & Health
Melanie Brooks, Corporate Director, Adult Social Care & Health
Jonathan Gribbin, Director of Public Health, Adult Social Care & Health
Jennie Kennington, Senior Executive Officer, Adult Social Care & Health
Ainsley Macdonnell, Service Director, Adult Social Care & Health
Philippa Milbourne, Business Support Administrator, Adult Social Care & Health
Grace Natoli, Service Director, Adult Social Care & Health

1. CHAIRMAN AND VICE-CHAIRMEN

The appointment by the County Council on 11 June 2020 of Councillor Tony Harper as Chairman of the Committee and Councillors Boyd Elliott and Francis Purdue-Horan as Vice-Chairmen was noted.

2. COMMITTEE MEMBERSHIP

The membership of the Committee for the 2020-21 municipal year as Councillors Joyce Bosnjak, Boyd Elliott, Sybil Fielding, Tony Harper, David Martin, Francis Purdue-Horan, Mike Quigley MBE, Andy Sissons, Steve Vickers, Muriel Weisz, Yvonne Woodhead was noted.

3. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 16 March 2020 were confirmed and signed by the Chair.

4. APOLOGIES FOR ABSENCE

There were no apologies for absence.

5. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Councillor Andy Sissons declared a personal interest in agenda item 7 Support to Care Providers including Care Homes in Nottinghamshire as his wife was employed by a care home in Nottinghamshire

6. RESPONSE TO COVID-19 IN ADULT SOCIAL CARE AND PUBLIC HEALTH AND FUTURE PRIORITIES

Jonathan Gribbin, Sue Batty, Ainsley MacDonnell and Grace Natoli gave presentations and responded to questions.

RESOLVED 2020/017

That there were no actions arising from the report.

Committee Members asked that their thanks to the Corporate Director and her team for all of their hard work during this difficult time be formally recorded.

7. SUPPORT TO CARE PROVIDERS INCLUDING CARE HOMES IN NOTTINGHAMSHIRE

Melanie Brooks introduced the report and responded to questions.

RESOLVED 2020/018

That there were no actions arising from the report.

8. REVIEW OF THE BETTER CARE FUND PROGRAMME AND USE OF BETTER CARE FUND RESERVE FOR SHORT-TERM TRANSFORMATION PROJECTS

Melanie Brooks introduced the report and responded to questions.

RESOLVED 2020/019

1) That the temporary 1 full time equivalent (fte) Programme Manager Partnerships (Band F) post within the Integrated Strategic Commissioning and Service Improvement Directorate be extended until the end of September 2020, to allow for further review of the future requirements for this role.

2) That the temporary 0.8 fte Business Support Officer (Grade 3) post be extended to the end of September 2020, to support recruitment and retention initiatives for front line roles in social care. In addition to working on recruitment for the Supply Register, this post is supporting the development of a new Relief Care Worker Register for Residential services and START.

3) That a 0.8 fte Commissioning Officer (Band B) post be established for 12 months to implement the Dementia Advance Care Planning and Support project.

9. WORK PROGRAMME

RESOLVED 2020/020

That the work programme be agreed.

The meeting closed at 12.35 am.

CHAIRMAN

Nottinghamshire County Council

Report to the Adult Social Care & Public Health Committee

14 September 2020

Agenda Item: 4

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

IMPLEMENTATION OF THE HEALTH PROTECTION (CORONAVIRUS, RESTRICTIONS) (ENGLAND) (NO. 3) REGULATIONS 2020

Purpose of the Report

1. To seek approval for the exercise of all powers under The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 (the Regulations) to be formally delegated to the Chief Executive, in consultation with the Director of Public Health and, where possible, appropriate elected members.

2. To authorise the Service Director for Place, and the Group Manager for Trading Standards & Communities, to designate officers within Nottinghamshire County Council or other partner agencies to exercise powers under Regulations with regard to notification, management and enforcement.

Information

3. HM Government published a COVID-19 contain framework on 17 July 2020. This summarises how national and local partners will work with the public at a local level to prevent, contain and manage outbreaks.

4. The COVID-19 contain framework intends to support local decision-makers by clarifying their responsibilities and empowering them to take preventative action and make strong decisions locally, supported by mechanisms that safeguard key national assets and interests.

5. The overarching aim is to empower local decision-makers to act at the earliest stage for local incidents, and ensure swift national support is available where needed.

6. As an upper tier local authority, Nottinghamshire County Council is given powers to give a Direction which imposes prohibitions, requirements or restrictions in relation to individual premises, events and public outdoor places. These regulations came into force after midnight on 18 July 2020 and expire at the end of 17 January 2021.

7. The Regulations are accompanied by statutory guidance which refers to the grant of *'new powers to respond to a serious and imminent threat to public health and to prevent COVID-19*

("coronavirus") transmission in a local authority's area where this is necessary and proportionate to manage spread of the coronavirus in the local authority's area.'

Individual premises (regulation 4)

8. The Council may give a Direction in relation to individual premises, for the purpose of closing the premises, restricting entry to the premises, or securing restrictions in relation to the location of persons in the premises. There is a requirement to have regard to the need to ensure the public has access to essential public services and goods before issuing a Direction and the Council may not give a Direction in relation to premises which form part of essential infrastructure. The statutory guidance contains a non-exhaustive list of a range of infrastructure that provide essential public services and goods as well as various means of transport which are also outside of the scope of the power.

9. The Direction given by the Council may impose a prohibition, requirement or restriction on the number of persons in the premises, the purposes for which a person is in the premises and the facilities in the premises.

Restrictions on events (regulation 5)

10. There is a power for the Council to prohibit certain events (or types of event) from taking place. A Direction under this Regulation may only have the effect of imposing prohibitions, requirements or restrictions on the owner or occupier of premises for an event to which the Direction relates or the organiser (or any person involved in holding such an event). Those simply planning to attend the event do not commit an offence.

Restriction of access to public outdoor places (regulation 6)

11. There is a power for the Council to Direct the closure of, or restrict access to, a public outdoor place (or public outdoor places of a specified description). In assessing the nature and level of the threat to public health, the statutory guidance refers to known planned events or where past experience indicates a high risk that the numbers of people expected to seek to use a space would make it unsafe, including for example a popular beach or an enclosed square in a metropolis. There are additional consultation obligations if the closure will impact on the strategic road network.

12. Once a Direction is made, people will not be allowed to enter or remain in the area without a reasonable excuse. The Regulations provide a non-exhaustive list of reasonable excuses, which include that people may enter the land where it is reasonably necessary for access to their home, for work purposes, etc.

13. The statutory guidance states that *'we would usually expect that the power would not be exercised so as to restrict social interaction between people living in the area and outside. We would usually expect Directions to be drawn in such a way that visitors from outside the area, such as friends and family, would be able to visit people living within the area, unless the movement of people has been restricted within other Regulations. We would not usually expect Directions to prevent people from travelling within an area if the start and end of their journeys are outside it, for example long distance motorway journeys that pass through the area'.*

14. Where the Council has given a Direction relating to a public open space, the Council must take reasonable steps to prevent or restrict public access to the public outdoor place or places to which the Direction relates in accordance with the Direction.

Grounds and procedural requirements

15. The Council has to satisfy itself that three conditions are all met before it can give a Direction under the powers referred to above. The conditions are that:

    (a) The Direction responds to a serious and imminent threat to public health in the local authority's area
    (b) The Direction is necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection in the local authority's area of coronavirus
    (c) The prohibitions, requirements or restrictions imposed by the Direction are a proportionate means of achieving that purpose.

16. There is a requirement to gather sufficient evidence to demonstrate the three tests above are met. The statutory guidance suggests evidence may be required from experts, NHS Test & Trace (including the Joint Biosecurity Centre), Public Health England, through the Local Resilience Forum, and from other sources.

17. There is a requirement to consult with the Director of Public Health and assess whether the conditions for taking action have been met, and to have regard to any advice given to it prior to issuing a Direction, or to revoke such a Direction. The statutory guidance indicates that the Council should also consult the Police prior to issuing a Direction. In relation to the closure of a public outdoor space, the guidance indicates that the Council would be expected to consult lower tier local authorities and neighbouring local authorities about proposals to exercise the power, and to engage with partners through the Local Resilience Forum (LRF) to ensure emergency services are aware of proposals and manage risk, including the risk that people may travel to other local spaces.

18. Consideration will be given to whether an equality impact assessment is required prior to issuing a Direction and the Council will have to have regard to its Public Sector Equality Duty during the decision-making process.

19. A local authority must take reasonable steps to give advance notice of the Direction to those affected by it, which predominantly includes businesses, land owners and occupiers and organisers of events, etc.).

20. The Council must specify the date and time on which the prohibition / requirement / restriction in the Direction comes into effect, and the date and time on which it will end. The notice must also include the basis on which all three conditions are met and why a specific prohibition, requirement or restriction is necessary. The Council must notify the Secretary of State for Health & Social Care that it has exercised these powers and must review their decision at least once every 7 days, to see if all three conditions still apply.

21. There are rights of appeal to the Magistrates' Court, and the right to make representations to the Secretary of State.

Additional powers

22. The County Council may direct the district / borough council to exercise any of its functions in a specified way if that is considered to be necessary and proportionate (having regard to the advice of the Director of Public Health) to prevent, protect against, delay or control the spread of coronavirus infection in the district / borough council's area.

Powers of the Secretary of State

23. The Regulations (i.e. Regulation 3) also enable the Secretary of State to direct the Council to issue a Direction under these powers if he is satisfied that the conditions above have been met.

Notification requirements

24. If the Council issues a Direction, there is an obligation to notify the Secretary of State as soon as possible (within 24 hours maximum) via NHS Test & Trace. There is also an obligation to notify any neighbouring local authorities that may be affected. Where notification is given, that local authority must consider, as soon as may be reasonably practicable, whether to exercise its own powers under these Regulations and must notify the initiating local authority of what it has decided to do. There is also an obligation to notify the district / borough council. Consequently, the Council will need to be ready to respond to notification from neighbouring Councils as well as the potential for issuing its own Directions.

Appeals, enforcement and offences

25. The recipient of a Direction has the right of appeal through the Magistrates' Courts and may make representations to the Secretary of State. Where a Direction is made, the event organiser and / or owner or occupier of a premises must fulfil the requirement of the Direction until the appeal is resolved. Both the Council and the Police are given powers to enforce a Direction once issued but the mechanisms are different. It is an offence to contravene the Direction without a reasonable excuse and this is punishable by a fine. A fixed penalty notice can be given to a person who commits an offence and is aged 18 or over by someone who has been designated to issue them by the Council or a police constable.

26. County Councils are also given the power of giving Directions if they are in an area where there is also a district / borough council. The County Council may direct the district / borough council to exercise any of the district / borough council's functions in a specified way, but only if the County Council considers that it is necessary and proportionate to do so to prevent / protect against / delay / control the spread of coronavirus infection in the district / borough council's area.

The Council's approach

27. Use of the Regulations should not be viewed as the default response to an outbreak. Other enforcement powers not specifically related to COVID-19 are available to district / borough councils and the County Council under various legislation and these may be deemed more appropriate. An assessment will be made by the County Council and appropriate partners as to which enforcement power is most suitable for use on a case by case basis.

28. The powers contained within the Regulations are designed to manage the impact of the coronavirus for the benefit of the public health of people within the County. As such any decision to issue a Direction must be led from a public health perspective, having consulted the relevant agencies and gathered the necessary evidence to justify the actions as being necessary and proportionate. Once a Direction is made, the powers of management and enforcement sit more appropriately alongside services that already exercise enforcement powers, which within the County Council is the Trading Standards service and within our District and Borough Council partners is the Environmental Health Officer (EHO) network.

29. Since their enactment, these powers have been available for exercise by the Chief Executive in accordance with the Council's urgency procedures, with any exercise of such powers to be reported to Adult Social Care & Public Health Committee and as necessary to the Policy Committee. To date the powers have not been exercised.

30. The proposal now is to formally delegate authority to exercise all powers under these Regulations (which includes the power to issue Directions and to designate officers as appropriate) to the Chief Executive. That way the Council will be able to respond promptly where necessary, having taken all relevant advice and following the procedural guidelines, to issue a direction as a proportionate measure for the protection of people within the Council's area.

31. It is also proposed to formally authorise additional post holders within the Council to designate officers within any relevant services of the Council or within partner agencies such as District and Borough Councils with the authority to enforce the requirements of any Direction, once made. This will enable the Council to work closely with Local Resilience Forum partner agencies and the local Police to ensure that the machinery necessary to operate and enforce these powers effectively is available in the event that a Direction becomes necessary.

32. In order to progress the preparations for the above, a 'Task & Finish' group comprising the Director of Public Health, Chief Executive, Monitoring Officer, and Group Managers responsible for Legal Services and Trading Standards has been established to review arrangements for giving effect to the powers vested in the Council outlined above.

33. Arrangements have also been considered by the chief executives of Nottinghamshire County Council and the district / borough councils during a meeting on Tuesday 18 August. At the request of this meeting, an exercise took place on Thursday 27 August to test the documentation and decision-making processes for these Regulations and other legislation related to the enforcement of COVID-19 local outbreak control. Participants included Nottinghamshire County Council (Trading Standards, Legal Services, Public Health, Emergency Planning), four district / borough councils (Environmental Health, Legal Services), Nottinghamshire Police, and the Health & Safety Executive.

34. The exercise demonstrated the importance of having a suitable assessment process and audit trail for any decision-making related to local outbreak control enforcement. A summary of other legislation that could potentially be used for local outbreak control enforcement will also be developed, with support from the district / borough councils, Nottinghamshire Police, and the Health & Safety Executive.

35. Work developing the necessary operational arrangements after a Direction has been made, is being led by colleagues from Trading Standards in liaison with district / borough councils,

whose network of local environmental health officers are considered a vital component in the ability to manage effective liaison with local businesses and premises given their existing statutory functions. Ongoing management and implementation will be the responsibility of Trading Standards drawing support and expertise from colleagues in other internal services and external agencies as necessary.

Related developments

36. A report summarising the latest situation in regard to COVID-19 is due to be provided to the COVID-19 Recovery, Renewal & Resilience Committee on 15 September 2020.

Other Options Considered

37. An alternative option is for these powers to continue to be exercised by the Chief Executive (in accordance with the Council's urgency procedures), with the exercise of such powers to be reported to Adult Social Care & Public Health Committee and as necessary to the Policy Committee. However, it is considered more appropriate for the work to be undertaken under specific delegations for transparency.

Reason/s for Recommendations

38. The powers of the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 came into force at midnight on 18 July 2020. It is recommended that use of the Council's urgency procedures should only take place until such time as authority can be formally delegated.

Statutory and Policy Implications

39. 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.

Crime and Disorder Implications

40. The Regulations provide additional powers to the Council which are designed to protect the public health of the people of its area. Exercise and enforcement of these powers includes the potential for offences to be identified and managed locally, either by officers designated by the Council or the Police.

Data Protection and Information Governance

41. In managing its enforcement activities under these Regulations, the Council may process sensitive personal data and potentially, law enforcement data. The processing of such data will be managed by services within the Council which are already familiar with the relevant Data Protection Act requirements and will follow their normal procedures and protocols to maintain compliance.

Financial Implications

42. In June 2020, HM Government confirmed that upper tier local authorities would be allocated a Local Authority Test & Trace Grant. Nottinghamshire County Council has received £3,802,915. The grant is ring-fenced based on expenditure in relation to the mitigation against and management of local outbreaks of COVID-19.

43. An allocation of £350,000 has been identified for 'District / Borough Councils - contact tracing & implementation of measures'.

44. It is envisaged the majority of work undertaken by Nottinghamshire County Council will be managed within existing resources. However, it may be possible for part of the grant's 'Contingency' allocation (£594,163) to be used for any unforeseen costs.

45. These figures are subject to approval by this Committee under a separate agenda item at this meeting. Further information is available in the Adult Social Care & Public Health Committee report on the Local Authority Test & Trace Grant Resource Plan (14 September 2020).

Human Rights Implications

46. The regulations have the potential to engage a number of rights under the Human Rights Act including the right to life, the right to respect for a private and family life, Right to freedom of assembly and association and the right to peaceful enjoyment of property and possessions. Any interference with these rights which may be impacted by the issue of a Direction must be carefully considered and are likely to involve the need to balance the rights of one person against those of another person or group and they must be exercised proportionately and in accordance with the law.

Public Sector Equality Duty implications

47. In exercising its powers under the Regulations, the Council must have regard to the Public Sector Equality Duty (PSED) and will need to consider whether it is necessary to undertake an Equalities Impact Assessment to assess the potential impact of any Direction on people with protected characteristics. However, the guidance makes clear that if a disproportionate impact is identified this should be balanced against the wider public health risk in a local authority's area and mitigations should be considered and implemented wherever possible.

RECOMMENDATIONS

1) That the Adult Social Care & Public Health Committee formally delegates authority for the exercise of all powers under the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 to the Chief Executive, such powers to be exercised following consultation with the Director of Public Health and where possible, having sought the views of the Leader of the Council, the Chairman and Vice Chairman of Adult Social Care & Public Health Committee, and the Leaders of the opposition groups of the Council. For the avoidance of doubt, Committee also approves that this delegation of authority may be exercised by either the Deputy Chief Executive or the Corporate Director for Adult Social Care & Health in the absence of the Chief Executive.

2) In addition to the delegation to the Chief Executive above, to authorise the Service Director for Place, and the Group Manager for Trading Standards & Communities, to designate officers within Nottinghamshire County Council or other partner agencies to exercise powers under the Regulations with regard to notification, management and enforcement of the requirements, including but not limited to the issue of prohibition notices and fixed penalty notices. Such designation to include authority for designated officers to designate additional officers within their partner agencies, as they deem appropriate, in order to effectively manage the control of outbreaks and the enforcement of any Directions.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

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Group Manager: Legal, Democratic & Information Governance
Email: heather.dickinson@nottscc.gov.uk
Telephone: 0115 97 74835

Constitutional Comments (HD – 31/7/2020)

48. The proposals within the report fall within the delegation to this Committee by virtue of its terms of reference which includes specific responsibility for public health functions.

Financial Comments (DG194 – 02/09/2020)

49. The financial implications are contained in paragraph 42-45 of this report. £3.8m has been received from the Government for test and trace, and the allocation is subject to committee approval as a separate agenda item.

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.

- COVID-19 situational update (15 September 2020)
- Local Authority Test & Trace Grant Resource Plan (14 September 2020)
- COVID-19 contain framework (17 July 2020)
- Nottinghamshire County Local Outbreak Control Plan (June 2020)
- Nottinghamshire County COVID-19 Weekly Surveillance Reports (July – September 2020)

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

14 September 2020

Agenda Item: 5

REPORT OF DIRECTOR OF PUBLIC HEALTH

LOCAL AUTHORITY TEST AND TRACE GRANT RESOURCE PLAN

Purpose of the Report

1. To seek approval for use of the Local Authority Test and Trace Grant, as per the proposed resource plan, for which Nottinghamshire County Council has been allocated £3.8m by Government.

2. To seek approval to establish fixed term staffing posts to support the Public Health Division, as set out in Appendix 1, funded from the Local Authority Test and Trace Grant.

3. To seek approval for the use of media communications in relation to the fulfilment of Local Outbreak Control Plan responsibilities.

Information

Local Outbreak Control Plans

4. The COVID-19 global pandemic is the single greatest emergency facing the country since the second world war. It has already had an enormous impact on health and the economy. The challenge now is to achieve a return to life which is as normal as possible, for as many as possible.

5. In the absence of an effective vaccine this must be done through measures which minimise transmission and which contain outbreaks as they occur.

6. In May 2020 the Government announced that upper tier local authorities will lead new Local Outbreak Control Plans to contain local outbreaks of COVID-19. The objective of this is to keep people safe, safeguard critical services and enable our communities, schools and economy to flourish. The plans build on existing arrangements and envisage close collaboration with NHS Test and Trace, Public Health England, district councils, and other Local Resilience Forum (LRF) partners.

7. Nottinghamshire County Council's Local Outbreak Control Plan was published on 1 July 2020 and is available to view online. It is centred on the seven themes described in **Appendix 3**.

8. Working within the response structure of the Nottingham and Nottinghamshire LRF, Nottinghamshire County Council and Nottingham City Council are working together on local outbreak control arrangements in order to maximise impact, resilience, and value for money for residents. Nottinghamshire County Council has its own plan, and its own Engagement Board through which political oversight is exercised.

9. Existing local governance, partnership arrangements and resources have been utilised to date to develop and implement Local Outbreak Control Plans. More specifically, all of the staff from Nottinghamshire County Council who are resourcing the planning and response work of the Outbreak Cell have been redeployed from their business as usual roles without backfill. The same is also true for colleagues from partner agencies in the county who are contributing to the outbreak cell. This current level of resourcing is not sufficient to sustain the work of the outbreak cell. Furthermore, significant extra capacity and resource will be required to ensure Nottinghamshire is prepared, and able to respond swiftly and comprehensively to emerging concerns or outbreaks. It is anticipated this will be required for at least the next 12 months.

10. Therefore, it is recommended that funding is allocated for the staffing and non-staffing elements of what is required to sustain local outbreak management in Nottinghamshire County through to summer 2021.

Local Authority Test and Trace Grant

11. On 11 June 2020 the Government confirmed that upper tier local authorities would be allocated a Local Authority Test and Trace Grant. Funding has been allocated to councils based on need, determined by the formula that is used to allocate the Public Health Grant. Nottinghamshire County Council has received £3,802,915.

12. The grant is ring-fenced for expenditure in relation to the mitigation and management of local outbreaks of COVID-19. Use of the grant funding therefore represents no additional burden to the Authority's Medium-Term Financial Strategy.

13. Use of the grant is also conditional on upper tier authorities working closely with their lower tier partners. In doing so, those partners should be given opportunities to deliver the outcomes of the grant where delivery by those partners would be the most efficient and cost-effective means of delivery.

14. The proposed resource plan for use of the grant in Nottinghamshire is contained in **Appendix 1**. It is based on an understanding of the capacity needed to sustain routine local outbreak control functions as they are currently understood.

15. The plan comprises some direct staff and non-staff elements. The staff costs identify a number of fixed term posts which the Director of Public Health will seek to fill through secondment or recruitment. The non-staff elements include additional capacity (for infection control, swabbing, or contact tracing) which it is more beneficial to host in or commission from other organisations. Therefore the total resources required are greater than, and of a different skill mix and profile, than that identified in the staffing element alone.

16. The staffing element of the resource plan will ensure that sufficient capacity, with the appropriate skills and experience, is in place to maintain routine local outbreak control

functions. It will also support a move to 7-day working and release some staff in the Public Health Division to resume work on other priorities which have been paused or delayed because of limited capacity, but are nevertheless crucial in improving and protecting health in Nottinghamshire.

17. Some of the new posts are proposed to be shared across City and County, as per the information in **Appendix 1 and 2**. This is to maximise value for money for residents.

18. Recruitment to the new posts will present a challenge because of the demand for public health expertise across the country, as all local authorities seek additional capacity for local outbreak control. Officers therefore propose to undertake a multi-pronged and flexible approach to securing individuals with the appropriate level of skills and experience. This will involve external advertisements, secondments from other employers, returns from retirement, backfill, and use of agency staff.

19. In consultation with HR, the Corporate Director Adult Social Care and Health, and Vice-Chair Adult Social Care and Public Health Committee, agreement in principle was reached to begin recruitment ahead of formal committee approval. Taking such an approach, as per the Corporate Director powers set out in the constitution, will minimise any delay in securing the necessary capacity.

20. The non-staffing element of the resource plan is designed to deliver core aspects of the Local Outbreak Control Plan. These include an enhanced Infection Prevention and Control offer, communication and engagement activity, additional testing capacity, support to vulnerable people, and complex contact tracing. It includes a sum of £350,000 to fund implementation of additional contact tracing and local measures.

21. There are three areas of uncertainty. Firstly, these arrangements represent a best estimate of the minimum capacity needed over the next 12 months. Should there be an increase in activity – through multiple outbreaks, an outbreak of significant size, or sustained community transmission – there will be additional surge capacity requirements. One example of this is the coordination of testing for Nottinghamshire. Whilst it is difficult to quantify, a contingency has been budgeted for to manage a variety of scenarios.

22. Secondly, some parts of the Local Outbreak Control Plan will require further development.

23. Thirdly, it is noted that Government has announced the intention that local authorities should assume greater responsibility for some parts of the NHS Test & Trace system. It is unclear exactly what the scope of this new responsibility will be or what additional resource may be provided to discharge it. Any shortfall would also need to be funded from a contingency.

24. A contingency of £594,163 has therefore been identified with respect to these areas of uncertainty.

Other Options Considered

25. No other options were considered because the grant is ring-fenced for expenditure in relation to the mitigation against and management of local COVID-19 outbreaks. Doing so will help

achieve a return to life which is as normal as possible, for as many as possible, in such a way as to ensure there is no impact on the council's MTFS.

Reason for Recommendation

26. The Local Authority Test and Trace Grant received from Government is ring-fenced for expenditure in relation to the mitigation against and management of local outbreaks of COVID-19. The plan outlined in this report is paramount in ensuring a sufficient level of resourcing to deliver against local outbreak control responsibilities in Nottinghamshire.

Statutory and Policy Implications

27. 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.

Human Resources Implications

28. This report proposes to establish new posts in the Public Health Division, as per the information contained in Appendix 1 and 2. The approach to recruitment is contained in paragraphs 18 and 19.

Financial Implications

29. The financial implications of this report are contained in paragraphs 11-14 and 21-24.

RECOMMENDATION/S

That Members:

1) Approve use of the Local Authority Test and Trace Grant, as per the proposed resource plan, for which Nottinghamshire County Council has been allocated £3.8m by Government.

2) Approve the establishment of fixed term staffing posts to support the Public Health Division, as set out in Appendix 1, funded from the Local Authority Test and Trace Grant.

3) Approve use of media communications in relation to the fulfilment of Local Outbreak Control Plan responsibilities.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:
William Brealy
Executive Officer
T: 0115 9774587
E: william.brealy@nottscc.gov.uk

Constitutional Comments (AK 13/08/2020)

30. The report falls within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DG 17/08/20)

31. It is proposed that the £3.8m Local Authority Test and Trace Grant will be utilised by incurring staffing costs of £0.777m, non staffing costs of £2.432m and a contingency of £0.594m as detailed in Appendix 1.

HR Comments (SJJ 13/08/20)

32. In order to respond to the requirements and the challenges in securing staff with the appropriate skills several approaches to recruitment will be required, this will be in line with the County Councils policies, procedures and practice. Appointed staff will be issued with either a fixed term contract or a secondment agreement for the duration of their employment where appropriate.

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.

- None

Electoral Division(s) and Member(s) Affected

- All

Appendix 1 – Local Authority Test and Trace Grant Resource Plan

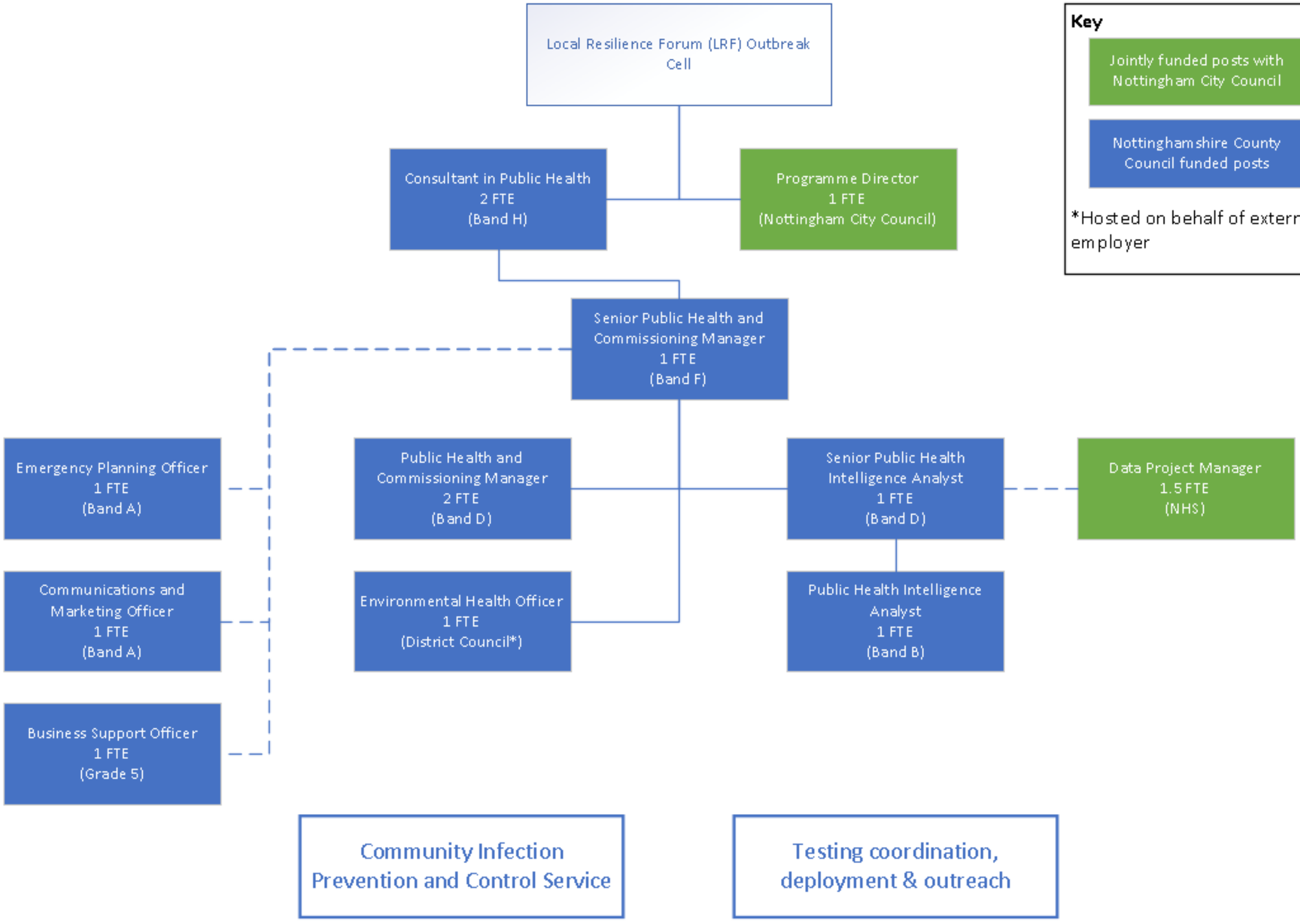
Staffing Costs						
Ref	**Post**	**FTE**	**Grade/Band**	**Duration (months)**	**Total annual cost**	**City/County joint arrangement**
1	Consultant in Public Health or Equivalent	2	Band H*	12	£218,213	
2	Senior Public Health and Commissioning Manager	1	Band F	12	£78,071	
3	Emergency Planning Officer	1	Band A	12	£41,473	
4	Public Health and Commissioning Manager (outbreak cell)	1	Band D	12	£58,189	
5	Public Health and Commissioning Manager (socially vulnerable & complex needs)	1	Band D	12	£58,189	
6	Business Support Officer	1	Grade 5	12	£34,600	
7	Communications and Marketing Officer	1	Band A	12	£41,473	
8	Senior Public Health Intelligence Analyst	1	Band D	12	£58,189	
9	Public Health Intelligence Analyst	1	Band B	12	£47,679	
Employed externally but funded by NCC						
10	Programme Director	0.5	Nottingham City Council	12	£45,676	1 FTE shared across LRF footprint and jointly funded
11	Environmental Health Officer or Equivalent	1	District Council	12	£59,484	
12	Data Project Manager	0.75	NHS	12	£35,516	1.5 FTE shared across LRF footprint and jointly funded
				Total staffing costs	£776,752	

*Secondment arrangement from external employer for 1 FTE

Non-Staffing Costs		
Ref	**Item**	**Total estimated annual cost**
13	Infection Prevention Control Service - Covid-19 response	£300,000
14	Infection Prevention Control - Super Trainer model	£682,000
15	Communications & marketing	£150,000
16	Testing coordination, deployment & outreach	£400,000
17	Supporting vulnerable people	£150,000
18	Socially vulnerable people outbreak fund	£150,000
19	Complex contact tracing	£250,000
20	District/Borough Councils - contact tracing & implementation of measures	£350,000
	Total non-staffing costs	£2,432,000

Grand Totals	
Test and Trace Grant	£3,802,915
Staffing Costs	£776,752
Non-Staffing Costs	£2,432,000
Contingency	£594,163

Appendix 2 – Nottinghamshire Local Outbreak Control Staffing Structure



Appendix 3 – Local Outbreak Control Plan Themes

Nottinghamshire's Local Outbreak Control Plan is centred around seven themes:

1. Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
2. Identifying and planning how to manage other high-risk and/or complex places, locations and communities of interest.
3. Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations.
4. Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, and developing options to scale capacity if needed).
5. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g. data management planning including data security).
6. Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, and planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
7. Establishing governance structures led by the COVID-19 Health Protection Board and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

14 September 2020

Agenda Item: 6

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH – CHILDREN'S INTEGRATED COMMISSIONING HUB STAFFING

Purpose of the Report

1. To seek approval for the establishment of 1 FTE permanent Public Health Commissioning Manager post, funded through income generated from a section 256 agreement with Nottingham and Nottinghamshire CCG, within Public Health for the Childrens Integrated Commissioning Hub.

2. To seek approval for the extension of 1 FTE Children and Young People's Mental Health and Wellbeing Programme Lead fixed term post for a period of 17 months. This post is funded through income generated from a section 256 agreement with Nottingham and Nottinghamshire CCG (and Bassetlaw CCG also contribute) for Future in Mind (FIM). The post is based within Public Health and forms part of the Children's Integrated Commissioning Hub team.

Information

3. The Health and Social Care Act 2012 sets out the statutory responsibilities of local authorities for public health services in order to improve and protect public health. This includes a statutory duty to provide NHS commissioning advice to maximise impacts on population health.

4. The publication of Future in Mind (2015) ensured that children and young people's emotional mental health and wellbeing was at the forefront of commissioning and service planning. The focus on this agenda has remained with more recent publications in 2017 with the Department for Health and Social Care and Department for Education's Transforming Children and Young People's Mental Health Provision green paper and the Long Term Plan in 2019.

5. Public Health have hosted the Children's Integrated Commissioning Hub (CICH) since 2013. This team ensures a coordinated approach is taken to commissioning public health and community health services in order to meet the needs of Nottinghamshire children and young people. It acts as system leader and single point of co-ordination for the commissioning of outcomes for children's health and wellbeing services across Nottinghamshire Clinical Commissioning Groups (CCGs), Nottinghamshire County Council Public Health division and, to a degree, Children and Family Services

6. The team is part funded by the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) and Public Health and a memorandum of understanding is in place between the County Council and Nottingham and Nottinghamshire CCG with agreed priorities.

7. Working under the supervision of a Consultant in Public Health, the CICH team includes 4.7 FTEs funded by the PH grant, 4.5 FTEs funded by CCGs through Section 256 agreements, together with a further 2.0 FTEs hosted in the CICH employed by CCGs directly, and a fixed term post joint with Bassetlaw CCG and Nottingham and Nottinghamshire (1 FTE).

8. In order to deliver the requirements of the NHS Long Term Plan, in partnership with social care and education, capacity requirements remain within the Integrated Children's Commissioning Hub team to undertake this work.

9. It is therefore proposed to establish one permanent post of a Public Health Commissioning Manager (Band D, 1 FTE) to ensure there is capacity to undertake the level of commissioning and transformation required for children and young people's community health provision. This post was originally established on a fixed term basis and has been filled for 3.5 years.

10. To further support this, it is also requested that there be continuation of the fixed term Children and Young People's Mental Health and Wellbeing Programme Lead post (Band E, 1 FTE) for a further period of up to 17 months to ensure delivery of Nottingham and Nottinghamshire's transformation plan for children and young people's mental health and wellbeing. Options are being explored through the Children and Young People Mental Health executive group to extend this post for either a further 5 or 17 months.

11. The Childrens Integrated Commissioning Hub has a proven record of delivering successful service transformation for children and young people. The staffing proposals outlined will ensure further planned work continues to improve outcomes for the residents of Nottinghamshire.

12. Both these posts are funded through income from section 256 agreements with Nottingham and Nottinghamshire CCG and Bassetlaw CCG. They are not funded with any contribution from the Public Health Grant. Both are employed by Nottinghamshire County Council and so any redundancy implications would fall to NCC.

Other Options Considered

13. The option to not establish and extend these public health posts within the CICH would mean a lack of capacity and capability to ensure the required developments for children and young people's mental health and community service developments are achieved.

Reason/s for Recommendation/s

14. The recommendations relating to the establishment of the public health posts are made to enable the County Council to work in partnership with Nottingham and Nottinghamshire CCG and Bassetlaw CCG to deliver statutory responsibilities.

Statutory and Policy Implications

15. 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

16. Funding for the 1 FTE Public Health Commissioning Manager post at a cost of £50,029 per annum, the post will be funded through the section 256 agreement with the Nottingham and Nottinghamshire CCG for the CICH. Funding to extend the 1 FTE Children and Young People's Mental Health and Wellbeing Programme Lead at a cost of £97,565 (for a maximum of 17 months). will be funded through the section 256 agreement for FIM with the with the Nottingham and Nottinghamshire CCG with a contribution from Bassetlaw CCG. If the posts are not continued the Council would be required to pay redundancy costs.

Human Resources Implications

17. The human resource implications are outlined from paragraphs 9 to 12.

RECOMMENDATION/S

That members:

1) approve the establishment of 1 FTE permanent Public Health Commissioning Manager post.

2) approve the extension of 1 FTE Children and Young People's Mental Health and Wellbeing Programme Lead fixed term post for a period of 17 months.

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (KK 19/08/2020)

18. The recommendation falls within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DG 16/06/20)

19. If the posts were to end the council would be required to pay redundancy payments. It is anticipated that the funding agreement the division has with the CCG which contributes to the funding of these posts will continue, though this is reviewed regularly.

HR Comments (HB 30/06/2020) The postholder in the Public Health Commissioning Manager post has completed nearly four years service and in line with Fixed Term Employees Regulations 2002 would have the right to be slotted into the role on a permanent basis.

21. The Children and Young People's Mental Health and Wellbeing Programme Lead post manager post will be extended for a further 17 of months.

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.

22. Report to Health and Wellbeing Board (5th March 2014) Integrated commissioning arrangmnets for childrens health services: progress and proposed priorities

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

14 September 2020

Agenda Item: 7

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTER 4 2019/20 AND QUARTER 1 2020/21

Purpose of the Report

1. To provide an update on the current financial position of Adult Social Care.

2. To provide year end validation for the Improving Lives Portfolio and an update on Adult Social Care savings for 2020/21.

3. To provide an update on the performance reporting framework.

4. To provide Committee with a summary of performance for Adult Social Care and Health for quarter 4 (1st January 2020 to 31st March 2020) and quarter 1 (1st April 2020 to 30th June 2020).

Information

Current Financial Position

5. As at the end of June 2020, the Adult Social Care & Public Health Department is forecasting an in-year overspend of £15.56m before reserves and £15.8m after accounting for reserve movements.

6. This forecast is especially challenging due to the unprecedented situation within the department caused by the Covid-19 crisis and was based on the following assumptions:

- Any non-ringfenced government grant money remains centrally and is not factored into the departmental forecast
- Paying 100% commissioned care packages continues until 5th July 2020, except for Day Services which is until 2nd August 2020
- That current Covid care package commitments continue all year
- That Health stop funding the discharge and admission avoidance packages at the end of July

- That the provision of PPE and Provider claims will continue until 31st March 2021 as no further price inflation is currently included
- The staffing forecast assumes that the workforce review is effective from 1st September 2020.

7. Public Health is forecasting an underspend of £0.237m before reserves; this is primarily due to underspends on sexual health and Health Check programmes as a result of the pandemic. Any net underspend will put into reserves at the year end.

Department	Annual Budget £ 000	Actual to Period 03 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000	COVID 19 additional costs £ 000	Non covid variance £ 000
ASCH Committee						
COVID COSTS	-	-		-	-	-
Strategic Commissioning and Integration	(34,667)	(36,789)	(21,798)	12,869	12,882	(13)
Living Well and Direct Services	124,531	39,007	128,438	3,907	1,486	2,421
Ageing Well and Maximising Independence	119,022	38,461	118,045	(977)	4,387	(5,364)
Public Health	2,711	977	2,474	(237)	-	(237)
Forecast prior to use of reserves	**211,597**	**41,655**	**227,159**	**15,562**	**18,755**	**(3,193)**
Transfer to / (from) reserves (SCI)	(135)	170	(135)	-	-	-
Transfer to / (from) reserves (Living Well)	-	-	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	-	-	-	-	-	-
Transfer to / (from) reserves (Public Health)	(2,711)	-	(2,474)	237	-	237
Subtotal	**(2,846)**	**170**	**(2,609)**	**237**	**-**	**237**
Net Department Total	**208,751**	**41,825**	**224,550**	**15,799**	**18,755**	**(2,956)**

8. The current forecast net impact of Covid-19 on the department is an additional cost of £18.76m. The majority £12.2m is due to PPE and provider claims for additional net costs as a result of Covid-19. In addition there is a forecast loss of transport income of £0.7m and net additional care package commitments of £5.9m.

9. Excluding the impact of Covid-19, the department would have been reporting a net underspend of £2.96m due to combined over and early delivery of savings last year and increased deaths in Adults aged 65+ from the end of last year offsetting an overspend in living well commitments due to increases in residential/nursing placements at the end of last year.

10. The forecast includes a net use of reserves of £2.61m which is £0.24m less than budget. This comprises the anticipated net use of £2.47m of Public Health reserves and £0.31m in Section 256 reserves and a contribution to reserves from Integrated Community Equipment Loans Service (ICELS) of £0.17m.

Year-end validation of Improving Lives Portfolio

11. In 2019/20 the department had agreed savings of £12.47m to deliver and delivered £15.7m. The extra savings delivered were a combination of £1.9m of additional savings on projects that ended March 2020 and £1.2m of early delivery for savings projects continuing into 2020/21.

Transformation and Service Improvement

12. In the current financial year, the department has agreed savings of £4.948m.

13. The Covid-19 Emergency has meant that projects have been put on hold, so the in-year savings forecast is an under-delivery of £0.79m, with £0.5m of savings still expected to be delivered in this financial year and these are included within the current forecast.

14. However, the department delivered savings early up to the end of last year, so there is still a cumulative over-delivery forecast to be delivered by the end of this financial year of £0.43m.

15. As it is not known when projects will resume again, there is an increased risk that the 2021/22 target may not be met.

Performance Framework Update

16. The last report on Adult Social Care performance and progress for quarter 3 2019/20 (see background papers) introduced a set of core metrics that had been developed and focussed on the key outcomes of the department. This report also detailed initiatives and schemes which have since been suspended/delayed as the department responded to the Coronavirus outbreak.

17. In light of the Coronavirus pandemic, in addition to the core metrics development, it has become apparent that there is now a need to review the wider departmental approach to management information, to ensure the departments information is robust and fit for purpose.

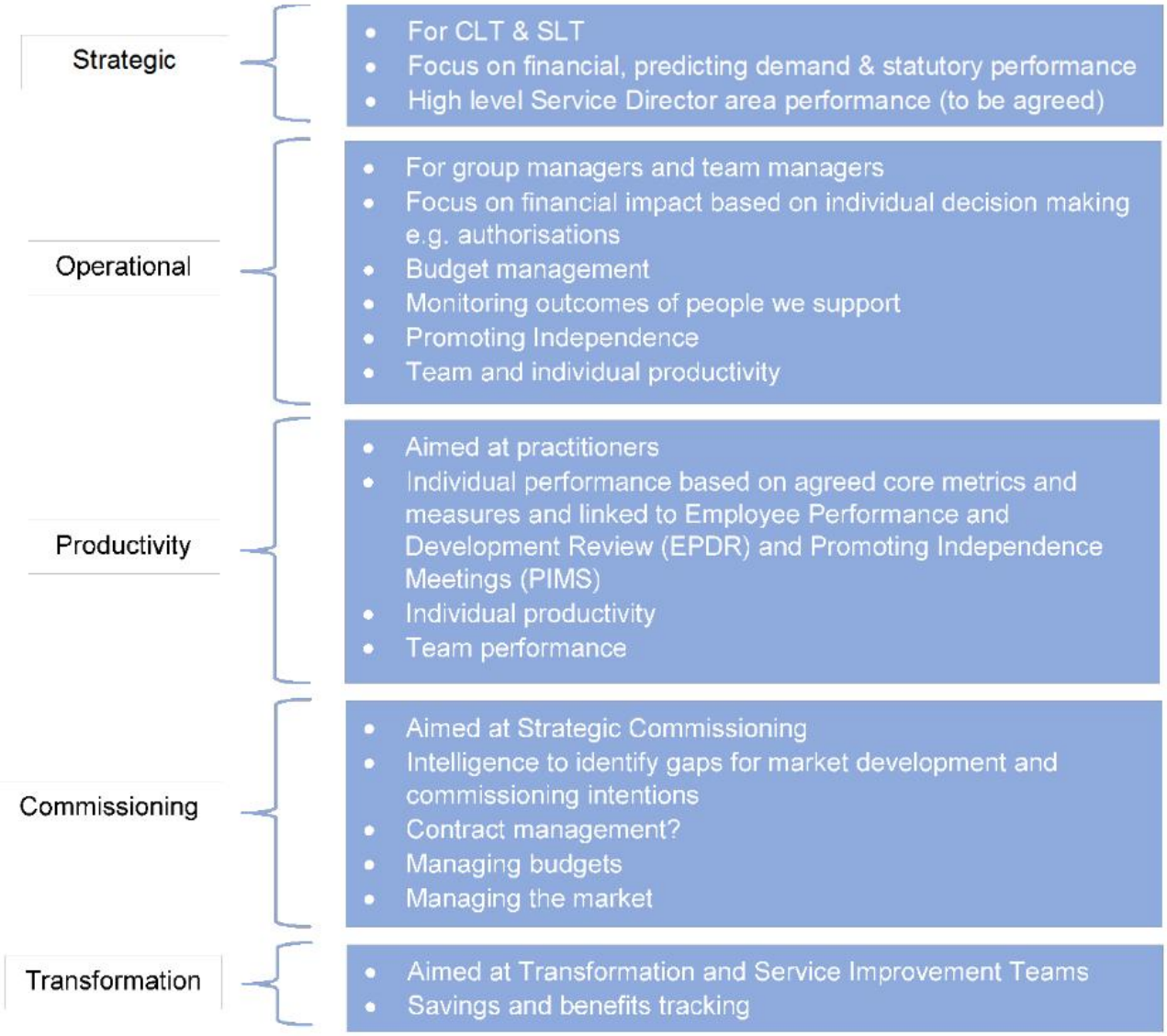
18. The department is therefore undertaking a Core Metrics & Management Information Review which is looking at:

- Continuing the development a set of core metrics to be used to manage performance across all levels of the department; providing a clear focus for all staff supporting them to understand how their role contributes to the broader aims of the department.
- Reviewing existing suite of reports and the departments business requirements to ensure what is required going forward enables the department to meet its information needs.

19. The core management information has been defined going forward. This will form the basis for gathering detailed requirement, followed by implementation. The table below illustrates how management information has been grouped together, notwithstanding other key considerations such as statutory reporting. The department's key principles for developing management information include:

- Demand – the department should be able to predict and manage demand for the service to ensure the department is ready to support people at the right time
- Resources – the department should be able to manage its finances and resources efficiently and effectively based on the performance data, and direct resources where needed and reduce variation

- Commissioning – the department should be able to develop the market and commissioning intentions based on performance data by creating closer links with operational processes
- Improvement & transformation – the department should be able to identify where service improvements are required, and track savings and benefits on programmes of work to ensure its objectives are met
- Statutory Reporting – the department should be able to fulfil its statutory reporting obligation
- Continuous improvement – the department should be able to use management information for continuous improvement.



20. A governance structure has been put in place with the introduction of a Core Metrics & Management Information Steering group, which reports into the Recovery and Transformation Group, with escalation to the Transformation Board where necessary. The group meets on a monthly basis and has buy in from key stakeholders across the department and business partners from finance and performance.

The approach to the review is in three stages:

Stage One:

21. The Core Metrics Framework will provide a thread that runs from ASC departmental themes through to individual staff, day to day work and EPDR. The Core Metrics are outcome focused driven by what is important to people and their carers. The Core Metrics are split into four key themes:

- Positive Contributions
- Independence
- Quality of Life
- Use of Resources.

22. The Core Metrics are being developed using a co-production approach. This will ensure that the departments definition of success is driven by the people that the department works with and the measures are recognisable to staff and reflect their work. The purpose of the review is to:

- Reduce variation across Adult Social Care teams
- Monitor if the department is fulfilling its purpose
- Encourage individual accountability for performance and improving outcomes for people
- Show how each person contributes to the success of the department
- Act on the data that is collected and use it to manage the department
- Inform market development and commissioning intentions and highlight where there may be service gaps across the County
- Provide visibility on how the whole department is performing
- Share good practice and learn from each other.

23. The review and Core Metrics will inform an implementation plan and how it will be rolled out to the rest of the department.

Stage Two:

24. The Management Information Review will consult staff on the new approach, revisions to reports and creating specifications for new reports. Redundant reports will be archived and a guidance and principles document will be developed to support navigation of management information resources and future report development.

25. The revised Core Metrics Framework will be implemented. An online tool, to be developed, will enable the department to understand which measures contribute to which theme and which services contribute to which measures. The same tool will enable the information to be navigated in other ways e.g. by service.

Stage Three:

26. The responsibility for the future review of Core Metrics will be established during stage three, with the ongoing development priorities handed over to the Mosaic and Performance teams.

Summary of Quarter 4 2019/20 & Quarter 1 2020/21 Performance

27. The quarter 4 2019/20 performance information is reduced and not in the normal format due to performance colleagues supporting the department to develop data dashboard in response to the Coronavirus pandemic. **Appendix A** provides an overview of the year end performance.

28. The first quarter performance for 2021 in a format previously provided to Committee is attached at **Appendix B** and a summary of the highlights and areas for improvement is also contained within the body of this report.

29. It is also important to note that the department's 2019/20 Statutory Return validation from the NHS for survey-based measures has been delayed because of the pandemic, therefore these Adult Social Care Outcomes Framework (ASCOF) indicators will be reported in the second quarter update for 2021.

Positive Contributions

A. Keeping family, friends and connections

30. Nottinghamshire continues to perform well on the proportion of adults receiving a Direct Payment with quarter 1 performance at 40% against a national average of 28.3%.

31. However during the emergency response to the pandemic all Direct Payments (DPs) were suspended with the exception of DP's for Personal Assistants (PA). The suspension of agency DP's was to free up homecare capacity where is was most needed predominantly around hospital discharge.

32. This resulted in the use of DP's to employ a PA in April was significantly higher at 37.5% than it was towards the end of last financial year, when the figure was hovering around the 19% mark. Another factor that attributed to the increase in PA's is that the pandemic saw an increase in PA double ups to cover the same individual, as some PA's were unable to work due to having to shield themselves or members of their family were shielding.

33. It is recognised that the PA's have played a major part throughout the emergency phase of Covid-19 as this case study suggests:

Mr x was discharged from hospital but required support from staff with RIG feeds. Support could not be sourced through a managed service. A PA was recruited from the Notts Help Yourself PA directory to start straight away alongside a small micro agency. Health colleagues provided training to enable the PA to meet the needs of Mr x and enabled Mr x to remain living at home.

B. Learn, volunteer and work

34. The year end results for supporting people into or back into employment remained static at 2.4% against a national average of 5.9%. It is also not surprising that at the end of June 2020 the percentage was 2.2% - a decrease from 2.3% at the end of May as many employees were furloughed in response to the emerging pandemic.

35. One of the teams included in the results above is the I-Work team who are actively reviewing the employment status of those individuals they were working with until the service was suspended, as part of the department's response to the pandemic. More robust information will be available for the next report.

36. Since the last report a comprehensive review of developing an inclusive employment strategy and audit of local employment services has taken place as it was identified as an area of improvement.

37. The recommendations of the review fall into the following broad themes:

- Building capacity in services and extended successful approaches
- Better monitoring, data collection and use of information to shape services and develop service user pathways
- Strengthening the Council's role as an employer, commissioner, purchaser and anchor organisation
- Joining up opportunities to work better across departments internally and externally with partners
- Clarifying and strengthening the overall purpose of the Council's inclusive employment services
- Exploring how more progression for individuals can be supported, making sure people are in the right service for them.

38. As a result an action plan within Living Well has been developed and is being progressed. A more detailed update will be provided within the next report.

Independence

A. My support, my way

39. At the 2019/20 year end the Council's Short Term Assessment and Reablement Service (START) successfully met all its targets to increase its capacity to re-able more people and maintain positive outcomes of numbers of people being supported to greater independence. This was key contributor to the successful achievement of associated savings and achievement of the overall (national) target regarding the number of people who are still independent in their own homes after 91 days which at year end was 84.8% against a target of 83%, a significant increase of 6.9% on the previous year.

40. During the Covid-19 emergency, additional temporary staff were recruited into START and diverted its resources to focus on supporting hospital discharge and picking up packages from independent sector homecare providers who had reduced staffing levels due to their staff self-isolating, shielding or experiencing Covid-19 related ill-health. So whilst the service aimed to keep a re-ablement ethos wherever possible, ensuring people had calls covered that they needed took priority. The emergency recording and reporting processes

put in place during the height of the emergency has meant that the department are unable to provide figures so far this year.

41. There are now positive recovery plans in place which include implementing the joining up of a number of re-ablement, enablement and prevention services into the Maximising Independence Service from 1st September (original implementation date of 1st April was delayed due to Covid-19). There is confidence that the work and performance will resume on track for the remainder of 2020/21.

B. Living life how I want, keeping safe and well

Living Well

42. The Living Well admissions into long term care per 100,000 population is up 8.9% on last year at 25.9% and is currently 6% higher than the expected target.

43. Some of this increase can be attributed to the change in definition of "short term care" and reclassification of individuals to "long term care", which was identified at year end and has been addressed with teams to ensure future classification is consistent and meets the new definition.

44. Work also continues within Living Well and Strategic Commissioning colleagues to identify gaps in housing provision to reduce long term care admissions. However over recent months and in response to the pandemic homeless individuals have been given priority for housing under the "Everyone In" policy which has been challenging for teams moving people from supported living to mainstream accommodation.

45. As the department moves to a placed-based model and builds relationships with district councils and partners the housing opportunities for people will undoubtedly improve.

46. Living Well are also working with their teams and using the Promoting Independence Meetings to try to identify more appropriate pathways to long term care.

Ageing Well

47. At the end of 2019/20 admissions of older people into residential and nursing care per 100,000 population was at a rate of 612.1, slightly higher than the target of 583.5. This equated to a total number of 1,042 new people actually being admitted during the whole year. The total number of people supported in residential care in March 2020 was 2,325.

48. So far in 2020/21 the total of actual new admissions is provisionally reported as being lower, averaging 80 per month. In June 2020 the numbers of people supported in care homes had reduced from March by 203 people to 2,122, against a provisional year-end target of 2,309. It must be noted however that the impact of Covid-19 on these figures is difficult to accurately predict at year end, particularly because decisions about funding eligibility for NHS Continuing Healthcare have been suspended until September 2020, so there are a number of people currently supported who it is yet to be established whether the Local Authority or NHS will be responsible for their placement in the future.

49. The 2020/21 target for the percentage of Ageing Well admissions direct from hospital remains at 11% for 2020/21, however this includes people who were already living in a care home they are returning to. Year to date performance is 11.8%, which is an improvement on the same time last year of 16.5%. Avoiding people making a decision to make a new move into a care home whilst they are in hospital is a fundamental principle that has been taken forward as part of the new Hospital Discharge arrangements with partners.

50. Making a shift to supporting more people in their own homes is a major objective of a programme of work for the Ageing Well Service over the next three years. This will include rolling out a strength based programme to all the teams aiming to reduce variation in numbers of placements. Additionally, work will need to be undertaken with partners in housing and health, seeking their support to adopt a similar policy approach and promote earlier planning and more timely access to appropriate alternatives to the use of both short and long term residential care.

Deprivation of Liberty Safeguards (DoLS)

51. The percentage of DoLS completed increased in 2019/20 by 1.8%. This year, residential and nursing care homes' ability to engage in the work has been affected by Covid-19, also social care staff have not been able to go into hospitals. Many innovative ways have since been found to undertake work virtually, for example, staff in care homes supporting people to use tablets. This has had the added benefits of them being able to keep in contact with their families. The DoLS team is also being prioritised for a move to the new SMART phones which has supported different virtual means of communication. An online portal has also been set up for staff to get easy access to advice on complex practice issues they may be facing during the Covid emergency.

52. As of 3rd June 2020 the number of referrals received this financial year was 814 and 461 (57%) of these pieces of work have already been completed. Staff are now able to visit homes (with appropriate PPE in place) if it is not possible to undertake the work successfully using virtual methods. Further improvement is expected over the remainder of the year.

53. The year-end performance for safeguarding provides room for improvement, as it was identified that in 14% of cases, risk was not eliminated or reduced following a safeguarding intervention. This represented an increase from the previous year (2018/19) which reported this as 13.7%, and a further increase from 2017/18 which reported it as 12.2%.

54. To address this an action plan is in place to support frontline workers with interpretation of recording of the outcome of their work, which has been identified as part of the reason for this high rate. The Principal Social Worker is supporting teams with advice regarding practice, Group and Team managers are setting out improvement plans with teams and, September's regular Safeguarding audit will focus on this area.

Reviews

55. 2019/20 Year End Completion of reviews was positive at 84.9% completed against a target of 80%, a 16.3% improvement on the previous year. It is unclear at this stage to what extent this will be affected by the emergency situation experienced so far in 2020/21

because all the review staff were redeployed for the initial months of the emergency to support hospital and homecare brokerage.

56. A plan has been developed to undertake reviews to support recovery and identify people who may be most experiencing difficulties during Covid, for example, people who would normally attend days services and short breaks, people who live alone with family carers etc. These reviews will also inform what different types of services the department may need to provide whilst Covid-19 and reducing infection spread remains a key issue.

57. The number of people with their most recent review carried out in 2020/21 at the end of June was 1,665 compared with a figure of 1,996 during 2019/20. The reduction in the numbers of reviews undertaken is mainly due to fewer reviews of Residential/Nursing service users having been undertaken.

C. Information and Advice

58. Measures for this area are currently being considered and worked up as part of the performance framework development.

Quality of life

A. The people the department works with and support have a good quality of life

59. As detailed in previous performance report to this Committee in March 2020 work is underway to gather more frequent and timely feedback from people, however this development has been delayed as the department has focused its resources on the pandemic.

60. The pandemic has also delayed the validation of ASCOF survey measures which include the quality of life of the people the department support. Updates on the Council's statutory returns will be provided in the next quarterly report.

61. There is however an update on the Local Government & Social Care Ombudsman's (LGSCO) decisions as they recently published their annual review letter and have a report being presented at the Governance and Ethics Committee on 7th September 2020.

62. A total of six LGSCO decisions relating to the actions of Adult Social Care have been made by the Ombudsman from January to July 2020. Following initial enquiries two of the Council's decisions were not investigated further by the LGSCO. The remaining four were investigated and the Ombudsman concluded there to be fault found with the Council's actions in two of them (see background papers for further details).

63. There is room for improvement on how the department improves practice and learning across all complaints received and plans are in place for wider learning and continuous feedback across ASC Complaints, LGSCO decisions and Safeguarding Adult Reviews (SARs). It has also been recognised that the department needs to revisit the complaints training offer to existing and new team managers that encourages a more proactive approach when handling complaints.

64. It is the intention for future reporting to provide Members with a lessons learnt summary across all quality indicators.

B. The Carers staff work with and support have a good quality of life

65. The annual survey measure for carers' quality of life has been delayed because of the pandemic, therefore these ASCOF indicators will be reported in the second quarter update for 2021.

C. Workforce – employees wellbeing is high, and staff enjoy their jobs

66. Since the last report to the Committee the ASC workforce have had to adapt to working remotely and using technology to connect with their team and the people they support. They have also had to be creative and innovative in the way services are delivered. Some have also had the added pressure of childcare and home-schooling responsibilities.

67. They have remained resilient and resolute in adapting to these new ways of working.

68. Work continues to progress workforce measures as part of the performance framework under development.

Use of Resources

69. Specific measures around use of resources and budget management are in development but for now the department can compare the proportions of people receiving different levels of service as shown below.

70. Those receiving long term residential/nursing care are those with a high level of need and can generally be considered high cost.

As at end of June 2020 (Q1)	In Long Term residential/nursing Care	Receiving Long Term community based services (e.g. Homecare, Direct Payments, Daycare)	Receiving Short Term Care or Reablement services
All adults	27%	58%	15%
Living well	17%	77%	6%
Ageing well	34%	46%	21%

Other Options Considered

71. Due to the nature of the report no other options were considered appropriate.

Reason/s for Recommendation/s

72. This report is provided as part of the Committee's constitutional requirement to consider performance of areas within its terms of reference on a quarterly basis.

Statutory and Policy Implications

73. 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

74. The department is currently forecasting an in-year overspend of £15.56m before reserves and £15.8m after accounting for reserve movements as described in **paragraphs 5 to 11**.

75. An update on delivering the department's savings is contained within **paragraphs 12 to 15**.

RECOMMENDATION/S

1) That Committee considers whether there are any further actions it requires in relation to the finance and performance information for the period 1st January 2020 to 30th June 2020.

Melanie Brooks
Corporate Director, Adult Social Care and Health

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Constitutional Comments (EP 19/08/20)

76. The Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report, if Committee resolve that actions are required it should ensure that such actions are within its terms of reference.

Financial Comments (KAS 01/09/20)

77. The financial implications are contained throughout the report and summarised in **paragraphs 74 and 75**.

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.

Local Government and Social Care Ombudsman annual review letter

ASC Performance and Progress Update for Q3 2019/20 - report to Adult Social Care and Public Health Committee on 16th March 2020

Electoral Division(s) and Member(s) Affected

All.

ASCPH720 final

Nottinghamshire County Council

Report to ASCH SLT Performance Board

1st July 2020

Agenda Item: 04

Provisional Year-End Indicator Summary 2019/20

1. The summary below was previously shared with SLT via email on the 15th June and is presented below for information
2. Further analysis of year-end figures is not provided here as the position for some of these areas has changed considerably since the end of March
    a. Completion of reviews was positive last year however it is unclear at this stage to what extent this will be affected by the emergency situation experienced so far in 2020/21 and a potential lack of reviewing capacity and a change in the numbers of people requiring a review
    b. Reablement 91 days performance improved considerably over 19/20 however in the short-term performance and reporting against these indicators may be affected by changing hospital discharge processes
    c. DToC reporting was put on hold by the NHS and the last reported figures seen here are from February, however no negative impact on these figures is expected
    d. Long Term Care admissions increased last year for all adults and performance in this area suffered. At the end of March none of these indicators were on target, however this is an area where we have already noted some impact on figures in terms of a reduction in the numbers of people supported
    e. The percentage of DoLS completed increased last year however this will have been affected by the emergency situation and numbers completed are expected to reduce in the short term this year

3. Performance aim to provide an update on 29th July which will cover the period up to the end of quarter one 2020/21. The update should provide some clarity on the impact of Covid-19 and revised working practices

	Performance against target	Performance against previous year	Performance against national average	2019/20 Value	Target	Previous Annual	National Average
Reviews							
Percentage of reviews of Long -Term Service Users completed in year	✓	✓	N/A	84.9%	**80%**	68.6%	LOCAL
Reablement							
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	✓	✓	✓	84.8	**83%**	77.9%	82.4%
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	✓	✓	✓	2.8	**2.5%**	1.9%	2.8
Delayed Transfers of Care							
Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	✗	✗	✓	10.3	**5.5**	7.7	10.3
Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)	✓	✓	✓	0	**0.7**	0.3	3.1
Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)	✓	✓	✓	0.4	**0.55**	0.4	0.8
Direct Payments							
Proportion of adults receiving direct payments	✗	✗	✗	40.6%	**42%**	42.8%	28.30%
Proportion of carers receiving direct payments for support direct to carer	⟷	✓	✓	100%	**90%**	100%	73.40%
Long Term Care							
Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	✗	✗	✗	25.9	**19.9**	17	13.9

	Performance against target	Performance against previous year	Performance against national average	2019/20 Value	Target	Previous Annual	National Average
Number of Younger Adults supported in residential or nursing placements (Stat return)	✗	✗	N/A	662	**635**	635	n/a
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	✗	✓	✗	612.1	**583.5**	595.1	580
Percentage of older adults admissions to LTC direct from hospital (BCF)	✗	✓	N/A	13%	**11%**	14.0%	LOCAL
Number of Older Adults supported in residential or nursing placements (Stat return)	✗	✗	N/A	2375	**2309**	2349	n/a
Employment and accommodation							
Proportion of adults with Learning Disabilities in paid employment	✗	✓	✗	2.4%	**2.9%**	2.7%	5.9%
Proportion of adults with learning disabilities who live in their own home or with their family	✓	✗	✗	76.3%	**77%**	75.4%	77.4%
Proportion of adults with a Mental Health problem in paid employment	✗	N/A	N/A	4.4%	new	5.3%	LOCAL
Proportion of adults with a Physical Disability in paid employment				3.5%	new	n/a	LOCAL
Safeguarding							
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	✗	✓	✗	65.7%	**70%**	67.9%	67.0%
Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return)	✓	✓	✓	86.9%	**85%**	84.8%	78.6%
Percentage of safeguarding service users who were asked what outcomes they wanted (stat return)	✗	✓	N/A	82.5%	**85%**	81.7%	LOCAL

	Performance against target	Performance against previous year	Performance against national average	2019/20 Value	Target	Previous Annual	National Average
Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved (stat return)	✗	✗	N/A	75.0%	**80%**	77.6%	LOCAL
DoLS							
Percentage of DoLS assessments received and completed in year	✗	✓	N/A	88.8%	**90%**	87.0%	LOCAL

Adult Social Care Performance Update - Quarter 1 2020/21

	Nottinghamshire						Comparator Data
	Current Value	Best to be	Target	Reporting Period	Previous month	Previous Annual	National Average
Assessments and Reviews							
Percentage of contacts passed to Tier 3 (assessment)	37%	Low	**25%**	Jun-20	N/A	34.0%	SAVINGS
Percentage of reviews of Long Term Service Users completed in year	24.2%	high	**100%**	Jun-20	15.5%	84.9%	LOCAL
Percentage reviews where the package cost was reduced following review (long term services only) Older Adults	16.0%	High	**15%**	Jun-20	N/A	18.7%	SAVINGS
Percentage reviews where the package cost was reduced following review (long term services only) Younger Adults	10.5%	High	**66%**	Jun-20	N/A	15.2%	SAVINGS
Average number of reviews per SU per year per pathway: Active	1.53	High	**2**	Jun-20	N/A	1.53	SAVINGS
Average number of reviews per SU per year per pathway: Standard	1.5	-	**1**	Jun-20	N/A	1.51	SAVINGS
Average number of reviews per SU per year per pathway: Continuation	1.31	-	**1**	Jun-20	N/A	1.29	SAVINGS
Reablement							
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	N/A	high	**83%**	May-20	N/A	84.8	82.4%
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	N/A	high	**2.5%**	May-20	N/A	2.8	2.8
Average length of stay in START reablement (days)	N/A	Low	**20**	Jun-20	N/A	20	SAVINGS
Percentage of contacts resulting in referral to Programme of Independence (enablement type services)	N/A	High	**70%**	Jun-20	N/A	N/A	SAVINGS
Packages of Care and Support							
Number of new packages set up each month	543	Low	To reduce	Jun-20	487	455	SAVINGS
Average package cost for LT and ST services	£461	Low	To reduce	Jun-20	£523	£ 466	SAVINGS
Direct Payments							
Proportion of adults receiving direct payments	40.0%	high	**42%**	Jun-20	40.1%	40.6%	28.30%
Proportion of carers receiving direct payments for support direct to carer	100.0%	high	**90%**	Jun-20	N/A	100.0%	73.40%
Percentage of new Direct Payments used to purchase a Personal Assistant	37.0%	High	**50%**	Apr-20	19.0%	19.0%	SAVINGS
Long Term Care							
Long-term support needs of Living Well adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	4.3	low	**19.7**	Jun-20	N/A	25.9	13.9
Number of Younger Adults supported in residential or nursing placements (Stat return)	671	low	**635**	Jun-20	674	662	n/a
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	54.6	low	**563.9**	Jun-20	N/A	612.1	580

Adult Social Care Performance Update - Quarter 1 2020/21

	Nottinghamshire						Comparator Data
	Current Value	Best to be	Target	Reporting Period	Previous month	Previous Annual	National Average
Percentage of older adults admissions to LTC direct from hospital (BCF)	11.8%	low	**11%**	Jun-20	N/A	13.0%	LOCAL
Number of Older Adults supported in residential or nursing placements (Stat return)	2,122	low	**2309**	Jun-20	2154	2375	n/a
Percentage of LTC admissions that came direct from all types of short term bed based care interventions	N/A	Low	n/a	Mar-20	N/A	45.3%	SAVINGS
Employment and accommodation							
Proportion of adults with Learning Disabilities in paid employment	2.2%	high	**2.9%**	Jun-20	2.3%	2.4%	5.9%
Proportion of adults with learning disabilities who live in their own home or with their family	75.8%	high	**77%**	Jun-20	75.7%	76.3%	77.4%
Proportion of adults with a Mental Health problem in paid employment	4.4%	high	new	Jun-20	4.4%	4.4%	LOCAL
Proportion of adults with a Physical Disability in paid employment	3.0%	high	new	Jun-20	2.9%	3.4%	LOCAL
Safeguarding							
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	85.7%	high		Jun-20	N/A	85.9%	89.0%
Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return)	91.1%	high	**85%**	Jun-20	91.8%	86.9%	78.6%
Percentage of safeguarding service users who were asked what outcomes they wanted (stat return)	84.4%	high	**85%**	Jun-20	85.4%	82.5%	LOCAL
Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved (stat return)	78.0%	high	**80%**	Jun-20	77.0%	75.0%	LOCAL
DoLS							
Percentage of DoLS assessments received and completed in year	57.0%	high	**90%**	Jun-20	N/A	89.0%	LOCAL

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

14 September 2020

Agenda Item: 8

REPORT OF DIRECTOR OF TRANSFORMATION AND SERVICE IMPROVEMENT

ADULT SOCIAL CARE AND PUBLIC HEALTH RECOVERY PLAN IN RESPONSE TO THE CORONAVIRUS PANDEMIC

Purpose of the Report

1. To seek approval of the Recovery Plan and priorities for the Adult Social Care and Public Health (ASCPH) department following the implementation of emergency operating models in response to the Coronavirus pandemic.

Information

Background

2. Following the Coronavirus pandemic and guidelines from central government to manage the pressure on the Health and Social Care system, ASCPH implemented emergency operating models in response to anticipated service demand. The changes aligned with the government's Covid-19 Action Plan published on 15th April 2020.

3. With the introduction of emergency operating models across critical services within the department, many service improvement schemes and initiatives were suspended to enable the workforce to focus on the emergency response.

4. ASCPH had good systems in place, which enabled the department to respond to the pandemic. The Council's local outbreak control plan will ensure the Council identifies and contains any future outbreaks. In line with Government guidelines, the Council's current working arrangements remain in place i.e. working remotely where possible, and where this is not possible, working to social distancing guidelines and making appropriate use of Personal Protective Equipment (PPE).

5. In preparation for formal exiting of the emergency phase, the department started to plan for how it would restore some of its services at the appropriate time, and review opportunities to transform, whilst taking into account government guidelines and assessing risk to ensure people are protected. Adjustments have continued when needed to ensure the safety of people the department supports, its staff and partners.

Corporate Recovery Principles and ASCPH Response

6. As part of the recovery from Covid-19, the Corporate Recovery and Transformation Group (CRTG) was established to ensure that the approach to the recovery process is cross cutting and integrated, both within the Authority and in collaboration with the Local Resilience Forum (LRF), and that wherever possible the recovery process is used as a springboard into transformation and the department is represented. The group developed some corporate recovery principles to guide and inform individual departmental plans.

7. The department's response to the corporate recovery principles are detailed below and have helped shape the ASCPH Recovery Plan (**Appendix 1a**)

Corporate Recovery Principles	**ASCPH Response**
1. Follow Government guidance but plan ahead, so Nottinghamshire recovers quickly.	A 3-phase recovery approach was developed and implemented in preparation for recovery Phase 1 – Review (of emergency models) Phase 2 – Assess & Plan (data and plan next steps) Phase 3 – Transform or restore (based on assess data)
2. Prioritise the safety of customers, clients, service users and staff	Virtual support including online and phone assessments, as well as face to face direct care through occupational therapy and social work assessments. Where face to face home visits are needed, a risk assessment is undertaken at every visit ensuring staff wear PPE appropriate to the situation in line with corporate and government guidance. Staff are able to work safely, either based from home or in office space where they can socially distance and infection control measures can be rigorously applied. Workers who are shielding or clinically vulnerable, or who live with other who are in these groups have been identified by managers and enabled to work safely, in deployed roles if necessary.
3. Ensure democratic governance and decision making is fully reinstated, as quickly as possible.	SLT has been in regular contact with ASCPH Committee Chair and ASCPH Committee was reconvened virtually in July 2020
4. Ensure the Council's statutory responsibilities are carried out in full (incorporating adjustments to legislation such as Care Act easement).	The Council has continued to fulfil its statutory responsibilities without the need to introduce Care Act easements during the emergency phase

5. Opportunities for service transformation, longer term regeneration and economic development are explored as part of the recovery process	Emergency operating models have been assessed against the ASCPH Transformation Plan to identify further opportunities to improve and transform. Feedback has been collated from key stakeholders including frontline staff, and analysis of the data has informed the development of recovery profiles
6. Affected service provision and office bases are brought back into use as soon as practicable	The department continues to follow corporate guidance in relation to re-entering office bases. For affected services such as day opportunities, Commissioners and Service Directors continue to assess the position in line with social distancing guidelines. A detailed risk assessment is underway in Provider Services to determine how people can be supported within the buildings under current conditions
7. Staff and trades unions are engaged in the process of recovery.	The conversations with trade unions continues as plans develop. ASCPH have communicated its recovery plans with Group Managers and a range of stakeholders attended roadshows in June/ July 2020
8. Communicate the recovery activities to all stakeholders	A communications plan has been developed to keep staff informed and involved, but also to communicate with people using the service, partners and providers in general.

ASCPH Recovery Approach

8. ASCPH developed a recovery approach and roadmap which has provided structure to the recovery activities. Underpinning this is continued communication and engagement to ensure key stakeholders contribute to the department's Recovery Plan.

9. Engagement with key stakeholders has taken place across ASCPH who had either been affected or had interacted with the emergency operating models. As well as seeking feedback to inform recovery and key opportunities for transformation, the department have taken a proactive approach to understand the impact on processes during the emergency period. A number of conversations and workshops have taken place with frontline staff, commissioners, managers, partners and providers to reflect on four key questions:

   - what worked well?
   - what could be improved or further developed?
   - what could the future look like?
   - what would this mean for people the department supports and partners?

10. The feedback results can be found at **Appendix 2** and has contributed to further development of the recovery profiles and informed the recovery planning on what the department resets and transforms (**see Appendix 1a**).

11. Assessing the impact, costs and benefits of the emergency operating models took place in phase two, together with strategic commissioner colleagues working with commissioned providers to ensure services continue to meet individuals' needs in the best way possible.

12. In response to the pandemic, the department looked at opportunities to work differently and use building space to maximum affect. An example is detailed below:

    Bishops Court was retained beyond its planned closure date in March 2020 to provide short-term bed provision to support the emergency operating models for hospital discharge. Following significant reductions in demand, the service is on schedule to close at the end of August 2020.

    Woods Court Care and Support Centre, which closed as a residential care facility in 2018, has been used as a temporary day service pending the opening of the new Newark day service building. An opportunity has arisen to retain the space at Woods Court until the end of the financial year which will enable the service to provide bookable space for 1 to 1 support sessions whilst building capacity elsewhere is restricted, save on storage costs for

furniture and have a backstop facility for additional discharge bed capacity if there is a second wave of Covid-19.

13. Engagement and co-production work have supported the recovery process and a virtual workshop was held with carers and people the department supports in July to help shape a recovery approach to co-production.

14. Public Health lead commissioners have worked with commissioned services to produce updated action plans on how service provision will return to original delivery models for as many individuals as possible, as they move towards recovery.

15. The recovery action plan across the three areas of Adult Social Care, Strategic Commissioning and Public Health has been developed during phase three of recovery planning and can be found at **Appendix 1b**.

Five key areas of focus for ASCPH Recovery

16. Although the recovery action plan (**Appendix 1b**) details actions to progress recovery and transformation, there are also five key areas of focus which are being prioritised.

A. ASCPH Financial Position

17. As the department moved to emergency operating models within ASCPH to meet the requirements of the Coronavirus Act, NHS hospital discharge guidance, and the adult social care action plan, income and expenditure has been severely affected. The extra spend and loss of income has put additional pressure on the department's budget and the Medium Term Financial Strategy (MTFS).

18. As at the end of June 2020, the ASCPH department is forecasting an in-year overspend of £15.56m before reserves and £15.8m after accounting for reserve movements.

19. This forecast is especially challenging due to the unprecedented situation within the department caused by the Covid-19 crisis and has been impacted by the changes that have occurred, some examples are detailed below:

- paying 100% commissioned care packages until 5th July 2020, except for Day Services which is until 2nd August 2020
- purchasing and providing PPE which is likely to continue until 31st March 2021 and also covering provider claims
- payment of 100% of fleet costs for transport and either 85% or 35% of external transport costs.
- financial contributions were suspended for those receiving none or very minimal services
- the delay in implementing the workforce review (was due 1st April 2020) saw all temporary contracts extended to 1st September 2020
- during April/May 2020 the department offered a full 8-8 service with enhanced out of hours cover, incurring additional hours, enhanced rates and overtime.

20. The current forecast net impact of Covid-19 on the department is an additional cost of £18.76m. The majority £12.2m is due to PPE and provider claims for additional net costs

as a result of Covid-19. In addition, there is a forecast loss of transport income of £0.7m and net additional care package commitments of £5.9m.

B. Day Centres

21. The emergency operating model implemented for day services saw the temporary closure of nine day service establishments in March 2020 due to social distancing guidelines. Services continued to run through community and virtual mechanisms, albeit on a more limited basis

22. Recovery planning for this service is complex and a detailed risk assessment is required to understand the risk and impact of re-opening buildings as well as the use of transport to and from building-based services. Some of the people attending these building-based services are unlikely to understand social distancing rules which remain in place to ensure the safety of staff and the people the department supports. A clear plan has been developed that will see day service buildings reopening from early September, although on a limited basis alongside the retention of some community based delivery.

23. A commissioning review of day opportunities has been prioritised by the department using the learning from the different service delivery models put in place whilst the buildings are closed. The purpose of any commissioning review is to understand future demand and to enable commissioners to plan for current and future demand and to make sure there is sufficient provision going forward.

C. Carers

24. The pandemic has put additional pressure and emotional demands on carers and where services that provide respite for carers have closed due to the pandemic, alternative support has been offered e.g. Short breaks have been offered where there has been a risk of carer breakdown. Further options are being developed such as support in the home setting.

25. The Nottinghamshire Carers Hub is supporting carers using different ways of service delivery and utilising technology. This included:

- Regular wellbeing check by phone
- Virtual Scheduled Carer Support groups
- Virtual Carer 'Drop-ins'
- Shopping/meds collection and befriending support offered via Carer Trust Volunteer Service.

26. One thing the department is considering is including carers in 'The BIG Conversation' on how the department can better support them during the recovery phase.

D. Mental Health

27. Emerging national evidence indicates a mental health impact from the pandemic. The drivers of this include social isolation, job and financial loss, front-line working, and reduced access to mental health services during lockdown. Locally this has been reflected through an increase in demand for some mental health and wellbeing support services.

28. The recovery work in progress with partners across the system is focused on the whole population mental health impact; understanding the pandemic and the experiences of people using secondary Mental Health services and jointly working on Integrated Care System/Long Term Plan goals to transform progress and system processes.

29. Nottingham City Council, Nottinghamshire County Council and the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) are working together to undertake a rapid mapping exercise of community-based services that provide suicide crisis support to people, of all ages, to gain an understanding of the support available across Nottingham and Nottinghamshire. The purpose is to identify any gaps, duplications and potential opportunities to improve how services are provided, as part of the comprehensive Nottingham and Nottinghamshire ICS Mental Health Strategy and the response to potential increased needs emerging from the Covid-19 pandemic.

30. Some immediate measures have also been put in place, including additional investment from the Public Health Grant towards the Tomorrow Project, Harmless, and Kooth which all provide mental health and wellbeing support locally.

E. Workforce

31. The workforce has remained resilient and resolute in adapting to new ways of supporting people during the pandemic. These new ways of working have seen staff adapt to working remotely and using technology to connect with their team and the people they support. They have also had to be creative and innovative in service delivery. Some have also had the added pressure of childcare and home-schooling responsibilities.

32. The corporate workforce recovery group will set the direction for how the department operates in the future, whilst social distancing guidelines continue outside the emergency response phase.

33. Although the Council buildings are opening up to limited numbers the majority of the workforce within ASCPH continue to be supported remotely.

Key departmental priorities

34. As the department formally moves out of the emergency phase into recovery, specific areas have been identified as a priority by the department in the light of the new context the department now finds itself in following the pandemic. These are:

- **Sustainability of the Social Care Market** - it is crucial for the departments social care market to continue to support people that require social care related services. The Quality & Market Management team continues to work with providers to ensure the market continues to be sustainable.

- **Reshaping services** around community support, accommodation-based support, and group work. With the social distancing guidelines likely to remain for some time, the departments support offer will be different which means adjusting or changing the way it provides services. Staff have been able to offer different models of support including

outreach, where building-based services have been closed. The department needs to continue to review what it wants to keep or enhance going forward.

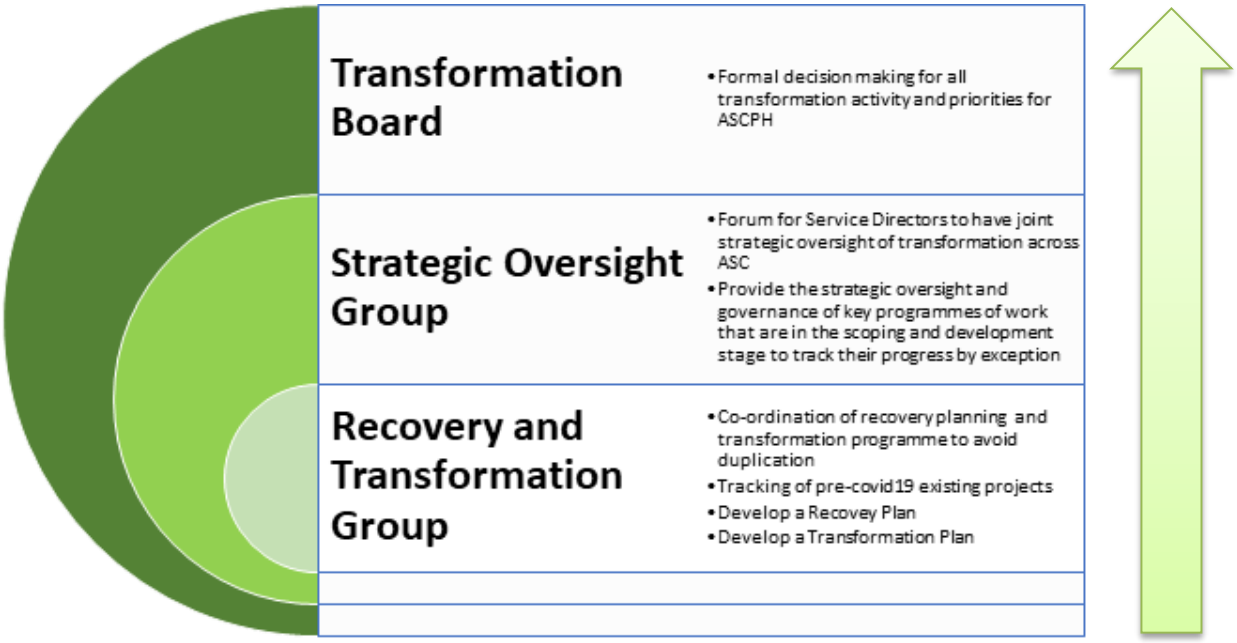
- **Reablement and supporting people home from hospital**

- **Local Outbreak Control Plans and infection control** is a key role for Public Health to control the spread of the virus. Doing so protects residents, safeguards critical services, and enables schools, workplaces and communities to flourish again. The £3.8m Test and Trace Grant received from Government will support this function.

- **Resetting and rethinking health and care services** and how the department works under different conditions for the medium term, the pandemic gives us the opportunity to rethink its health and care services and how it does things.

ASCPH Recovery Governance

35. As part of the Recovery and Transformation planning the department took the opportunity to review and shape the governance structure within ASCPH to be more streamlined and help the department focus on and coordinate transformation. Set out below are the three strands to the Governance structure:



36. The Recovery and Transformation Group is key to the co-ordination and delivery of the ASCPH Recovery Plan and will be used as the forum to accelerate the opportunities for transformation coming out of recovery planning.

Next Steps

37. The next steps are as follows:

- progress areas of work identified in the Recovery Plan – what to Reset, Recover and Transform across ASCPH
- resume commissioning reviews of services
- develop interim service models whilst people cannot access services in the normal way
- complete risk assessments in order to stand services back up
- progress a clear plan on how to engage with the public and carers to support their needs as services are stood back up
- engage with key stakeholders on how to further develop the community hub
- identify potential areas for MTFS savings 2021/22
- ensure robust arrangements are maintained for local outbreak control.

Other Options Considered

38. There are no other options to consider as the department needs to plan for its recovery from the pandemic.

Reason/s for Recommendation/s

39. To agree the ASCPH approach to recovery that supports the key priorities and areas of transformation of the department.

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.

Financial Implications

41. The ASCPH department is forecasting an in-year overspend of £15.56m before reserves and £15.8m after accounting for reserve movements as at 30th June 2020 as described in **paragraphs 17 to 20**.

Implications for Service Users

42. The department continues to work with people it supports and carers to ensure its services meet their needs during the pandemic. The department has recognised the effect on people's mental health and the extra burden on carers during the pandemic and are taking steps to focus on these area as the department moves into recovery, as described in **paragraphs 28 to 30**.

RECOMMENDATION/S

1) That Committee approves the Recovery Plan and priorities for the Adult Social Care and Public Health department following the implementation of emergency operating models in response to the Coronavirus pandemic.

Grace Natoli
Director of Transformation and Service Improvement

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Constitutional Comments (EP 20/08/20)

43. The recommendation falls within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DG 01/09/20)

44. At Period 3 ASCPH was forecasting an overspend of £15.56m before reserves and £15.8m after reserves. This was a very challenging forecast due to the unprecedented circumstances and the changes required. The forecast will continue to be updated in line with the outcomes of the recovery plans.

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.

https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan - Coronavirus (COVID19): adult social care action plan

Electoral Division(s) and Member(s) Affected

All.

ASCPH719 final

APPENDIX 1

Adult Social Care & Public Health – Recovery Plan

1. Introduction

Following the Coronavirus pandemic and guidelines from central government to manage the pressure on the Health and Social Care system, ASCPH implemented emergency operating models in response to anticipated service demand. The changes aligned with the government's Covid-19 Action Plan published on 15th April 2020.

ASCPH has had good systems in place, which have enabled us to respond to the pandemic. Our pandemic monitoring suggests Nottingham has reached a peak, in line with the country level status. We are still in the emergency phase of our response and this remain the case until at least the end of July, although we have started to plan for recovery to ensure we are prepared to move forward. Our current working arrangements remain in place – working remotely where possible, and where this is not, working to social distancing guidelines and making appropriate use of PPE where needed.

As part of the recovery planning the department has identified six key priority areas:

- Social Care Market sustainability
- Reshaping services in new context – community support, accommodation-based support, group work
- Reablement and supporting people home from hospital
- Local Outbreak plans – key role of Public Health
- Resetting and rethinking health and care services – working under different conditions for the medium term
- Infection Control

The ASCPH recovery planning has been linked to corporate recovery planning. NCC has convened a corporate Transformation and Recovery Group with representation from across the organisation at Service Director Level. The department is also represented at corporate sub groups for workforce recovery and finance resilience. NCC has developed corporate recovery priorities and principles which have guided the approach for the ASCPH Recovery Plan.

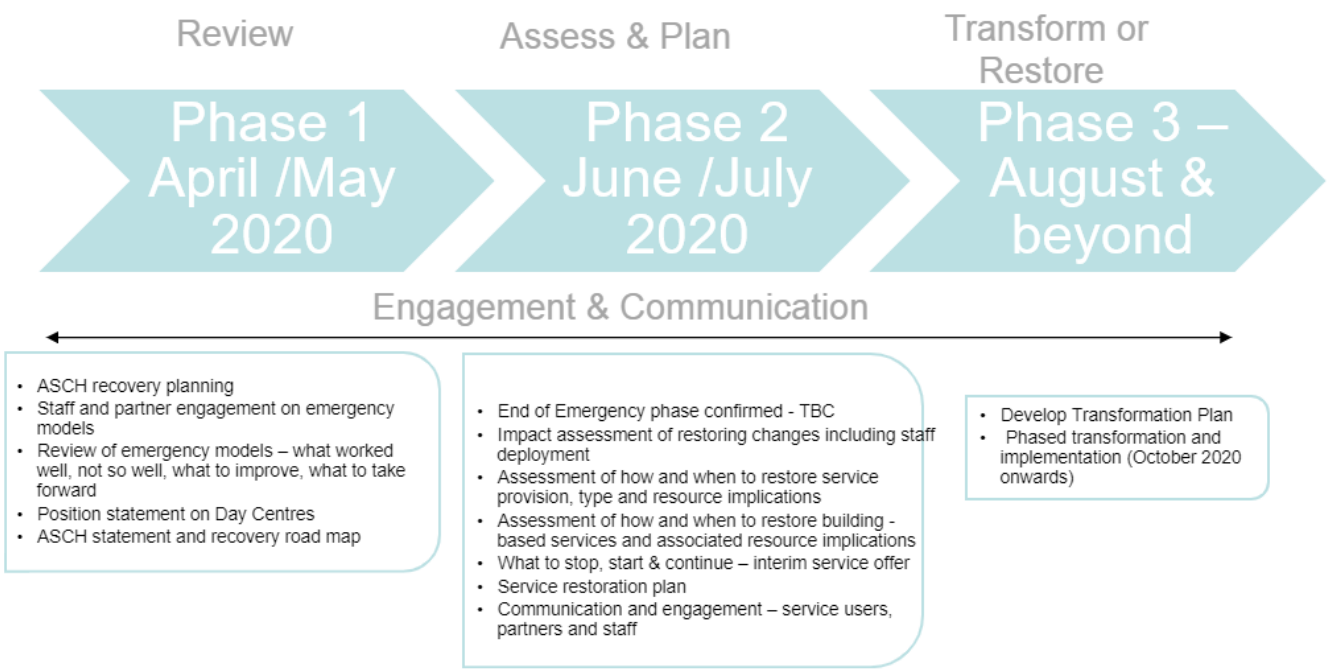
2. Corporate Recovery Principles and ASCPH Response

Corporate Recovery Principles	ASCPH Response
1. Follow Government guidance but plan ahead, so Nottinghamshire recovers quickly.	A 3-phase recovery approach was developed and implemented in preparation for recovery Phase 1 – Review (of emergency models) Phase 2 – Assess & Plan (data and plan next steps) Phase 3 – Transform or restore (based on assess data)
2. Prioritise the safety of customers, clients service users and staff	virtual support including assessments, online and by phone as well as face to face direct care, occupational therapy and social work assessments. Where face to face home visits are needed, a risk assessment is undertaken at every visit ensuring our staff wear PPE appropriate to the situation in line with corporate and government guidance. Staff are able to work safely, either based from home or in office space where they can socially distance and infection control measures can be rigorously applied. Workers who are shielding

Corporate Recovery Principles	ASCPH Response
	or clinically vulnerable, or who live with other who are in these groups have been identified by managers and enabled to work safely, in deployed roles if necessary.
3. Ensure democratic governance and decision making is fully reinstated, as quickly as possible.	Committees would resume subject to corporate guidance and government guidance on social distancing. SLT is in regular contact with ASCPH Committee Chair
4. Ensure our statutory responsibilities are carried out in full (incorporating adjustments to legislation such as Care Act easement).	NCC has continued to fulfil its statutory responsibilities and Care Act easement was not introduced
5. Opportunities for service transformation, longer term regeneration and economic development are explored as part of the recovery process.	Emergency operating models are being assessed against the ASCPH Transformation Plan to see if there are further opportunities to improve and transform. Feedback has been collated from key stakeholders including frontline staff, and analysis of the data has informed the development of recovery profiles
6. Affected service provision and office bases are brought back into use as soon as practicable.	Conversations with Commissioners and Service Directors taking place in relation to how to move forward e.g. Day Centre re-opening etc, and in line with government guidance on social distancing. Also, what our medium-term model of care looks like. Corporate transformation & recovery group has influence over the corporate estate including offices
7. Staff and trades unions are engaged in the process of recovery.	Ongoing. Initial feedback being sought from key stakeholders and practitioners. Further engagement will take place as plans or changes develop
8. Communicate our recovery activities to all stakeholders	A comms plan has been developed to keep staff informed and involved, but also to communicate with people using the service, partners and providers in general. A member's newsletter has also been introduced

3. ASCHP Recovery Approach

3.1 ASCPH has developed a recovery approach and roadmap which has provided structure to the recovery activities. Underpinning this is continued communication and engagement to ensure key stakeholders contribute to the department's recovery plan.



3.2 Phase 1- REVIEW

During April and May 2020, engagement with key stakeholders took place across ASC who have either being affected or have interacted with the emergency operating models. As well as seeking feedback to inform recovery and key opportunities for transformation, we have taken a proactive approach to understand the impact of our processes during the emergency period. A number of conversations and workshops have taken place with frontline staff, commissioners, managers, partners and providers to reflect on 4 key questions:

- What worked well?
- What could be improved or further developed?
- What could the future look like?
- What would this mean for people we support and partners?

Results have contributed to further development of the recovery profiles and inform the recovery planning on what the department resets and transforms. The recovery profiles and outline action plan can be found at appendix 1 and 2, collated feedback from stakeholder can be found at appendix 3

3.3. Workforce related feedback

Staff feedback was sought on emergency working arrangements and the different ways frontline workers have coped and adapted to new ways of working during the pandemic. Feedback suggests that support from managers has been good, with trust & autonomy in place while working from home. However, some staff deployed into new areas felt they had lost connection with their normal teams and have often felt isolated.

Working from home has given some staff a good work life balance whilst in other circumstances it has left people feeling lonely. Managers have demonstrated flexibility and understanding for staff with childcare and home schooling responsibilities, as well as providing support for individual needs during

lockdown. Feedback has also suggested that staff have found MS Teams a great virtual platform and communication tool to use with NCC colleagues, partners and people that we support. Further development in this area will be provided corporately.

To address the impact on well-being, support has been made available on the Councils intranet pages including:

- How to self-referrer for counselling
- Mental health first aiders and Chaplaincy services
- Links to Central Government, MIND and BBC advice
- Tips on wellbeing and links in Melanie's blog
- How to access free coronavirus testing

It is unlikely that NCC will go back to previous ways of working from office buildings. The Corporate Recovery and Transformation Group is leading on the workforce recovery element and would provide a steer on how to further support staff in the 'new normal'. The Principle Social Worker and the Principle OT are involved and would therefore help shape the new offer going forward.

3.4 Phase 2 - ASSESS & PLAN

3.4.1. Assessing the impact, cost and benefits of the emergency models has been key. A work package was commissioned to assess the cost and benefits of the emergency models to contribute to next steps for recovery. Summary and recommendations can be found at appendix 4. Below is a summary of recommendations based on the findings:

i) **Brokerage/Portals –** A blended model to source a homecare package has been recommended which will takes advantage of the portals automated referral process but also includes a staffed support role where the portal is unable to meet the initial request. There is also a recommendation

ii) **Data Input Team/Frontline worker commissioning -** Whilst there remains an increase in activity through Data Input Team (DIT) for hospital discharge and reablement steps within Mosaic, there has been a decrease in other steps i.e. day services, short breaks and reviews therefore the DIT resource has been able to maintain the service level agreement in place during emergency response phase. If the model was to remain in place going forwards, then the evidence suggests that further resources would be required to meet demand as all services resume through Mosaic.

iii) **Emergency Workflow -** The emergency workflow has increased the capacity for hospital discharges reducing the time spent in Mosaic for hospital discharges.

3.4.2. Strategic commissioning colleagues have been working with commissioned providers to ensure services are meeting individuals needs in the best way possible during this phase with recovery plans being developed and progress monitored. Engagement and co-production work is supporting the recovery process and work is underway to shape a recovery approach to co-production.

3.4.3 Public Health lead commissioners have worked with commissioned services to produce updated action plans on how service provision will start to return to original delivery models for as many individual's as possible, as they move towards recovery.

4. Recovery Planning

4.1 Adult Social Care

4.1.1 The development of Integrated Community Hubs with health and social care has led decision making on the support needed for discharge from hospital. The hubs have oversight of all available capacity which has been key to maintaining timely discharge and low number of delays, refinement of the model is underway with partners.

4.1.2 The Discharge to Assess model has been well received and allows for assessing for future need once in the home environment and improves the ability to promote independence whilst positively managing risk as more people return home from hospital. A needs analysis of short-term reablement provision is required to support this model's development with partners.

4.1.3 One of the key developments during the pandemic has been the LRF community support hub which provides a system-wide perspective to volunteering. Work is underway to through the Humanitarian Assistance Group to enhance ongoing prevention linked to community asset development as well as quality of life for people with complex needs.

4.1.4 The introduction of a specific emergency workflow within Mosaic in response to the pandemic has streamlined and simplified processes. Work is underway within the Simplifying Process Programme to accelerate this opportunity and prioritise any further development within our electronic record system.

4.1.5 The use of technology through the creation of live dashboards, interoperability and MS Teams has been welcomed and has enabled partnerships meetings with Health and interaction with service users to take place during the crisis. It has also created a virtual space for teams to function and keep in touch.

4.1.6 Recovery action planning with Homecare and Care Home providers is currently taking place to ensure infection control is maintained and supports the infection control strategy which is overseen within the Care Homes and Home Care cell of the LRF and is jointly chaired across ASC and Health.

4.1.7 The social distancing measures associated with the Covid-19 pandemic are known to have a disproportionate impact on adults with care and support needs. The sources of support that were previously available including friends and family members, have in some cases been reduced and removed. Additionally, there has been an increase in stress within households as informal carers may have taken on additional responsibilities. This inevitably will lead to more adults experiencing abuse and neglect which has become more difficult to prevent, detect or intervene in a meaningful manner. Public Health deployed staff to support critical services e.g. Nottinghamshire Woman's Aid and through the LRF Data Cell, is leading a piece of work to produce a high-level needs assessment which will ensure a "golden thread" of understanding both the positive and negative impacts of the Covid19 pandemic.

4.1.8 Short Breaks services have been agile and responsive to new demands and requirements and there is potential for services to develop and diversify on the basis of new learning and consideration is being given to what a new offer may look like. Interim decisions on restoring the building-based activity for day services is dependent on social distancing and shielding guidance.

4.2 Strategic Commissioning

4.2.1 Strategic Commissioning have chaired the LRF Housing Sub Group which sits under the LA Cell. This sub group was formed around the 'Every One In' campaign to support homeless people during the crisis. Housing with Care and Support Team have further been deployed to support this work through triaging the individuals concerned and ensuring that they get the right support.

There is further opportunity to build upon the strengthened relationships formed in responding to the homelessness provision and continue to share information in relation to this vulnerable group between partners to develop an integrated offer.

4.2.2 The immediate recovery work around Day Services involves understanding the offer from current providers and the current needs of users of day services to understand the type of provision required over the coming year and to inform the funding of external providers. The medium to longer term aim is to develop and implement a revised model for the delivery of day services provision. This will involve reviewing the use of building based provision, particularly in the light of the use of alternative models of delivery, which will meet shielding and social distancing requirements.

4.2.3 As with day services, a further priority for Strategic Commissioning is to review the current Short Breaks bed provision and explore alternative models of delivery with direct services and through engagement with residents and their families. The review will support the development of a revised offer for the delivery of planned and unplanned short breaks in the coming year and to use this to inform the longer- term offer.

4.2.4 Although the Housing with Care provision has not been significantly affected by CV19, there has been a considerable effect on "move on" particularly around assessment flats and work will continue with providers and District Councils to support "move on". CV19 has also had an impact on the flow within the accommodation pathway for Housing with Support provision and recovery work is underway to with the market to develop additional capacity, which will influence a new contract for Aug21. There is also a further opportunity to review and reduce the use of outreach linked to work to maximise independence.

4.2.5 It is recognised that the experience of the pandemic is likely to change the need in relation to mental health provision. The recovery work with partners across the system is focused on the whole population mental health impact; understanding the pandemic experience for people using secondary Mental Health services, and jointly working on ICS/LTP goals to transform progress and system processes.

Some of the recovery requirements might include:

- Additional service capacity is specific areas, such debt support
- Proactive approach to addressing digital exclusion
- New approaches to addressing loneliness to replace previous reliance on physically gathering social groups such as lunch clubs, interest groups, well-being groups, with consideration of digital exclusion barriers.

4.2.6 Strategic Commissioning are also supporting the recovery profiles for hospital discharge, brokerage and enhancing the reablement service with focussed activity on the commissioning requirements regarding short term reablement provision.

4.2.7 Assistive Technology provision will be targeted to support hospital discharge and day opportunities work.

4.2.8 Direct Payments work is looking to implement increased use of remote working in respect of DBS checks in line with legislative requirements. More work is being undertaken to strengthen the data capture of users of Direct Payments and of non-commissioned services.

4.3 Public Health

4.3.1 Public Health service and recovery priorities are to resume all services, critical and non-critical whilst taking a phased approach based on latest government guidance and the easing of restrictions. Embed learning and good practice from emergency response and use of digital platforms to maintain service provision and effective partnership working to achieve good outcomes are key. Local Outbreak Control Planning will help return life to as normal as possible, for as many as people as possible, in a way that is safe, protects our health and care systems and releases our economy and other advice and guidance

4.3.2 **Commissioned Services -** Work is currently underway to restore all services, critical and non-critical, and establish revised delivery models that are compatible with social distancing restrictions. These will include plans to respond to further pressures or restrictions that result from subsequent waves of the pandemic. It is anticipated some form of COVID-19 restrictions will remain in place for the next 12 months.

4.3.3 One service furloughed staff and remains non-operational (Young Minds). Payment was immediately paused for non-provision of service. It is now likely Public Health will terminate the contract which was due to end at 31st March 2021 as timescales for service delivery will not be possible. PH Commissioners will consider how schools can be supported for Children's anxiety on return to school and their general mental wellbeing.

5 services are currently suspended:

- Children Home Safety Equipment Scheme (Notts Fire & Rescue)
- Healthy Housing (Nottingham Energy Partnership)
- Illicit Tobacco (NCC)
- ASSIST (NCC)
- REACh (John Moores/Larkin Associates)

4.3.4 Commissioners responsible would be working with providers currently suspended to assess current capacity to resume activity as soon as possible. Providers have had to adapt and come up with innovative ways to provide support and a good example is CGL (provider for substance misuse services) moving to digital interventions for treatment support and recovery. Fingerprint drug testing enables the service user and recovery worker to socially distance, swifter test results and access to a medic via WhatsApp consultation thus reducing the time into treatment.

4.3.5 The feedback and engagement with commissioned services has highlighted further opportunities for service improvement, for example, the Community Hub has been identified as a channel by the Integrated Wellbeing Service to increase engagement and target specific populations.

4.3.6 **New Health Protection Responsibilities**

With the transmission of COVID-19 in the community now at a lower level, focus has turned to the early identification of clusters of new cases and quickly containing outbreaks as they arise. It is in this context that upper tier local authorities have been notified that they should prepare a Local Outbreak Control Plan during June which will complement and link to the nationally delivered test and trace arrangements. The purpose of the Local Outbreak Control Plan is to ensure that the rate of COVID-19 transmission in Nottinghamshire is kept under control. The Plan is overseen by the Director of Public Health who will ensure that it is:

Locally produced – so that it is responsive to needs as they exist in Nottinghamshire
Collaborative – it will build on and link into established multi-agency partnership arrangements

Integrated – the plan will provide a response that is joined up across the geographies of county and city, and between the organisations across our local system
Member led – local political leaders will oversee the Plan and lead engagement with local communities about its implementation

5. Communication

5.1 As part of the department's response and recovery planning a communication action plan has been developed which has seen the following activity to date and can be found at appendix 5

- People we support who have had new or altered care and support during this emergency period that was funded by Health, have been written to, to introduce them to what's the next steps are for them. We have also been in contact with existing engagement groups that includes carers to let them know that we are developing a new virtual engagement process
- Carers - Frontline workers have kept carers up to date with any changes to the care and support to their loved ones . A workshop, led by Melanie Brooks and Councillor Harper, about how we move forward on co-production with service users and carers has been arranged for 13 July 2020.
- Operational – Initial feedback on the emergency operating models was sought from a range of frontline stakeholders through telephone conversations in early May, this was summarised and used at a number of follow up workshops with frontline workers to gain further insight into what has worked well and not so well with the new operating models.
- Political – regular update meetings by the senior leadership team, with the Chair and vice chair of the Adult Social Care and Public Health committee whilst formal committee arrangements remain on hold
- Senior Leadership -Engagement with senior leadership management team within the department and corporately has been through Extended Leadership Team meetings
- Providers - lead commissioners have actively engaged with commissioned services to gather feedback from the changes made to service model . Daily calls with homecare/care home providers to support and understand capacity and PPE requirements
- Daily messages from the Corporate Director to the workforce has provided clear messages around our response and recovery for the department. These have now moved to weekly with an ASCPH Reset newsletter being developed
- Trade Unions – senior leadership team have kept trade union representatives up to date with the department's response and recovery approaches

5.2 To build on the communication, the department has identified its communication approach to ensure people remain engaged. For the people we support and their carers, the workers remain the most important link for communication, as well as through the service they may be accessing.

6. Financial Position

6.1 As we moved to emergency operating models within ASCPH to meet the requirements of the Coronavirus Act, NHS hospital discharge guidance, and the adult social care action plan, income and expenditure has been severely affected. Below are examples of some of the changes that have occurred:

- As of 23rd March, paying care providers 100% commissioned care, regardless of what's been delivered.
- For transport, recharged 100% of fleet costs and paying either 85% or 35% of external transport costs (depending on the contract type)
- Financial contributions were suspended for those receiving none or very minimal services, otherwise existing client contributions were maintained at the existing level, but no changes made for any increase in packages.
- Took on the lead commissioner role for hospital discharges, commissioning and recharging Health in full for new/additional care packages, including paying providers tops up and FNC where applicable.
- Paid most Care Homes/Homecare and supported living providers a cash advance and opened the Care Services Sustainability Fund for care providers to claim additional costs.
- Purchasing and providing PPE to providers
- Workforce review go live delayed (was due 1st April 2020), as a consequence, all temporary contracts were extended. In addition, extra temporary care staff were recruited to support the emergency phase, reopened Bishop's Court, repurposed and expanded START predominantly to provide an internal homecare service.
- During April & May offered a full 8-8 service with enhanced out of hours cover, incurring additional hours, enhanced rates and overtime.

6.2 As at the end of May (based on assumptions and models being maintained):

- The department has already spent an additional £6.9m. It is not currently possible to say with certainty what the overall costs to the department of dealing with the pandemic will be as this will depend on a number of factors.
- Our current projections for government are that it will cost Adult Social Care an additional £19.8m in additional costs and lost income and that overall it could cost the council £49.5m of which the council has received £37m in additional government funding.
- In addition, some of these additional costs will not be temporary.

6.3 The Corporate Recovery and Transformation Group is leading on the financial recovery element through the Financial Resilience Group and would provide a steer on how to further balance the budget. The ASCPH Finance Business Partner is involved in this work.

7. Relationship to other plans

7.1 Corporate Recovery Plan **-** The ASCPH plan contributes to the overall Corporate Recovery Plan. Director for Transformation & Service Improvement ASCPH is a key contributor to the Corporate Recovery & Transformation Group with input from Service Directors Aging Well & Living Well.

7.2 Local Resilience Forum (LRF) Recovery Plan **–** This is currently being reviewed with partners and we are actively linked into its development through the relevant Service Directors.

7.3 LRF Care Homes and Home Care Cell – which is jointly chaired by social care and health are planning to:

- Review and further development of support offer for Care Homes and Home Care (CHHC) providers.
- Review of new cross organisation ways of working developed through CHHC cell (with a view to maximizing these relationships going forward and aligning lead areas to existing BAU roles across the partner organisations).
- Review and ensure that Cell learning feeds into the Local Outbreak Control Plan.
- Develop longer-term workforce and market management plans, focusing on sustainability.

7.4 Integrated Care System (ICS) Recovery Plan – This is still a work in progress but covers Nottinghamshire and Nottingham ICS and Doncaster and Bassetlaw ICS. Its aim is to identify priority areas to progress. Service Directors are keen to influence the plan around place-based community MDT's and Mental Health.

8. High Level recommendations to support priorities

SC	Progress the review of Day Opportunities
SC	Prioritise the commissioning reviews for recovery profiles to reshape services
SC	Progress the needs analysis for short term reablement provision to support D2A model
SC	Progress the development of an enhanced offer for short breaks
SC	Progress the recommendation from the cost benefit analysis to pursue a hybrid portal/brokerage model (QMMT have produced a paper to support this approach)
ASC	Engage with key stakeholders linked to the community hub and use of BCF funding for Community Assets development
ASC	Prioritise a review to streamline commissioning processes within Mosaic to reduce cancellation rates of Data Input Team
ASC	Prioritise the development of the emergency workflow in Mosaic for hospital discharge
ASC	Develop an emergency response support framework for the department
ASC	Encourage teams to be skilled and embrace MS Teams to support virtual ways of working, with individuals and partner organisations and within NCC

ASC	Explore the development of online collaboration platforms for new ways of working which can't be met through MS Teams
ASC	Continue to strengthen relationships across AW/LW services and within LRF/ICS Forums
PH	Publish Local Outbreak Control Plan
PH	Ensure sufficient resource and staff capacity is in place to maintain Local Outbreak Control Plan provision for 12 months
PH	Agree plan for use of £3.8m ring fenced grant

30th June 2020

Appendix 1 – Recovery Profiles as at 30th June 2020

Adult Social Care	
What Changed	**Current Position**
Hospital Discharge – A virtual integrated community hub was developed in North Nottinghamshire across ASC and Notts Healthcare Trust, and the existing integrated hub in South Nottinghamshire was expanded and enhanced, to support "Discharge to Assess" as the operating model across the acute trusts(covering discharges from Nottingham University Hospitals also working with Nottingham City Council, City Care and Nottinghamshire Healthcare Trust)	▪ Internal operational Review of Hubs and Discharge to Assess in progress. ▪ Staff deployed from other teams to support Hubs and Brokerage function. ▪ Costs benefit analysis completed for Brokerage/Portals
Enhancing the reablement offer - Creation of a temporary brokerage service to support NHS Emergency Hospital Discharge guidance. The HFRS HBC Portals have paused and replaced by manual brokerage processes.	▪ Staff deployed from other services to support enhanced offer ▪ Cost and benefit analysis of using Data Input Team (DIT) for START commissioning complete ▪ Cost benefit analysis of additional capacity in progress
Emergency Workflow - An emergency workflow for Hospital Discharge /Admission Avoidance was developed and implemented to support with expected demand, and to enable the tracking of COVID19 related expenditure	▪ The emergency workflow will remain in place until a decision is made by the NHS to stop funding care packages for hospital discharge/ admission avoidance.
7 day working - With the introduction of the NHS Emergency Hospital Discharge guidance, Coronavirus Bill and Care Act Easement guidance there was a need to put in place 7-day services (8am-8pm) across Critical Teams to meet the demand expected and to mirror Health 7-day services offer.	▪ 7-day services within the community have been stepped down as feedback suggested that it was no longer required as demand not as anticipated ▪ 7-day services remain in place across acute settings although reduced hours of operation are now in place
HAG – Community Hub - The LRF HAG initially established a Spontaneous Volunteer Cell, which was then superseded by the development of the Nottinghamshire Coronavirus Community Support Hub. This hub was subsequently merged with the Voluntary Agency Cell to form the Community Support Hub Cell allowing a system-wide perspective to volunteering to be taken	▪ Community Support Hub continues to operate as the Council continues its response to the COVID19 pandemic

OPEL - Implementation of a daily demand and capacity system based on the Operational Pressures Escalation Levels (OPEL) in Health systems	▪ The OPEL position statement has moved to BAU with Business Support sending out information by 10.30 daily ▪ The daily capacity and flow meetings review the OPEL position statement and agree overall OPEL status for ASC across Critical Teams/ PPE/ Provider capacity ▪ OPEL status then sent to LRF / Urgent Care
Deployment - Process developed for deploying resources to critical services that need support to continue to deliver services at the right level. Fast-track recruitment for specific roles within the department introduced, which resulted in the recruitment of 221 people to the supply register.	▪ Staff continue to be deployed across the department to support the emergency operating models – with exit strategy agreed
Provider Dashboard - A dashboard has been developed to collect and capture staffing, capacity and PPE information across AW/LW Providers (including home based care, care homes and CSE services)	▪ Providers continue to update information in the portal twice weekly which produces details of visits at risk and staffing levels ▪ START capacity is now included ▪ Feeds into the overall OPEL status for ASC
Strategic Commissioning	
What's Changed	**Current Position**
Brokerage - Creation of a temporary brokerage service to support NHS Emergency Hospital Discharge guidance. The HFRS HBC Portals have paused and replaced by manual brokerage processes	▪ Adult Access & QMMT staff deployed to provide brokerage service for hospital discharge ▪ Packages of care for hospital discharge and community referrals are sourced through the brokerage service ▪ Costs benefit analysis completed for Brokerage/Portals
Day Service establishments were closed. The workforce was split across 3 functions, community support for existing service users with personal care etc., boosting capacity in the internal residential services and short breaks, retrained and redirected to the START/reablement enhanced offer.	▪ Internal Day Service buildings remain closed to service users ▪ Alternative delivery model in place with some staff still redeployed ▪ Reviews of service users and carers being planned
Bishops Court was re-opened to provide interim Short Term Care beds and short break beds were opened up to support hospital discharge. Deployment of new recruits and internal staff to support the services was implemented.	▪ Bishops Court beds to remain open until the end of August to support hospital discharge ▪ Deployment of new recruits and internal staff to support the services remains in place

Care Support and Enablement - An enhanced Care Support and Enablement service (CSE) where CSE providers are supporting individuals at home through the recommissioning of packages and support hours due to the closure of the day services	▪ The re-commissioned CSE packages remain in place providing additional hours of support where day service closures have prevented individual accessing services ▪ The Outreach provision For CSE has largely been suspended. Where appropriate it has been replaced with calls or other forms of support
Housing with Support - The core operating model across Housing with Support (HWS) has remained in place however Community Care Officer resource has been re-aligned to provide a greater level of direct support to each HWS scheme during CV19 pandemic	▪ The Community Care Officer link is still in place
Housing with Care - The core operating model across Housing with Care (HWC) have remained in place however Community Care Officer resource has been re-aligned to provide a greater level of direct support to HWC scheme	▪ The Community Care Officer link is still in place ▪ Housing with care and support team supporting people at home more due to the day service closures
Commissioned Services A range of alternative delivery models have been put in place by commissioned service providers to respond to the emergency and to meet social distancing requirements.	▪ Officers now reviewing the interim delivery models to consider recovery options, service effectiveness, service user outcomes and value for money. In some cases, there will also be an impact on re-commissioning timescales.

Public Health

Phased plans to resume provision across all services are in development, based on the latest government guidance and easing of national restrictions. Further detail is provided below for critical commissioned services.

- **Substance Misuse Treatment and Recovery Service (CGL)** - There has been a move towards digital interventions. This is going to be continued as it has worked well. Other focuses include IBA training for staff and expansion of a mobile service with pop-up needle exchange points etc.

- **Integrated Wellbeing Service** - From 1st June IWS will offer full range of clinical interventions. The service will continue to increase comms and engagement. IWS to continue remote support while planning for return to face-to-face support for some service users. Group work unlikely in near future.

- **Domestic Abuse Support Service** - OPEL reporting has been a useful way to keep in touch with all providers. This will continue post-COVID-19. More services will be delivered remotely in a 'new normal'.

- **0-19 Service: Healthy Families Programme** - Virtual antenatal contact has worked well and will be further developed. Safeguarding meetings will also continue virtually, enabling more clinically facing time to be offered. A gap in website offer for <5s was identified and will be part of new service offer.

- **Kooth (anonymous online support for young people)** - Digital nature and flexibility of offer has been especially successful during COVID-19. Teams are working remotely to promote Kooth and more regular network meetings would enable Kooth to work with partners to support young people during recovery period.

- **Sexual Health Services** - Greater provision of digital services and telephone triage started during COVID-19 and will continue. However, there is some uncertainty about the impact of these changes – the aim now is to build back a better service less reliant on physical clinic attendance.

- **Homelessness Support** - Framework hostels have remained open throughout COVID-19, and wider homelessness system was quickly mobilised. Unknown implications of national policy, levels of need etc. mean recovery to pre-COVID-19 service delivery will take some time.

- **Humanitarian Action Group Complex Needs Cell** - This enabled focus on groups with complex needs, bringing together commissioners, planners and providers for discussion – e.g. this identified poor understanding of GRT (traveller) communities. Close working between partners will continue.

- **Harmless** - OPEL reporting will continue to monitor demand and capacity. Individuals will continue to have access to support, primarily focused on a remote offer.

Appendix 2 – Recovery Plan	
Appendix 3 - Feedback	Recovery Planning Workshop 150520 Fe‹
Appendix 4 – Cost Benefit Analysis	HFRS HBC portal analysis V1.docx Comparative Analysis_Final.docx
Appendix 5 – CV19 Communication Plan	ASCPH CV19 Communication Plan .‹

	Recovery Profile	Recovery Action	End Date	Reset /Recover/ Transform
Adult Social Care	Hospital Discharge	cost benefit analysis for portals/Brokerage completed	Complete	Transform
		Agree with partners through LRF Discharge hub an action plan to reset / transform changes.	Aug-20	Transform
		Implement exit strategy for deployed staff - Hospital Hubs	Sep-20	Recover
	Enhancing the Reablement Offer	Implement the 3 month recovery plan for START Service - to move back to normal operations	Sep-20	Recover
		Use learning from enhanced offer to inform phase 2 MIS implementation	Sep-20	Recover
		Implement exit strategy for deployed staff - START	Sep-20	Recover
	Emergency Workflow	Scope the further development of the emergency workflow as part of the Simplifying Processes Programme - based on learning and feedback from emergency phase	Complete	Transform
		Further develop the emergency workflow as part of the Simplifying Processes Programme - agree prioritisation with TB on 19th August	Nov-20	Transform
	TM Scheduler in AW	Decision to turn TM Scheduler back on and re-launch with new feature/link with Outlook calendars	Sep-20	Reset
	7 Day Services	Develop 7-day services protocol based on the lessons learnt during emergency	Aug-20	Transform
	HAG - Community Hub	Review the use of the BCF £466k allocated based on outcomes of HAG report	Aug-20	Reset
		Develop ASC requirements to feed into future use of LRF community hub to ensure links with Vulnerable Adults outside eligibility criteria are in scope	Oct-20	Transform
		Develop ASC requirements to enhance ongoing prevention linked to community asset development as well as quality of life for people with complex needs	Oct-20	Transform
	OPEL Dashboard	Review the OPEL information sent to Urgent Care to include Capacity and Flow dashboard information once live with short term services information	Complete	Recover
		Review the OPEL to replicate new workforce structure and teams	Sep-20	Reset
	Online collaboration tool	Develop and co-ordinate the business requirements across the department for an online collaboration platform which MS Teams functionality doesn't meet	Aug-20	Reset
	Emergency Response Support Framework	Develop the documents/tools required for the department to respond in any emergency situations - to include 7 day working protocols	Sep-20	Reset
Strategic Commissioning	Provider Dashboard	Introduce Short Term Care Beds to the Dashboard which is in development through Strategic Commissioning	Complete	Recover
	Enhancing the reablement offer	Complete the needs analysis for short term reablement provision to support D2A model	Aug-20	Recover
	Brokerage/ Portals	Phase 2 HBC Portal to be completed to allow providers to input actuals into system	Jul-20	Reset
		Agree an action plan with providers for turning the portal back on for HFRS/HBC	Complete	Reset
		Progress the recommendation from the cost benefit analysis to pursue a hybrid portal/brokerage model - Framework agreement being progressed	Sep-20	Transform
		Explore and exploit further functionality of HBC/HFRS portals to support new operating models	Nov-20	Reset
		Implement exit strategy for redeployed staff - brokerage	Sep-20	Recover
	Day Services	Develop position statement for recovery for Day Opportunities	Complete	Recover
		Develop a roadmap for recovery	complete	Recover
		Implement exit strategy for deployed staff - day services in START/Short Breaks	Aug-20	Recover
		Development of interim service model for day ops	Aug-20	Recover
		Decision to restore building based services	Sep-20	Reset
		Revisit Day opportunities review to include the learning from operating models in place	Sep-20	Reset
		Reviews of service users and carers to be completed	Nov-20	Reset
	Short Breaks	Bishops Court beds to be closed by the end of August	Aug-20	Recover
		Implement exit strategy for deployed staff from day services	Sep-20	Recover
		scoping of enhanced offer for short breaks	Sep-20	Reset
		Review of Short-Term Support provision to be completed by Strategic Commissioning	Sep-20	Recover
	Care Support and Enablement	Scope/develop links between CSE and MIS development	Sep-20	Recover
		Review the current arrangements in relation to outreach provision	Sep-20	Recover
		Contract review of service by strategic commissioning	Aug-21	Recover
	Housing with Support	Review the impact on identified savings for HWS	Aug-20	Recover
		Continue to work with providers and district councils to support "move on"	Sep-20	Recover
		Operating model to be refreshed and include lessons learnt from the pandemic	Oct-20	Recover
		Work with the market to identify further opportunities for development	Oct-20	Recover
	Housing with Care	A refreshed HWC action plan and updated position statement (agreed at SLT 17.6.20)	Sep-20	Recover
		Continue to work with providers and district councils to support "move on"	Sep-20	Recover
		Appraise the use of assessment flats as part of the hospital beds discharge recovery work	Oct-20	Recover
	Carers	Review of interim short breaks offer for carers	Aug-20	Reset
		Develop and expand the virtual support offer to carers including virtual training arising due to CV19 alternative model continuing	Oct-20	Recover
		Look at opportunities to support carers to get connected virtually to increase take up of alternative delivery model/virtual support offers	Oct-20	Reset
	Housing/Homelessness	To explore the function and purpose of an ongoing strategic forum	Sep-20	Reset

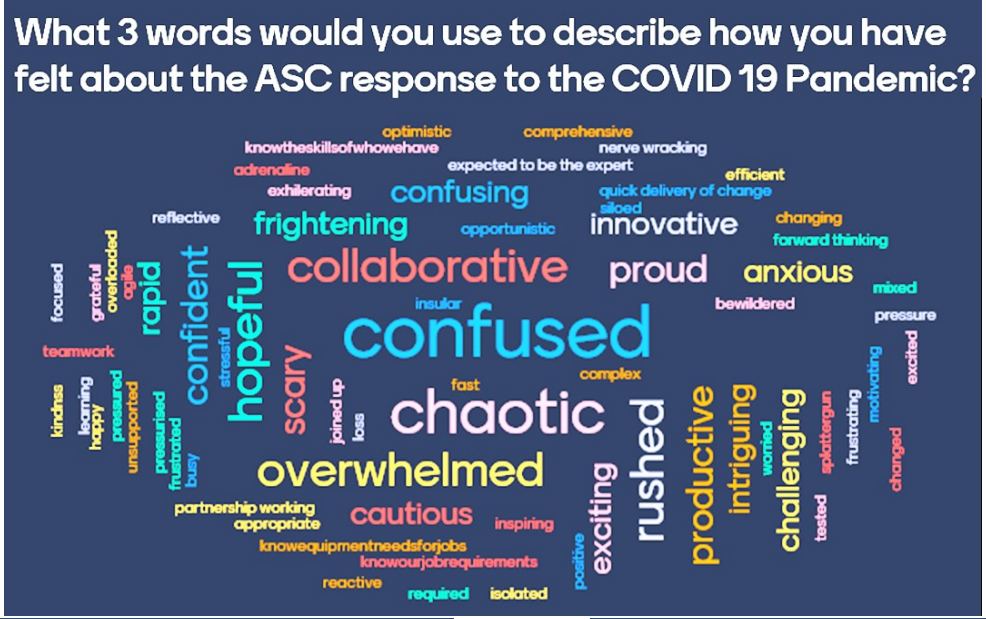
	Recovery Profile	Recovery Action	End Date	Reset /Recover/ Transform
		To identify an ongoing triage function	Sep-20	Recover
		To determine the requirements for an integrated 'floating support' service	Dec-20	Transform

	Recovery Profile	Recovery Action	End Date	Reset /Recover/ Transform
Public Health	Commissioned Services	Agree revised service delivery models	Complete	Reset
		Integrated Wellbeing Service to increase engagement and target specific populations through the Community Hub	Aug-20	Reset
		Work with providers to assess current capacity to resume services	Sep-20	Reset
		Review the continuation of OPEL reporting	Sep-20	Reset
	Schools	Develop an offer to support schools for Children's anxiety on return to school and their general mental wellbeing with education leads. To be continually developed throughout 2020/21	Mar-21	Reset
	Local Outbreak Control Planning	Publish Local Outbreak Control Plan	Complete	Reset
		Ensure sufficient resource and staff capacity is in place to maintain provision for 12 months	Sep-20	Reset
		Agree plan for use of £3.8m ring fenced grant	Complete	Reset
	Other priorities and programmes of work	Review and reprioritise work across the division based on available resources and new priorities post-COVID	Complete	Recovery
Workforce	All staff	Complete exit strategy for all redeployed staff	Sep-20	Recover
		support staff back to their original roles	Sep-20	recover
		Occupational risk assessment and a need to ensure workforce flexibility should we experience a local outbreak of Covid in future.	Sep-20	recover
Finance	Financial Assessments	Reintroduce Financial assessments for emergency workflow as well as BAU work	Complete	Reset
	Paying on invoice	Re-introduce payment on invoice rather than plan	Complete	Reset
	Alternative delivery models	Costings to be completed for any new/alternative delivery models required	Jul-20	Reset
	NHS Funding	NHS continue to fund all care packages for admission avoidance and hospital discharge. Await further guidance on future arrangement from Sept20	Aug-20	Recover
	Day Services	Re-commence day services payments based on alternative models of delivery	Aug-20	Reset
	20/21 Savings	BAU savings projects to recommence	Aug-20	Reset
	Public Health	Present proposals for additional use of the Public Health Grant to meet the needs of communities in the context of COVID-19	Sep-20	Recover

Recovery Planning Workshop Participant Feedback

Nottinghamshire County Council

MENTI – ‘wordle’ feedback



Nottinghamshire County Council

Key Themes - Integrated virtual hospital discharge arrangement

- Delivering D2A through the Integrated Hub model has worked differently in each locality
- Community health and social care relationships have been enhanced
- Opportunities for developing OT role in the HUB models
- Opportunity to review portals and ensure they are fit for any future modelling
- Opportunity to review the Interoperability for any future modelling

Key Themes - Enhancing the Reablement Model

- Visiting in the home environment improves assessment of need and risk
- Joint working with OT's supporting Peri's to undertake the first START visit has worked well during the emergency planning
- Upskill all our staff to be able to cope with moving and handling and reablement ethos and skills to promote independence

Key Themes - Day Services

- Opportunity to look at how technology may support day services in terms of new tools being available for community support: video catch-ups etc.
- Opportunity to explore if OTs assist within day services and PIW's providing some support as part of MIS?

Key Themes - Brokerage service for sourcing homecare packages

- Review brokerage service against how the portals operate
- Need to take a whole system view of the end-to-end process and make sure process fit for the future
- Want to prevent frontline staff referring to a range of different options – clearer process opportunity
- If Portal not able to secure provider is there a need for small Brokerage service
- 2 carer packages: we need to ensure that OT single handling review these cases

Key Themes – COVID19 Emergency Workflow

- Staff working across hospital settings have found it easier to use and are keen to keep it.
- Opportunity to explore developing this as a hospital discharge workflow but need to acknowledge what the new workflow doesn't provide e.g. financial assessments, recent rate changes.
- The workflow has had an impact on current reporting and manual information recording systems that sit outside Mosaic are being built.
- Opportunity to explore maximising DIT to commission START

Key Themes – 7 Day Services

- Recognition from staff that 7-day working has been more productive for some teams than others
- To retain 7 day rotas need to review both business need and then also staff flexibility as this has been easier due to lockdown and crisis - staffing attitudes to weekend shifts on a voluntary basis will not remain post lockdown.
- Majority view at workshop was that 7-day working (as developed during the pandemic period) was not really needed.
- Recognition that any future development of 7-day working would need to consider the impact on support services outside of the Adult Social Care & Public Health portfolio.

Key Themes – Bishops Court and Short Breaks

- Council was able to respond quickly and effectively despite initial challenges re lack of bed equipment and ICT connectivity.
- Council could consider having a stock of basic equipment in storage (beds etc) should a bedded facility need to be set up at speed again in the future.
- Going forward, need to consider whether there is a gap in the ongoing short term bed provision in the south.

Key Themes - Care Support and Enablement

- Support to providers during emergency support is thought to have worked well.
- Opportunity to put learning from the response into practice with the new tender for Care, Support and Enablement.
- Opportunity to review outreach packages to put in place more time limited, rather than open-ended, support to people in the community.

Key Themes - Humanitarian Assistance Group

- Build on learning from Iain Macmillan's report for LRF about duplication of activity across partner organisations and approach to data sharing/data capture.
- Harness potential of Community Support Hub volunteers to provide ongoing below social care threshold support /link to existing community asset development.
- Explore potential of internally developed tool to replace need for Nott Help Yourself.

Key Themes - Deployment (including recruitment campaign and fast-track recruitment)

- Fast track recruitment and deployment worked well – especially the online training which could be completed remotely before people started in their new roles.
- Going forward, cohorts of existing staff could be inducted and trained, ready to be used as a 'bank' / to be on standby for any future deployment required to a specific area. This could be done by matching skills and experience typically available in one type of service to the skills and experience likely to be required by another type of service.

Key Themes – CRITICAL Team OPEL Reporting

- Team Managers felt that the OPEL summary page produced gave good overview and found it useful to continue
- Opportunity for further development as more specialist teams found framework difficult for their area - e.g. MASH/ICLES
- Opportunity to enhance further with link to provider/capacity and flow dashboards development
- Training Opportunity as some Hospital teams, found the changes implemented for hospitals time consuming

Key Themes – Provider Dashboard

- Learning from creating this dashboard can be used to help creation of any other dashboards which may be required in future. Both ICT & PIP Teams think it should be possible to create future dashboards even quicker than this one was created.
- Going forward, need to consider how this dashboard could be linked to other local and national data capture systems re providers.
- In the meantime, QMM Team have identified additional data that it would be good to include on the Provider Dashboard going forward – such as DOLs info.

Public Health Feedback

- Recognition that good partnership working through the Local Resilience Forum structure has delivered good outcomes and solutions where system blockages previously existed
- Staff highlighted that the intensity of workload during the emergency response was unsustainable and prioritisation was required to avoid burnout
- Recovery presents an opportunity to capture and enhance good practice that has been borne out of the emergency response. This is especially the case for commissioned services that have maximised digital opportunities in service delivery

Nottinghamshire County Council

Report to Adult Social Care & Public Health Committee

14 September 2020

Agenda Item: 9

REPORT OF THE SERVICE DIRECTOR, AGEING WELL COMMUNITY SERVICES

REVIEW OF THE STAFFING STRUCTURE WITHIN ADULT SOCIAL CARE

Purpose of the Report

1. The report provides an update on the 1st September 2020 implementation of the new Adult Social Care staffing structure and seeks approval to convert some of the existing vacant Promoting Independence Worker posts within the new Maximising Independence Service into a Senior Practitioner Occupational Therapy or an Advanced Social Work Practitioner post.

Information

2. On 11th November 2019, the Adult Social Care and Public Health Committee gave approval, subject to detailed consultation with employees and their recognised representatives, for a revised departmental staffing structure for the Adult Social Care Department.

3. Following a period of consultation with staff and their representatives between 11th November and 19th December 2019 a final structure, taking into account feedback from staff, was confirmed on 20th January 2020. The structure was populated using the Council's agreed employment policies and procedures and implementation had been due to commence from April 2020.

4. In order to allow the Department to focus on the emergency response to the Covid-19 pandemic, a decision was taken in mid-March 2020 to delay the go live date for the new staffing structure. Following a review by the Department's Senior Leadership Team in June 2020 a decision was taken to implement the new structure from September 2020.

5. The main changes being introduced from 1st September 2020 are that:

   a. the new structure introduces a new service, the Maximising Independence Service, which will bring together the Adult Access Service, Short Term Assessment and Reablement Teams (START), the Nottinghamshire Enabling Service (NES), the Co-production, Benefits Advice and 'i-work' teams. The service, which will operate on a place-based model with a consistent offer in the south, north and middle of the County,

will focus on supporting people to resolve their needs at the earliest opportunity through information, advice and guidance or short-term support and goal settling.

b. the Younger Adult learning disability, physical disability, Asperger's and mental health teams are combining into one Living Well Community Team for each district. The Living Well teams will work with working age people with complex or long-term health conditions in their local communities, to support them to remain as healthy and independent as possible.

c. there will be one Ageing Well (previously Older Adult) Community Team for each district. The Ageing Well Teams will work with people aged over 65 years who have complex support needs.

d. within the Ageing Well structure, four geographically based Discharge to Assess teams are being introduced to better support people to access timely and appropriate support to regain confidence and skills following a stay in hospital.

6. Not all the Department's teams have been included within the scope of this review exercise because it was recognised that different approaches to service review were required for some areas. Therefore, no changes are being implemented from the 1st September 2020 to the internal day and residential services, County Horticulture, Deprivation of Liberty Safeguards or Adult Care Financial Services teams.

7. Of the 1,096 staff in the scope for this review exercise, there is currently just one person who has not been enabled into or matched against an appropriate role in the new structure. This person is continuing to receive support from their line manager and Human Resources colleagues to explore all available options.

8. Discovery work prior to the Covid-19 outbreak and lessons learned during the pandemic have identified a need to enhance the level of management resource in the Maximising Independence Service in order to be able to develop staff and the service further. This includes work to develop the 'i-work' team, the Maximising Independence Service's preparing for adulthood offer, Mental Health reablement and helping the Department to build on strengths based and therapy led approaches right from the beginning of a person's contact with the Department. Therefore, it is proposed that:

a. 1.07 fte vacant Promoting Independence Worker (Grade 3) posts are disestablished from the Maximising Independence Service structure creating a saving of £26,447.

b. 0.5 fte Senior Practitioner Occupational Therapy/Advanced Social Work Practitioner (Band C) post is established permanently within the Maximising Independence Service at a cost of £26,385.

9. As part of the review of staffing in the Department, the number of Promoting Independence Worker posts was increased from 24.5 to 30.5. However, there has historically been a high turnover of these posts and the Department has often operated with a number of vacant Promoting Independence Worker posts. 6 fte of these posts are currently vacant, therefore this proposal will not put any current postholder at risk of redundancy.

10. The proposed change, as described in **paragraph 8,** can be managed within budget.

Other Options Considered

11. No other options have been considered.

Reasons for Recommendation

12. Using the savings from the disestablishment of 1.07 fte vacant Promoting Independence Worker posts to establish an additional 0.5 fte Senior Practitioner Occupational Therapy/Advanced Social Work Practitioner post within the Maximising Independence Service will enhance the level of management resource within that service in order to be able to develop the staff group and service further.

Statutory and Policy Implications

13. 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

14. A saving of £26,447 will be created by the disestablishment of 1.07 fte vacant Promoting Independence Worker (Grade 3) posts from within the Maximising Independence Service and used to permanently establish a 0.5 fte Senior Practitioner Occupational Therapy/Advanced Social Work Practitioner (Band C) post within the Maximising Independence Service at a cost of £26,385. The change can therefore be managed from within the existing budget.

Human Resources Implications

15. 6 fte Promoting Independence Workers in the new Maximising Independence Service structure are currently vacant and therefore this proposal will not put any current postholder at risk of redundancy.

RECOMMENDATION

1) That approval is given for the following changes, with effect from the implementation of the new Adult Social Care staffing structure on 1st September 2020:

   a) the disestablishment of 1.07 fte vacant Promoting Independence Worker (Grade 3) posts from the Maximising Independence Service structure creating a saving of £26,447.

   b) the establishment of an additional 0.5 fte Senior Practitioner Occupational Therapy/Advanced Social Work Practitioner (Band C) post within the Maximising Independence Service at a cost of £26,385.

Sue Batty
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Constitutional Comments (KK 01/09/20)

16. The proposals in this report are within the remit of the Adult Social Care and Public Health Committee.

Financial Comments (ZDB1 26/08/20)

17. The budget of £26,385 for the 0.5 FTE Band C Senior Practitioner Occupational Therapy/Advanced Social Work Practitioner post will be made available through the disestablishment of the existing permanent 1.07 FTE Grade 3 Promoting Independence Worker posts.

HR Comments (SJJ 01/09/20)

18. Any HR implications are outlined in the body 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.

Review of the Staffing Structure in Adult Social Care: report to the Adult Social Care and Public Health Committee on 11 November 2019

Electoral Division(s) and Member(s) Affected

All.

ASCPH725 final

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

14 September 2020

Agenda Item: 10

REPORT OF THE SERVICE DIRECTOR FOR COMMUNITY SERVICES – AGEING WELL

A NEW APPROACH TO PROVIDING DIRECT PAYMENT SUPPORT SERVICES AND CHANGES TO THE STAFFING ESTABLISHMENT

Purpose of the Report

1. To seek approval to go out to tender to establish a new Framework Agreement of Direct Payment Support Services (DPSS). This will involve a collaborative approach with Children and Families services, Nottingham City Council, Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) and Bassetlaw CCG. It is proposed that the Committee receives a report on the outcome of the tender exercise in due course.

2. To seek approval for Nottinghamshire County Council to lead the tender exercise on behalf of the other parties.

3. To seek approval for the establishment of a permanent 0.6 FTE Finance Assistant – Managed Budgets post (Grade 4) to sit within Adult Care Financial Services (ACFS). This would be funded from redirected DPSS budget spend and will generate a modest saving to the department.

4. To seek approval for two temporary ACFS posts that sit within ACFS to be made permanent: 1 FTE Finance Assistant (Grade 4) and 0.5 FTE Business Support Assistant (Grade 3). These posts will be cost neutral to the department.

Information

5. People who are eligible for social care support from the Council or for personalised health care from the NHS Clinical Commissioning Groups are allocated a Personal Budget. They can choose to take this as a Direct Payment (DP). This is a monetary payment made to them by the Council or the CCG which they can then use to purchase and arrange their own support. Around 2,400 people currently receive a Direct Payment from the Council, with an associated annual net budget of £38m.

6. Direct Payments are the Council's preferred method for an individual to meet their assessed needs as this provides them with more choice and control over how their support is delivered. This is in line with the Council's Adult Social Care Strategy.

7. Councils have a key role in ensuring people are supported to use and manage the Direct Payment appropriately. Under the Care Act, councils are required to take all reasonable steps to provide the support to whoever may require it. In Nottinghamshire most support of this nature is delivered by external Direct Payment Support Services providers.

8. Direct Payments can be used flexibly to purchase different kinds of support. One of the most cost effective ways for support to be provided and one that delivers consistently good outcomes for service users is the employment of Personal Assistants (PAs). The Council has an ambition to increase the proportion of people who employ PAs to meet their care and support needs. However, with employment comes a range of responsibilities and legal requirements. It can potentially be difficult and complex for people to become employers and this can be a barrier for some people choosing to employ PAs. For this reason, employment support accounts for two of the three main Direct Payment Support Services elements that the Council makes available:

9. General Employment Support – everything from initial information and advice about employer roles and responsibilities, helping to recruit PAs, creating employment contracts, setting up safe working arrangements and promoting good employment practices.

10. Payroll services - this includes calculating pay and any deductions, producing payslips and other documentation, registering with Her Majesty's Revenue and Customs (HMRC) and ensuring that all payments and information returns are made to HMRC in a timely way.

11. The third main Direct Payment Support Services element is third party managed accounts (TPMAs), where the DPSS supports people, who would otherwise find it difficult, to manage the financial aspects of their Direct Payment. This includes opening and managing a dedicated bank account, paying care and support providers or PAs and maintaining records for audit purposes.

12. Over the years, the Council has taken different approaches to providing Direct Payment Support Services. Prior to 2010 the Council contracted with single providers. After this a light-touch 'accredited' approach was introduced. The main change was a shift of contractual responsibility. Whereas previously contract arrangements were between the Council and the DPSS provider, these changed to be between the individual service user and DPSS provider. Providers have also been able to determine the range and cost of services offered, rather than working to a service specification. The light touch accredited approach also made it difficult for the Council to manage issues of quality when raised, due to the contract being between the service user and the provider and not the Council.

13. At present, most Direct Payment Support Services are provided by three accredited external organisations. Around 1,100 people use DPSS at an annual cost of approximately £700,000.

14. It is proposed that the Council will move away from the accredited provider approach. The main reasons for this are:

a. with current arrangements there has been no formal procurement process through which the Council can ensure a combination of price and quality and demonstrate best value.

b. there are a wide range of costs associated with current DPSS providers, different pricing structures and no common standards in relation to the services that are delivered.

c. the range of costs and different service offers are confusing for service users and make it complicated for operational staff to commission services.

d. the Council has no robust contractual relationship with the current DPSS providers and has limited influence over the cost, quality and nature of services. The absence of strong performance and monitoring arrangements, particularly in relation to third party managed accounts, creates financial risks for service users and for the Council. This is against a backdrop of some significant provider failures over recent years.

15. Work has been carried out to develop a new model of DPSS. This has been informed by service user consultation that took place in 2017 and engagement with front-line staff and DPSS providers. Further consultation with service users and front line staff was undertaken in July 2020, details attached as **Appendix 1**. The main elements of the new model are:

a. Some elements of employment support to be delivered by specialist Council staff. One additional post (Commissioning Support Officer, Grade 4) will build on some Direct Payment support functions that are already provided as agreed through the ASCH Workforce Remodelling report which was taken to Committee in November 2019.

b. The provision of a Council third party managed account service for people who need help to manage their Direct Payment and choose to purchase care and support from agencies. An additional 0.6 FTE Finance Assistant post will be created at Grade 4.

c. A new framework agreement of up to five external providers sourced through a competitive tender process. These providers will deliver employment support, third party managed account and payroll services. In a framework agreement, the selected providers make services available to an agreed specification, quality and price. The services are then 'called off' and paid for on an individual by individual basis, as and when they are needed. Direct Payment recipients can choose which provider from the framework they want to use and which services they need to receive.

16. The service elements described above will be the "main offer" for people who start to use a Direct Payment in the future. People using the existing arrangements can continue to do so, but with the expectation that the price paid for these services will be brought in line with the new framework prices over a period of around 18 months. Where an individual chooses to stay with their existing provider, but the cost is more expensive than can be commissioned through the framework, then the service user can choose to top up the difference. A decision can be made in exceptional circumstances on a case by case basis by a group manager to agree to pay at the higher rate.

17. Work to create the new framework agreement of external providers is being carried out in partnership with Children and Families services, Nottingham City Council, Nottingham and Nottinghamshire CCG and Bassetlaw CCG. At present each agency has a different

approach to making DPSS available. By working together a consistent service offer, pricing structure and terms and conditions for all parties can be established.

18. One of the main benefits of the partnership approach is that it ensures continuity of service for service users if responsibility for their Direct Payment passes from one agency to another. For example if someone is jointly funded by the Council and the CCG, their Direct Payment is administered by the Council. However, if their needs change such that their care is funded completely by the CCG, the CCG then becomes responsible for administering the Direct Payment. Under existing arrangements, when this happens it is necessary to change the DPSS arrangements.

19. The framework agreement will be created by carrying out a competitive tender exercise, led by Nottinghamshire County Council. Following the tender evaluation, the County Council will enter into a framework agreement with the successful providers. Each partner will then be responsible for calling off from the framework agreement and making payment to its appointed provider in accordance with the terms of its call off contract.

Additional allied staffing requirements

20. Alongside the request to approve the creation of a 0.6 FTE Finance Assistant post (**see paragraph 15b**), this paper seeks to formalise the arrangements to transfer from temporary to permanent two posts that support the financial auditing of the DP accounts associated with this initiative.

a. 0.5 FTE Grade 3 Temporary Business Support Assistant – Auditing

b. 1 FTE Grade 4 Temporary Finance Assistant – Auditing

21. These additional posts, whilst included within the original business case for the DPSS work stream, were not within the remit of the ASCH Workforce Remodelling as the posts are required in the Adult Care Financial Services (ACFS) team and the ACFS team was out of scope for the workforce review.

22. Although a temporary post, the 1 FTE Grade 4 Finance Assistant post has permanent recurrent funding allocated to it, so there are no additional cost implications associated with making it permanent. There is also no cost implication associated with making the 0.5 FTE Grade 3 temporary Business Support Assistant permanent. If approval is secured for this latter post to be made a permanent post, the resource will be provided out of the current complement of Business Support provided across ASCH Department and will be incorporated into the on-going review of Business Support Officer capacity.

23. While there would be a theoretical cost implication to ASCH Department for the introduction of the 0.6 FTE Finance Assistant post (£17,138 p/a) to maintain in-house the third-party managed accounts, this cost is less than the cost associated with currently out-sourcing the work to an external DPSS provider. Extrapolating from the last six months of activity, it is anticipated that there will be 54 new Third Party Managed Accounts set up with external DPSS providers at a cost of £21,848 across the full year (January 2020 to December 2021). Therefore, in real terms, the creation of this post as a permanent post will save the department money.

24. On-going retention of all three Direct Payment posts hosted within the ACFS team is required to sustain the additional capacity needed to ensure ongoing compliance with internal audit recommendations. These related to improving the auditing and debt recovery processes uniquely associated with the provision of personal budgets via Direct Payments (as opposed to managed accounts) and to support the departmental plans to increase further the take up of Direct Payments overall, particularly to employ Personal Assistants. Therefore formal approval for the retention of these temporary posts as permanent posts is sought from the Committee to rectify the anomaly.

25. These posts are deemed to be the minimum resource required to ensure the Council fulfils its statutory duty to check that public funds are spent in accordance with the Council's Direct Payment Agreement and in line with a service user's assessed eligible care and support needs. The backlog of outstanding audits which built up previously demonstrates that the additional resource is indeed needed.

26. When the above posts were established, ACFS additionally made temporary business changes in the DP Team to free up as much of the Auditor capacity as possible to enable them to be able to clear the backlog of audits over the last 12 months. For example, they halved the time for dealing with telephone based Audit queries. It is now intended that the Auditors pick this telephone response work up again, which can often be key to resolving ongoing issues with DP accounts. In addition they will also pick up more complex audits associated with ceased DPs and enable further implementation and following of more rigorous processes to recover misused monies, unpaid contributions and chase up surplus recoups (currently there is a recoup rolling monthly average of 4.5% /£142,500 per month 2019-20). Without the additional resource, it will result in an inability to be able to audit the accounts as regularly and thoroughly investigate each DP account expenditure. This will result in a proportion of the funds that would be recovered due to thorough auditing being missed.

Other Options Considered

27. The Council could extend and update arrangements with accredited DPSS providers. The use of accredited rather than contracted providers means that the Council has less influence in shaping the 'service offer', the price, or the collection of performance information to measure quality – all things that the Council is seeking to do. The Council would be limited in the extent to which it could performance manage providers and would also be unable to demonstrate best value through this approach. It would also be harder for the Council to manage provider quality through an accredited list.

28. The Council could only select external providers to deliver the employment support and managed account service elements, but would lose the opportunity to test out the potential to deliver a better quality and more cost effective alternative.

29. The Council could do a direct award to one DPSS provider. This though would limit the choice and control for the service user and would also increase the risk of provider failure if there was only one provider.

30. The Council could choose not to make permanent the ACFS DP Auditor, Business Support Assistant and Finance Assistant posts. This would result in the financial benefits associated

with an improved financial audit processes not being realised due to an increase in unrecovered DP funds.

Reason/s for Recommendation/s

31. Establishing a framework of external providers of Direct Payment Support Services offers the following main benefits:

    a. a simple, standardised menu of services and pricing structure is easier for service users and front-line staff to understand and use. This responds to service user feedback and supports the Council's current efforts to streamline commissioning processes for front-line workers. Easing the administrative burden on front-line workers should in turn lead to an increase in the take-up of Direct Payments and an increase in the use of PAs in line with the Council's Strategic objectives.

    b. the Council will performance manage providers through the contractual relationship. Service users will benefit from the application and monitoring of quality standards.

    c. the contractual relationship will strengthen arrangements to ensure Direct Payments are managed safely and well, particularly with regard to the management of finances. This helps to safeguard the interests of both service users and the Council.

    d. it is likely to offer a saving, as the services will be contracted directly rather than paid into the Direct Payment account, The Council would then be able to recover the VAT charges.

    e. it promotes service user choice which was something that the recent consultation with Direct Payment recipients highlighted as being one of the key requirements of any DPSS offer.

    f. working with partners in Children and Families services, Nottingham City Council and the CCGs has the potential to create economies of scale and, for the benefit of service users, will promote consistency of approach across the Nottingham and Nottinghamshire Integrated Care System (ICS) and in Bassetlaw.

32. The 'in-house' elements of service give the Council the opportunity to test out the extent to which it can deliver these in a cost effective way. In relation to employment support there is an intention that this can dovetail more effectively with social work assessment and support planning processes. By having the initial employment offer in-house it is anticipated that this will increase the number of people who choose to employ a PA as frontline staff will not be expected to have the specific employment knowledge around employment responsibilities but will be able to access this internally without the need to commission a service. It is anticipated that these support elements will be cost neutral to the Council due to not having to pay an external DPSS for these services which would be the case otherwise.

Statutory and Policy Implications

33. 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

34. The new pricing structure for the commissioning of DPSS provision has been designed to ensure that it is cost neutral and it is not anticipated that there will be any increase on the current £700,000 spent on Direct Payment Support Services based on current level of requirement. There is expected to be an increase in the number of people who employ a PA therefore increasing the number of people receiving a payroll service. This expenditure would have been purchased anyway without the introduction of the Framework agreement.

35. Funding for the additional posts: the budget for the 1 FTE Commissioning Support Officer – Employment Support post has already been confirmed and sits within the Integrated Strategic Commissioning Team budget. There is an existing ongoing funding allocation for the 1 FTE Grade 4 Temp Finance Assistant – Auditing post that already sits within the ACFS budget and the Business Support resource will be met from within current departmental BSO complement. The only notional cost implication is for the 0.6 FTE Finance Assistant post costing £17,138 p/a plus on-costs. However, if this post is not brought in-house, it will be necessary to continue to externally commission at a projected annual cost of £21,848 from external DPSS providers the tasks that the post will undertake. Therefore, the introduction of this additional post, based on current DP third party managed account activity would represent a future annual cost avoidance to the department of about £4,170.

36. There are no significant financial implications identified in this report. The Council already funds Direct Payment Support Services and will continue to do so. People who start to receive new Direct Payments will receive support purchased from the new framework of providers, when previously they would have purchased services from accredited providers. The prices will be set by the Council and have been modelled to deliver a small overall saving. The Council will need to consider annual increases as part of the budget setting process but does not commit to an annual uplift. This process will take into account inflationary and legislative requirements.

37. There is currently a wide variation in costs between existing providers. As prices paid to providers for existing service users are adjusted in future, either through legacy arrangements or because they are selected for the new framework, some may end up being paid more than at present for their services and some less.

38. The new model of commissioning will not be treated as a mixed package as it will still be seen as part of the Direct Payment. This will ensure that the Direct Payment is continued to be paid net of any assessed service user contribution. This will also increase the Council's control of what the Direct Payment is spent on and contract enforcement. The Council will not call off from the Framework agreement until the new commissioning elements are added to the Mosaic system.

Human Resources Implications

39. There will be a requirement to establish the 0.6 FTE Finance Assistant post within the organisational structure and appoint to this post and convert the temporary posts to permanent in the AFCS structure.

40. The ongoing requirement for business support to this area of work will be incorporated into the ongoing ASCH Business Support review without any further HR implications.

Implications for Service Users

41. Service users will benefit from a more consistent and clearer offer of support.

42. Service users will have a choice of providers and be able to choose from a menu of support services to suit their individual needs.

43. DPSS providers will have increased contractual responsibilities in relation to the management, monitoring and reporting of the Direct Payment monies, making it more likely that the Direct Payment is used safely and in line with the individual's care and support plan.

44. The new framework will be the 'main offer' of support for new Direct Payment recipients. However, under Care Act duties, the Council must continue to allow a choice of alternative providers from outside the framework. This means that if a DPSS provider delivering services to existing Direct Payment recipients under the current accreditation arrangements does not go on to the new framework, then legacy arrangements will be needed to ensure continuity of service. This will mean that the Council will only pay the DP recipient the amount that it could commission the services for through a DP. If the provider is more expensive the service user can choose to top-up the difference. A decision can be made on a case by case basis by a Group Manager to agree to continue to pay at a higher rate.

45. As part of the proposed arrangements, the amount of money made available (through the Direct Payment) to people using providers that do not join the framework will be adjusted to bring it in line with the framework prices. This is in accordance with the Adult Social Care Strategy principle to promote choice and control, balanced against the effective and efficient use of resources. A period of notice will be given to providers and service users of up to six months post framework contract implementation. Non-framework providers will have to choose whether to adjust their prices accordingly. If higher charging providers do not adjust the prices, their service users will need to either change providers or top up the difference from their own resources.

46. For existing accredited providers that do join the new framework, prices will also be adjusted. For people using these providers the method of payment will change. Service users will no longer pay the providers from their Direct Payment. Payment will instead be made centrally to providers by the Council.

RECOMMENDATION/S

That the Committee:

1) gives approval for a competitive tender exercise to establish a Framework Agreement of Direct Payment Support Services, which will be used by Adult Social Care, Children and Families

services, Nottingham City Council, Nottingham and Nottinghamshire Clinical Commissioning Group and Bassetlaw Clinical Commissioning Group.

2) gives approval for Nottinghamshire County Council to lead the tender exercise on behalf of the other parties.

3) receives a report on the outcome of the tender exercise.

4) gives approval for the establishment of a permanent 0.6 FTE Finance Assistant – Managed Budgets post (Grade 4) to sit within Adult Care Financial Services.

5) gives approval for two temporary posts that sit within Adult Care Financial Services to be made permanent as follows:

- 1 FTE Finance Assistant (Grade 4)
- 0.5 FTE Business Support Assistant (Grade 3).

Sue Batty
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Constitutional Comments (AK 20/08/2020)

47. The report falls within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (ZDB1 26/08/20)

48. There is an existing ongoing budget for the 1 FTE Finance Assistant (Grade 4) and 0.5 FTE Business Support Assistant (Grade 3).

49. It is proposed that the cost of the externally tendered DPSS and the 0.6 FTE Finance Assistant – Managed Budgets post are met within the existing Direct Payment budget, of which £700,000 is currently spent on external Direct Payment support services. There is an anticipated reduction in cost by bringing some services in house and creating the Framework for the remainder, as detailed in **paragraphs 34 to 36**.

HR Comments (SJJ 19/08/20)

50. The posts will be filled in line with the County Council's employment policies and procedures.

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.

Review of the staffing structure within Adult Social Care – report to Adult Social Care and Public Health Committee on 11th November 2019

Electoral Division(s) and Member(s) Affected

All.

ASCPH721 final

Appendix 1

DPSS Tender summary report

Adult Social Care Staff engagement July 2020

We held 2 separate consultation meetings with staff members of Nottinghamshire County Council on alternative days, one in the morning and the other in the afternoon, to ensure we could capture the availability of those who offered to take part in the tender discussions. In attendance were Social Workers, Community Care Officers and a Team Manager, from various teams including the Asperger's Team, Countywide Reviewing Team and the Learning and Physical Disability teams as well as Older Adults. The presentation giving an overview of the proposed changes was shared and discussed with the staff members, and questions and feedback were given.

Staff consultations and presentations were held on 7th and 8th July.

Key findings

- Staff have found the proposal for unified costing for the same services very useful as they currently find it difficult to understand what is included as providers charge different costs for the same service. There is an expectation that the provider charging a higher cost for the same service would provide a better service, but this does not seem to be the case. Each of the 3 accredited providers offer different services for the ongoing support, this is not always clear what this involves, staff found that if any ongoing services are commissioned as and when needed this would provide a lot more clarity about what is required and what is being provided.

- If Nottinghamshire County Council was to hold the contract with the Direct Payment Support Providers, then there is more accountability to Nottinghamshire County Council and will make it easier when speaking to the DPSS providers for clarity about the support.

- Staff feel there will also be more consistency across all providers as the contract specifications will be tighter and all successful providers will have to adhere to these under contract.

We found the main areas for concern for staff are:

- **Accessibility and availability**

- **People Centred approach**

- **Cost effectiveness (expecting a better service at a higher cost – not the case)**

- **Accountability and transparency**

DP recipient phone consultations July 2020

We contacted a group of service users that are currently using one of the three accredited DPSS providers. This group was made up of service users/representatives who took part in the initial tender for DPSS providers and offered to take part in the future, some service user names were given by each of the DPSS providers and some service users selected at random. There was a total of 6 people that took part in the service user consultation. Those who offered to take part in the tender consultation were sent an information pack giving the proposed changes and questions to enable us to record the feedback. They were all given enough time to read through the information and then scheduled in for a 1-hour telephone call in order to discuss and provide feedback.

Service user consultations were held the week of 7th July.

Key findings

- All service users and authorised people for the Direct Payments who took part in the consultation were in support of the contract for the DPSS providers to be directly with NCC, this would take out some of the anxiety and make the DPSS provider accountable to NCC and more likely to respond and engage with NCC.

- Plans for the managed accounts will make it a lot more transparent and have that double check in place with CASP's given to providers. Some providers already receive the CASP so this won't change, some service users currently have difficulty sending this information over so this would remove this task from the service user.

- Those service users who only receive Payroll support felt that there was not going to be much of a change to the service they receive and have felt that the current Payroll arrangements work well however, they would appreciate the clarity around what is being provided.

- We have found that some of the people that took part in the consultation currently receive excellent person-centred support from their DPSS provider and feel they can contact a named individual whenever required and would not want this to change however, those who do not currently receive this service from their DPSS have said that they would find it useful to be able to contact NCC for information or support that would be passed through the DPSS and commissioned as needed.

- When asked how they felt about NCC providing some services, most people stated they would not want this taken away from the DPSS especially if they will need to contact both NCC/DPSS for different things, they would prefer one point of contact although did state if it was all in-house then this could be more consistent but would require substantial man power to achieve.

- The general consensus is that as long as the choice of DPSS provider remained with the service user/authorised person then they would be happy to either change to a new accredited DPSS provider if their current provider was not successful or keep the control of choice to remain with the current provider and are aware there may be a charge for this.

We found the main concerns for service users are:

- **Choice and control to remain with the SU**
- **Transparency**
- **Keen not to remove services from the DPSS provider**
- **Accountability and responsibility**
- **Greater oversight of services and what is provided**

How information will be used

The information above has been incorporated within the Service Specification document and further engagement will be had with staff and DP recipients in August 2020 in order to create a couple of Method statement questions to be included within the Tender Documentation.

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

14 September 2020

Agenda Item: 11

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

RETENDER OF THE FUNERAL SERVICES CONTRACT

Purpose of the Report

1. To seek approval to retender the current funeral service contract (which ends on 31st March 2021) to run until 31st March 2024 with a two-year extension option.

Information

Background

2. It is an individual's responsibility to make provision for their own funeral and as part of any assessment or review, social workers or community care officers are required to ensure that service users have plans in place or encourage them to make plans.

3. However, under Section 46 of the Public Health (Control of Diseases) Act 1984, the Council has a statutory duty to arrange a funeral for any person who dies in care home accommodation in Nottinghamshire where that individual;

   a. has not made any funeral arrangements
      or
   b. there is no-one willing or able to make funeral arrangements for them.

4. The Council is responsible for the funeral arrangements for people funded by Nottingham City Council in care homes within the County boundary. The Council is also responsible for arranging a funeral for people in Nottinghamshire who are funding their own care in a care home or supported living complex if there is no one able to arrange the funeral on their behalf.

5. The Council will, as far as possible, respect any known wishes of the deceased person regarding the funeral service and other arrangements.

6. A private funeral will be arranged in accordance with the deceased person's wishes if the person has left written instructions and there are enough funds in the person's estate to pay for one. In all other situations the appointed funeral director will provide a dignified contract funeral.

7. The Council claims the cost, or a contribution towards the cost, of the funeral back from the deceased person's estate, whether the funeral is a private or contract arrangement. Payment of funeral expenses takes precedent over all other debts of the estate or beneficiaries to the estate.

8. The Council does not get involved in funeral arrangements in the following circumstances:

   a. if a person dies whilst living in their own home it is the responsibility of the Environmental Health Department within the appropriate District, Borough or City Council to make the necessary arrangements.

   b. if a person dies in hospital (NHS) prior to formal admission to a ward, it is the responsibility of the District Council, to make the necessary arrangements.

   c. if a person dies in hospital (NHS) following admission, it is the responsibility of the Hospital Bereavement Centre where the person died to make the necessary arrangements, unless the person was under the Court of Protection, in which case, the Council is responsible for the arrangements.

   d. if the person dies in the Queen's Medical Centre, it is the responsibility of Nottingham City Council Environmental Health Department.

   e. in most circumstances, where the Council incurs costs for funerals, it can and does recover these retrospectively and fully from the executors of estates (see **Table 1**).

Current Provision

9. The current provider is AW Lymn who are located at various locations across Nottinghamshire enabling them to provide a responsive service. This provision commenced on 1st November 2015 and is scheduled to end on 31st March 2021 following a six-month contract extension that was implemented in response to the Covid-19 pandemic. A key facet of the existing contract is for fees to be allocated for each area of a funeral including hire of cars, coffin, and flowers.

10. To 31st March 2020 (see **Table 1**) 106 funerals have been arranged over the five-year contract duration at a gross cost of approximately £177,000. Of which, on average, approximately 85% of costs were recovered from the deceased estate by the Council.

Table 1 NCC Funeral services contract transactions and costs 2015-2020 – AW Lymn

Year	2015/16*	2016/17	2017/18	2018/19	2019/20	TOTAL
Number of funerals	13	21	25	22	25	**106**
Total cost	£15,391.89	£34,854.75	£40,315.50	£45,835.34	£41,003.72	£177,401.20
Costs recovered from estate of deceased	£7,091.75	£31,192.05	£35,315.50	£41,675.17	£34,997.46	£150,271.93
Net Cost to NCC	**£8,300.14**	**£3,662.70**	**£4,904.46**	**£4,160.17**	**£6,006.26**	**£27,033.73**

*2015-16 Year 1st November to 31st March due to contract start date.

11. Further data extrapolated for the 2020-21 financial year show that 22 funerals have occurred between 1st April and August 2020 which is three times the average number expected at this time of year compared with previous years. This marked increase can primarily be attributed to the impact of the Covid-19 pandemic.

Other Options Considered

12. **To further extend the existing contract:** this option has been considered and discounted since the terms of the agreed contract that went live on 1st November 2015 were for a three-year duration with a two-year option to extend (an additional six months have also been added as a Covid-19 emergency measure) and this contract will shortly expire. Furthermore, the contract tender needs to comply with The Public Contracts Regulations 2015 and the Council's own Financial Regulations.

13. **To do nothing:** this option has been considered and discounted due to Section 46 of the Public Health (Control of Diseases) Act 1984, the Council has a statutory duty to arrange a funeral for any person who dies in residential accommodation in Nottinghamshire where there is no-one willing or able to make funeral arrangements for them.

Reason/s for Recommendation/s

14. The Council has a statutory duty to arrange a funeral for any person who dies in care home accommodation in Nottinghamshire where that individual has not made any funeral arrangements or there is no-one willing or able to make funeral arrangements for them. In order to meet that duty, the Council needs to commission a service to commence 1st April 2021.

Statutory and Policy Implications

15. 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

16. In line with the Data Protection Act 2018 and General Data Protection Regulations (GDPR), a full data privacy impact assessment (DPIA) has been completed for the Funeral service provision.

Financial Implications

17. The gross Funeral Services contract value is approximately £50,000 per annum. This cost is offset by income from the people's estates so the net cost to the Council is normally much lower. The net costs incurred by the Council for each year of the current contract are shown in **Table 1.**

Implications for Service Users

18. This service affords a dignified funeral to those who have not pre-arranged their own funerals or do not have relatives or friends to undertake them on their behalf.

RECOMMENDATION/S

1) That the Committee approves the retender of the current funeral arrangements contract to commence on 1st April 2021 until 31st March 2024. A two-year option to extend will also be incorporated into the agreed contract.

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Constitutional Comments (AK 01/09/2020)

19. The report falls within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (KAS 03/09/20)

20. The gross contract value of £50,000 per year will be offset by client income so the net costs are much lower. There is currently a net budget of £11,260 per annum to cover the net costs.

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.

Protection of Property and Pets, and Funeral Arrangements Policy 20th March 2019
https://www.nottinghamshire.gov.uk/policy-library/39047/protection-of-property-and-pets-and-funeral-arrangements-policy

Data Privacy Impact Assessment

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

14 September 2020

Agenda Item: 12

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

MARKET MANAGEMENT POSITION STATEMENT

Purpose of the Report

1. The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality and Market Management Team (QMMT) during the Covid-19 pandemic. Providers across the County have worked very hard during the pandemic to support local people with care and support needs and they continue to do so. The Council has a statutory duty to ensure that there is a robust and sustainable social care market available for people who live in the County and have care and support needs, and that includes people whose care the Council funds and people who fund their own care.

2. This report also gives an update about social care services that have had their contract with the Council suspended; this information is contained in the **Exempt Appendix**.

Information

3. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any person (including the Council).

Provider Forums and Communication

4. When the pandemic started the team developed a Daily Bulletin that shares information and guidance that has been published both nationally and locally. Some of the guidance has been drafted locally by Public Health colleagues to support the local social care market. Some of the guidance shared has included information about Infection Prevention Control (IPC), Personal Protective Equipment (PPE), and visiting care homes.

5. In addition to this a number of forums have continued and taken place virtually and there have been a number of Webinars. Some of these have been for training and support and to share information and be able to answer queries and offer support. There has been a

great deal of information from central government that has changed and been updated very regularly.

6. Over recent months the rate at which guidance has been updated has slowed and the Bulletin is now published three times per week and any urgent information can be shared the same day.

Financial support to Providers

7. The QMMT has also worked with colleagues from Finance and Commissioning and have a very effective process for providers to claim their additional costs due to Covid-19 on a monthly basis. Providers are able to claim for such things as PPE, additional staffing costs, equipment to enable the home to keep in touch with relatives, developing zoned areas within the homes etc. This support has used the government's Sustainability Grant and Infection Control Grant.

8. The Infection Control Grant was given to care homes based on the number of beds that they had whilst for community care providers they were able to use the funds for anything related to IPC including PPE. The funding available has been very well received but a number of providers have requested support regarding lost income but the grant funding cannot be used for that. Some providers have reduced numbers of residents and they are not receiving referrals for placements as they did prior to the pandemic.

Personal Protective Equipment (PPE)

9. Providers are still able to receive PPE from the Council if they are struggling to access their usual suppliers. A very effective process was set up by colleagues from across the Council and at no point did any provider run out of supplies. We also gave supplies to health colleagues, private carers and Personal Assistants.

Care Home Dashboard/NHS Capacity Tracker

10. The Council very quickly established a dashboard that would support the QMMT and other colleagues in monitoring the care homes and community providers such as Home Care in respect of staffing, PPE and the numbers of outbreaks of Covid-19. This tool has been extremely beneficial in enabling the QMMT supporting the care homes with staffing issues, capacity, and ensuring they have sufficient PPE supplies. This 'tool' is used on a daily basis and a daily 'sit rep' is reported to manage risk through the health and social care system.

11. The QMMT is also supporting the care homes to ensure that they are using and updating the NHS Capacity tracker. Providers are required to fill in the system on a daily basis and it asks questions about the workforce, payment to staff, Clinical Lead etc. There have been a number of issues with the system and work is still continuing to feed back issues raised by providers. The team held a webinar about using the system and make regular calls to all providers to offer them support. Receiving one of the government grants was on the condition that the providers agreed to use the system so this work is ongoing.

Care Homes and Home Care Cell (CHHC Cell)

12. This meeting is a sub-group of the Local Resilience Forum (LRF) and is jointly Chaired by the Group Manager Quality Assurance and Citizen Safety and the Chief Nurse of the Mid Notts Clinical Commissioning Group (CCG). A number of workstreams and Task and Finish Groups sit beneath this strategic Group and some of the work includes the following:

Covid Positive Care Homes – Discharge Process

13. To support safe discharges from hospital for people who are Covid positive a checklist process was established. This process enables care homes who are willing to accept Covid positive patients to apply to be on a list of homes that are IPC (Infection Prevention and Control) compliant and that can evidence that their services can safely manage a resident for the required period. What this means is homes that are able to zone their buildings and isolate positive residents for the required period are likely to be compliant. Currently there are seven care homes on the list (two are in the City).

Relief staff recruited to support providers

14. A 'bank' of care staff was made available to support services that had a reduced workforce due to the pandemic. Sometimes staff had to isolate and this could have a devastating effect on the numbers of staff available to work. The staff were recruited to work with care services at short notice and the arrangement worked very successfully with one of the local care homes. Work is underway to see how this type of arrangement could be used on a permanent basis to support the local social care market.

Care Homes and Home Care Operational Partnership

15. The QMMT chair a weekly Care Home and Home Care 'Operational Group'. The group has played a part in joining together all partners who are working with the care homes in Nottinghamshire e.g. the Care Quality Commission (CQC), the City Council, Public Health and CCG colleagues. One of the current pieces of work is having a consistent approach to quality monitoring so that the Council does not put an unnecessary burden on providers at this very difficult time. The providers have also been risk rated so that it can be ensured that there is a sustainable market of services available at all times. Where individual providers have needed additional support the Council has been able to provide this.

Care Homes and Home Care Outbreak Management

16. The QMMT is working closely with Public Health colleagues in continuing the oversight of outbreaks in Nottinghamshire. In the last three months the QMMT has played a huge part in gathering Covid positive data for the care homes in Nottinghamshire. This process will continue but is being reviewed in light of changes to the testing in care homes.

Business as Usual - Quality Monitoring and Quality Audit

17. During the pandemic the majority of the quality monitoring activity has taken place virtually with the team speaking to all providers on a very regular basis and is now looking at how technology can be used more effectively in the future. The annual audits are being planned.

18. Regulated services are inspected and rated by the CQC. An overview of the current ratings for social care homes in Nottinghamshire for the past two years are as follows:

CQC Rating	Number of Services 2019	Numbers of Services 2020
Outstanding	23	32 (21 care homes)
Good	280	281 (249 care homes)
Requires Improvement	60	73 (51 care homes)
Inadequate	14	6 (4 care homes)

19. Since last year there has been an increase in the number of outstanding rated services in Nottinghamshire and a reduction in the number of inadequate services.

Contract suspensions

20. Sometimes it is necessary to suspend a contract with a provider. This means that they continue to provide the service but for a period of time the Council does not give any new work to the provider. This is usually due to concerns about poor quality and when this happens the service is monitored closely, usually though an Action Plan which is monitored to ensure that the required improvements are made and sustained before lifting the contract suspension is considered.

Services that have a contract suspension currently:

Type of service	Number of services	Contract Status	District
Care Home – Older People	7	Suspended	Gedling, Mansfield, Bassetlaw, Newark
Care Home – Younger Adults	2	Suspended	Bassetlaw
Home Based Care	2	Suspended	Mansfield & Ashfield

Other Options Considered

21. No other options have been considered.

Reason/s for Recommendation/s

22. 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

23. 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

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

Implications for Service Users

25. The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they are funded by the Council or fund their own care either fully or in part. The market shaping duty also requires that the Council works collaboratively with relevant partners including people that use services and their families. The proactive approach of quality monitoring undertaken in Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service.

RECOMMENDATION/S

That:

1) Members consider whether there are any actions they require in relation to the issues contained within the report.

2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Adult Social Care and Health
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E: gemma.shelton@nottscc.gov.uk

Constitutional Comments (LW 19/08/20)

26. Adult Social care and Public Health Committee is the appropriate body to consider the content of the report.

Financial Comments (DG 20/08/20)

27. There are no direct financial implications arising from 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.

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH722 final

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

14 September 2020

Agenda Item: 13

REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

Information

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-Chairs and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified. The meeting dates and agenda items are subject to review in light of the ongoing COVID-19 period.

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 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.

RECOMMENDATION/S

That the committee considers whether any amendments are required to the work programme.

Marjorie Toward
Service Director, Customers, Governance & Employees

For any enquiries about this report please contact: Sara Allmond – sara.allmond@nottscc.gov.uk

Constitutional Comments (HD)

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

Financial Comments (NS)

9. 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 and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME 2020-21

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
12 October 2020			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 4)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Progress of framework agreement for equipment based major adaptations in people's homes	Report on progress with implementation of new framework.	Corporate Director, Adult Social Care and Health	Cate Bennett
Day opportunities vision	To inform committee of the outcomes of the review and the plans for development of day opportunities.	Service Director, Strategic Commissioning and Integration	Mercy Lett-Charnock
Public Health Grant		Director of Public Health	Will Brealy
9 November 2020			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 1)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Co-production in ASC&H: a vision and action plan	Progress on the refreshed approach to co-production within ASC&H.	Corporate Director, Adult Social Care and Health	Sarah Craggs/ Mike Deakin
7 December 2020			
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Corporate Director, Adult Social Care and Health	TBC
11 January 2021			

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
8 February 2021			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 2)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
1 March 2021			
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Review of workforce restructure in Adult Social Care	To update the Committee on progress with the new workforce model implemented in Sept 2020.	Service Director, Living Well/ Service Director, Ageing Well	Sue Batty/Ainsley MacDonnell
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Corporate Director, Adult Social Care and Health	
29 March 2021			
14 June 2021			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 3)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
12 July 2021			