

Adult Social Care and Public Health Committee

Monday, 04 February 2019 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last meeting held on 7 January 2019 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Update on the Commissioning and Provision of Chlamydia Testing for 15-24 Year Olds in Nottinghamshire | 9 - 16 |
| 5 | Changes to the Protection of Property and Pets and Funeral Arrangements Policy | 17 - 30 |
| 6 | Younger Adults 18-64 Years Housing with Support Strategy | 31 - 60 |
| 7 | Integration and Partnerships in North Nottinghamshire - Bassetlaw | 61 - 86 |
| 8 | Adult Social Care and Health - Changes to Staffing Establishment | 87 - 92 |
| 9 | Work Programme | 93 - 98 |

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>

| | |
|---------|---|
| Meeting | ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE |
| Date | 7 January 2019 (commencing at 10.30 am) |

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Boyd Elliott
Sybil Fielding
David Martin

A

Francis Purdue-Horan
Andy Sissons
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's
Sue Batty, Service Director, Adult Social Care & Health
Cherry Dunk, Programme Manager, Adult Social Care & Health
Jonathan Gribbin, Director of Public Health, Adult Social Care & Health
Paul Johnson, Service Director, Adult Social Care & Health
Jennie Kennington, Senior Executive Officer, Adult Social Care & Health
Mark McCall, Service Director, Adult Social Care & Health
Ainsley Macdonnell, Service Director, Adult Social Care & Health
Anna O'Daly-Kardasinska, Group Researcher, Chief Executive's
David Pearson, Corporate Director, Adult Social Care & Health

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 10 December 2018 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Andy Sissons (other reasons).

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

David Pearson declared a private interest in item 10 – Establishing an Integrated Care System Board for Nottingham and Nottinghamshire as he had been appointed as the non-voting non-executive Chair of the Board following his retirement from Nottinghamshire County Council.

AGENDA ORDER

The Chairman agreed to change the order of the agenda to take item 8 after item 5.

4. SUPPORTED EMPLOYMENT SERVICES

Councillor Tony Harper and Ainsley Macdonnell introduced the report and responded to questions.

During questions, Members were advised that a review into iWorks would be carried out to ensure it was running as effectively and efficiently as possible before any additional resources would be requested. Members agreed a timescale of three months for the review and requested that a report be brought back to Committee following the conclusion of the review for their consideration.

Members also discussed how to best promote supported employment across the Council and asked that a report be prepared for each of the committees with staffing responsibilities, for their consideration.

RESOLVED 2019/001

- 1) That a report on the outcome of the three month review into iWorks be brought to Committee, and be added to the work programme.
- 2) That Committee members promote and encourage the creation of further supported employment opportunities both within the Council and externally with local employers.

5. CONNECTING THE NATIONAL ADULT SOCIAL CARE RECRUITMENT CAMPAIGN WITH A LOCAL RECRUITMENT CAMPAIGN

Councillor Steve Vickers and Sue Batty introduced the report and responded to questions.

RESOLVED 2019/002

That approval be given to connect the National Adult Social Care Recruitment Campaign with a local recruitment campaign and proceed with a range of events and activities to boost recruitment to key roles.

8. NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE: 14 – 16 NOVEMBER 2018

Councillor Stuart Wallace and David Pearson introduced the report and responded to questions.

RESOLVED 2019/003

That there were no actions arising from the report.

6. ADULT SOCIAL CARE AND HEALTH – UPDATE ON DEPARTMENTAL INITIATIVES

Councillor Steve Vickers and David Pearson introduced the report and responded to questions.

RESOLVED 2019/004

- 1) That the initiatives, developments and changes to savings target profiles that are planned and underway be approved.
- 2) That the establishment of 1 full time equivalent (FTE) Programme Officer (Band B) post from April 2019 to March 2020 be approved to support the delivery of the Health Integration ICT programme (as shown in the table below).
- 3) That the disestablishment of 1 FTE Community Care Officer (Grade 5) post and the establishment of 1 FTE Temporary Assistive Technology Adviser (Grade 4) post from February 2019 to March 2020 be approved, funded from the previously allocated departmental reserves (as shown in the table below).
- 4) That the move of the Optimum Workforce Leadership team from the Chief Executive's department to the Quality and Market Management Team within Adult Social Care and Health department be approved (posts listed in the table below).

| Post title | End date |
|---|-----------------|
| 1 FTE Programme Officer (Band B) | March 2020 |
| 1 FTE Assistive Technology Advisor (Grade 4) | March 2020 |
| Optimum Workforce Leadership Team <ul style="list-style-type: none">• 1 FTE Strategic Business Manager (Band D)• 1 FTE Workforce Planning Project Officer (Band A)• 1 FTE Training Co-ordinator (Grade 3) | March 2020 |

7. USE OF CAPITAL FOR THE AWARD OF GRANTS FOR BESPOKE SUPPORTED ACCOMMODATION REQUIREMENTS

Councillor Stuart Wallace and Paul Johnson introduced the report and responded to questions.

RESOLVED 2019/005

- 1) That approval be given for the grant of £273,000 from the Department of Health and social Care to be awarded to the preferred housing provider following the tender undertaken.
- 2) That approval be given for the grant of £19,400, recycled from previous grant monies, to the individual to allow the purchase of a shared ownership property.

9. ADULT SOCIAL CARE AND PUBLIC HEALTH – EVENTS, ACTIVITIES AND COMMUNICATIONS

Councillor Tony Harper introduced the report.

RESOLVED 2010/006

That the plan of events, activities and publicity set out in the report be approved.

10. ESTABLISHING AN INTEGRATED CARE SYSTEM BOARD FOR NOTTINGHAM AND NOTTINGHAMSHIRE

Councillor Stuart Wallace and David Pearson introduced the report and responded to questions.

RESOLVED 2019/007

That the approval be given for Nottinghamshire County Council to be a partner of the new Integrated Care System Board, in line with the shadow Terms of Reference.

11. QUALITY AND MARK MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY – CARE HOME AND COMMUNITY CARE PROVIDER CONTRACT TERMINATION/SUSPENSIONS

Councillor Tony Harper and Paul Johnson introduced the report and responded to questions.

RESOLVED 2019/008

That there were no actions arising from the report.

12. WORK PROGRAMME

RESOLVED 2019/009

That the work programme be accepted with the addition agreed earlier in the meeting.

13. EXCLUSION OF THE PUBLIC

RESOLVED 2019/010

That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

14. EXEMPT APPENDIX TO ITEM 11: QUALITY AND MARK MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY – CARE HOME AND COMMUNITY CARE PROVIDER CONTRACT TERMINATION/SUSPENSIONS

RESOLVED: 2019/011

That the information in the exempt appendix be noted.

On behalf of the Committee, the Chairman thanked David Pearson for all of his hard work over the past 36 years.

The meeting closed at 12.45 pm.

CHAIR

04 February 2019**Agenda Item: 4**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

UPDATE ON THE COMMISSIONING AND PROVISION OF CHLAMYDIA TESTING FOR 15-24 YEAR OLDS IN NOTTINGHAMSHIRE

Purpose of the Report

1. The purpose of this report is to update the Committee on the positive progress that has been made in improving the detection of chlamydia, and the important implications this has for the health of young people in Nottinghamshire.

Information

2. Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK, affecting both men and women. It disproportionately affects young heterosexuals between the ages of 15 to 24 years. In women, if untreated, 10-20% of chlamydia cases result in infertility.¹ Other complications of leaving chlamydia untreated include pelvic inflammatory disease. Consequences such as these make the prevention, detection and treatment of chlamydia an important public health issue with benefits for the wider health and care system as well as for our residents.
3. The **chlamydia detection rate** is an indicator of how adequate arrangements are for controlling chlamydia infection in a population. Achieving a higher detection rate reflects improved identification of those requiring treatment. The rate is a function of both the number of tests performed and the overall positivity rate of those tests, which incentivises the targeting of high-risk groups.²
4. Public Health England recommends that local authorities should be working towards achieving detection rates of at least 2,300 per 100,000 population aged 15-24. The current England average is 1,882.^{2,3} Our ambition is to achieve the recommended rate of 2,300.

¹Public Health England (2018) Sexually transmitted infections and screening for chlamydia in England, 2017. Health Protection Report. 12(20), pp.1-26.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713962/hpr2018_AA-STIs_v5.pdf

²Public Health England (2014) Towards achieving the chlamydia detection rate: Considerations for commissioning. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/373105/NCSP_achieving_DR.pdf Accessed on 27/12/2018.

³Public Health England (2018) Public Health Profiles: Chlamydia. Available at <https://fingertips.phe.org.uk/search/chlamydia#page/0/gid/1/pat/6/par/E12000004/ati/102/are/E10000024> Accessed on 27/12/2018

5. The detection rate in Nottinghamshire has generally been below the national average, due in part to the decommissioning of the chlamydia screening programme by the former primary care trust. In 2016, the detection rate for Nottinghamshire County reached a low of 1,456. The Sexual Health Strategic Advisory Group (composed of commissioners, providers and other stakeholders) accordingly formulated a **Chlamydia Action Plan** to improve the effectiveness of chlamydia control in both City and County.
6. Since the report on chlamydia presented to the Chair of the Adult Social Care and Public Health Committee in October 2017, the data which is nationally collated by Public Health England has shown a clear improvement in the Nottinghamshire detection rate. The rate has increased from 1,576 in 2016 to 1,750 in 2017. While that was still below the national and East Midlands averages, the latest figures for quarters 1 and 2 of 2018 show Nottinghamshire now outperforming the regional and national rates (see **Appendix 1**).
7. This improved performance has been driven by an increase in the number of people being tested and the positivity rate of those tests (Nottinghamshire's positivity rate has shown an increase of approximately 10% annually over the last three years).
8. PHE recommend that chlamydia testing should be provided through a range of service types that young people may access. Currently, the majority of chlamydia testing is performed within integrated sexual health services commissioned by the local authority (47%) or in GP services (38%). Uptake of testing through schools and the youth service has generally been low, suggesting that there may be barriers (such as embarrassment) preventing young people from accessing testing in these settings.
9. Community pharmacies play an important role in the delivery of sexual health services, especially through their provision of emergency hormonal contraception (EHC), also known as the "morning after pill". A pilot project is currently underway to offer chlamydia testing during EHC consultations in pharmacies which have high levels of this activity.
10. Since November 2017, NCC has commissioned an online chlamydia testing service, provided by [Preventx](#). This service allows young people in Nottinghamshire (aged 16-24 years) to anonymously request that a testing kit be sent to their home address. If the results come back negative they are informed by text message; if they are positive their details are passed on to the local sexual health clinic who then schedule an appointment for treatment.
11. Since it was first commissioned this service has provided over 2,500 chlamydia tests to young people in Nottinghamshire (as of October 2018), with a 71.8% return rate. Over 160 cases of chlamydia have been identified for treatment. See **Appendix 2** for data tables including the gender breakdown of service users.
12. As this service has now been running for over a year, with gradually increasing levels of uptake, the public health team have undertaken an evaluation to assess how well it is meeting the needs of the at-risk population. This project has involved mapping chlamydia prevalence data against LSOA breakdowns of online testing uptake, and soliciting anonymous online service user feedback. Initial results show a need for greater promotion of the service in economically deprived areas.
13. Work is continuing to identify and target groups at high risk of chlamydia infection with preventative health education, testing and (if required) treatment. The public health team is

working with NHS providers, online services, health promotion teams, NHS England and primary care colleagues in order to accomplish this. The recently-refreshed Sexual Health Joint Strategic Needs Assessment (JSNA) chapter reviews some of the challenges faced and also some of the innovative awareness-raising strategies that have been employed, including the use of social media platforms and health promotion team visits to traveller sites and swinger clubs.

14. This is a planned update from the October 2017 Adult Social Care and Public Health Committee report on chlamydia screening. The county-wide **Chlamydia Action Plan** will be reviewed and refreshed as necessary in the light of the new JSNA chapter. A summary of the plan, and updates against it, can be seen in **Appendix 3**.

Other Options Considered

15. Pursuing a mix of affordable approaches (on-line testing, working with pharmacies, use of social media, etc) was considered the best way to improve detection rates. Pursuing a reduced number of approaches was discounted as it would have limited or delayed progress towards the control of chlamydia in the local population.

Reason for Recommendation

16. To provide Committee oversight of the impact of measures taken to improve and protect the sexual health of people in Nottinghamshire.

Statutory and Policy Implications

17. 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

18. The measures described have been funded through the Public Health grant and through collaboration with partner organisations. The financial benefits of good arrangements for the prevention, detection and treatment of chlamydia arise from reduced transmission (which means fewer infections for our commissioned service to treat) and reduced complications (which means less demand on local NHS primary care, gynaecology and infertility treatment services).

RECOMMENDATION

- 1) That members comment on the positive progress that has been made in improving the detection of chlamydia, and the important implications this has for the health of young people in Nottinghamshire.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Daniel Flecknoe, Acting Consultant in Public Health
Tel 0115 9772566
email: daniel.flecknoe@nottsc.gov.uk

Constitutional Comments (EP 03.01.2019)

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

Financial Comments (DG 03.01.2019)

20. The financial implications are contained within paragraph 18 of this report.

Background Papers and Published Documents

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

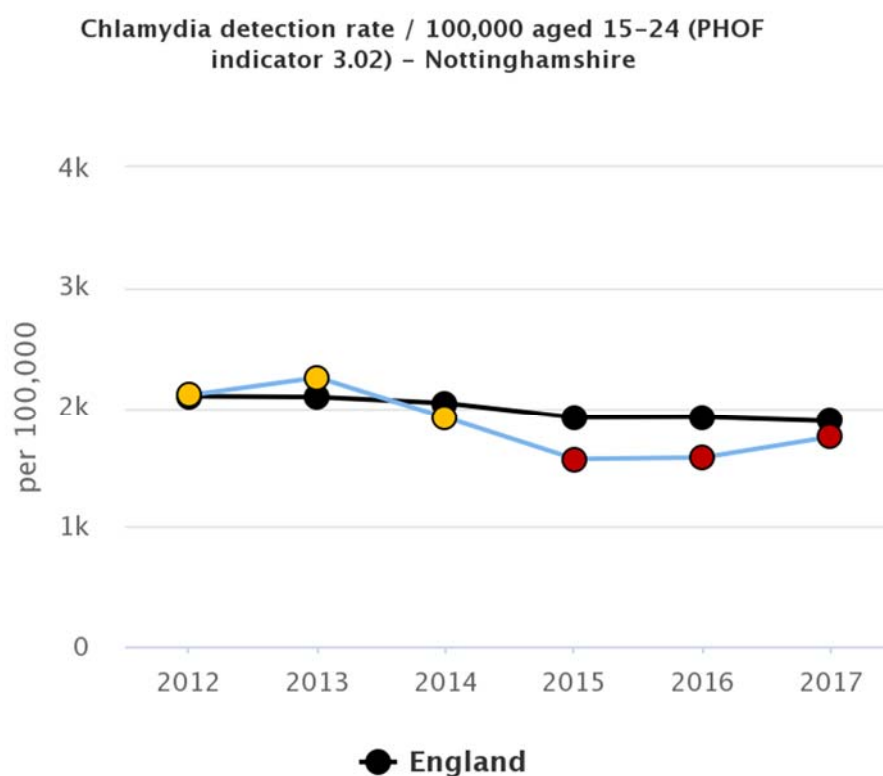
- Update on the Commissioning and Provision of Chlamydia Screening for 15-24 year olds in Nottinghamshire, to Support the Chlamydia Detection Rate. [Briefing to the Chair of the Adult Social Care and Public Health Committee – 16th October 2017].
- Local Authority Commissioning of Comprehensive Sexual Health Services from April 2016 [Report to the Health and Wellbeing Board – 4th February 2015].
- Commissioning Comprehensive Sexual Health Services in Nottinghamshire from April 2016 [Report to Public Health Committee – 26th November 2014].
- Report on progress on actions to support Delivery Plan [Report to Health and Wellbeing Implementation Group – 17th September 2014].

Electoral Division(s) and Member(s) Affected

- All

Appendix 1

The chlamydia detection rate, from 2012-2017, comparing Nottinghamshire with the England average:



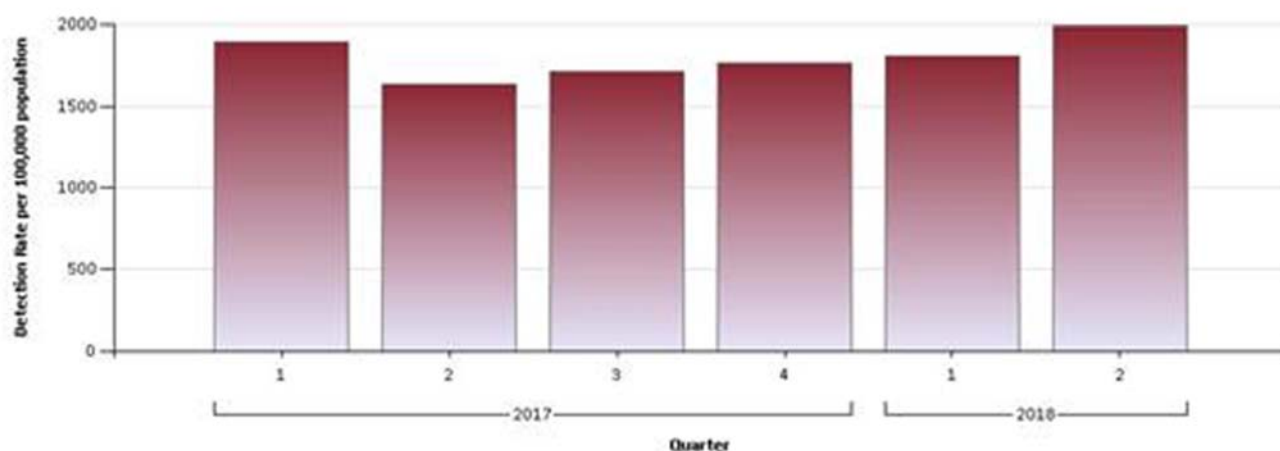
[Chart exported from PHE Fingertips³]

The above graph has not yet been updated to include 2018 data, as there is a delay for these figures to be collated and released by PHE. However, the most recent PHE breakdown of quarterly data shows that **the upwards trend in Nottinghamshire's chlamydia detection rate is continuing** (see below). In fact, the Q2 2018 detection rate for Nottinghamshire was higher than both the East Midlands and overall England average.

Quarterly Chlamydia Detection Rates for NOTTINGHAMSHIRE (Jan 2017 - Jun 2018)

Detection Rate per 100,000 population

■ NOTTINGHAMSHIRE



Appendix 2

Preventx online chlamydia testing service data for the period November 2017 – October 2018:

Table 1: Number of testing kits requested and returned in Nottinghamshire

[Note: The return rates listed in Table 1 are higher than those reported by similar services across the country (usually 40-60%), but we are working with the provider to find ways to improve them]

| Area | Kits Requested | Kits Returned | Return Rate | Actual number of kits tested |
|-----------------------|----------------|---------------|--------------|------------------------------|
| Bassetlaw | 335 | 212 | 63.3% | 207 |
| Mid Nottinghamshire | 982 | 683 | 69.6% | 666 |
| South Nottinghamshire | 1260 | 954 | 75.7% | 919 |
| Total | 2577 | 1849 | 71.8% | 1792 |

Table 2: Number and percentage of online positive chlamydia cases in Nottinghamshire

[Note: The positivity rates in Table 2 are higher than nationally reported rates for online chlamydia testing (usually 6-8%) but lower than the positivity rates for chlamydia tests in the GUM clinics (16.2% in 2017). Online testing may be more likely to attract the ‘worried well’, and we are looking at ways to promote this service to higher-risk populations, which would be expected to increase the online positivity rates]

| Area | No. of Positives | Positivity rate |
|-----------------------|------------------|-----------------|
| Bassetlaw | 20 | 9.4% |
| Mid Nottinghamshire | 66 | 9.9% |
| South Nottinghamshire | 74 | 8.2% |
| Total | 161 | 8.9% |

Table 3: Gender of service users screened

[Note: The gender disparity in service use is consistent with what is seen in sexual health clinics, and is likely to be driven by broader patterns of gendered health service uptake, as well as the higher personal risks (i.e. infertility) associated with chlamydia infection in women]

| Area | % Female service users | % Male service users |
|-----------------------|------------------------|----------------------|
| Bassetlaw | 74.5% | 25.5% |
| Mid Nottinghamshire | 74.3% | 25.7% |
| South Nottinghamshire | 71.7% | 28.3% |

Data source: Preventx

4th February 2019**Agenda Item: 5****REPORT OF THE INTERIM SERVICE DIRECTOR, MID NOTTINGHAMSHIRE****CHANGES TO THE PROTECTION OF PROPERTY AND PETS AND FUNERAL
ARRANGEMENTS POLICY****Purpose of the Report**

1. To update Committee on the outcome of the consultation relating to the Protection of Property and Pets and Funeral Arrangements Policy and to invite the Committee to recommend proposed changes to the Policy, attached as **Appendix 1**, to Policy Committee for approval.

Information

2. Under Section 47 of the Care Act 2014, the Council has a duty to arrange for the protection of property for an adult being cared for away from home:
 - a. **either** where the adult has been assessed as eligible for social care support and their needs are met in accommodation, such as a care home, **or** the adult has been admitted to hospital. **And**
 - b. it appears to the Council that there is a danger of loss or damage to the moveable property because the adult is unable to protect or deal with the property, and no suitable arrangements have been or are being made. Moveable property includes pets.
3. The requirement to review the current policy and practice arose from an internal audit recommendation and the need to review the efficiency and effectiveness of all Council services, especially in light of the Council's current budget gap.
4. At the September 2018 meeting, the Adult Social Care and Public Health Committee gave approval to:
 - a) hold a six week consultation on a proposal to revise the current policy to reduce the time the local authority will store property or board pets from 28 days to 7 or 2 days.
 - b) bring a further report to the Committee on the outcome of the consultation process.

Results of Consultation

5. A questionnaire was sent out through the Consultation Hub on 27th September and ended on 8th November 2018. A total of 50 people responded to the consultation.

6. **Question 1** of the consultation asked people which group they belonged to.

Response 76% were Nottinghamshire County residents, 4% were service users and 16% were relatives, carers or friends of a service user. 4% did not answer this question.

7. **Question 2** of the consultation asked people to consider to what extent they agreed or disagreed with 3 options, as described below:

a) **No change to current policy, i.e. for the Council to continue to pay for the storage of property and care of pets for up to 28 days, with a possible 28 day extension**

Response

- 32 respondents strongly agreed or agreed
- 9 respondents strongly disagreed or disagreed
- 7 respondents neither agreed or disagreed
- 2 respondents did not answer this question.

b) **A change to the current policy: reduce number of days to 7 days and an extension of 7 days in exceptional circumstances**

Response

- 17 respondents strongly agreed or agreed
- 32 respondents strongly disagreed or disagreed
- 1 respondent did not answer this question.

c) **A change to the current policy: reduce number of days to 2 days and an extension of 2 days in exceptional circumstances**

Response

- No one strongly agreed or agreed
- 49 respondents strongly disagreed or disagreed
- 1 respondent did not answer this question.

8. **Response to question 2:** a significant proportion of respondents (64%) wanted no changes to be made to the current policy (option A). 64% are not in favour of option B and 98% were not in favour of option C.

9. **Question 3** asked respondents to make comments about the proposals. Half the respondents completed this question:

Response to question 3:

a) all comments referred to the importance of pets to the wellbeing of the service users. *"Pets are really valuable to people and knowing they are safe..... aid recovery, so is more cost effective in the long term".*

- b) two comments were made about the service user paying for the service if they had the finances. *"I do think that IF patients can afford it and family are able to arrange it then this should be paid for by the patient".*
- c) some comments indicated that reducing the number of days may cause more work for other people. *"I appreciate that the current arrangements are costly to the council but they are only used when a service user has no other option for care of a pet and so by reducing the time will simply put more pressure on service users and workers to make alternative arrangements which could impact on her mental health negatively potentially extending hospital stay even longer."*

10. In conclusion, there will be no change to the number of days for the reasons listed below:

- in recognition of the outcome of the consultation exercise
- a reduction of the number of days to 7 or 2 days is insufficient time for service users to make alternative arrangements and could hamper their recovery time. It would also have a significant impact on social care workers' time as they would have to get involved more frequently in making arrangements for property or pets.

11. Savings will be realised through:

- reducing the budget by £30,000 which has been the approximate underspend for the last two years
- the pet care procurement exercise where a set figure will be offered to the potential provider
- the tightening up of the current policy and process. For example, social care workers will work with service users to identify and set in place advance arrangements, as part of any assessment or review, for individuals such as family, relatives, close friends or other representatives who could be called upon to intervene and look after property/pets, where service users are unable to fulfil this responsibility themselves.

Other Options Considered

12. Options B and C to restrict Council funding to 7 or 2 days for storing property and boarding pets are not recommended as they were not supported by the public consultation. They are deemed to be insufficient time for service users to make alternative arrangements. These time limits would also impact on social workers time as they may have to get involved more frequently in making arrangements.

Reason/s for Recommendation/s

13. Amendments to the policy will be made which will ensure more advance planning is completed with pet owners which will help to reduce cost. The tightening up of invoice collection, introduction of repayment plans if costs are incurred, and the future procurement exercise will also make the service more efficient.

14. The report to Committee in September 2018 identified the need for a procurement exercise. This will commence in February 2019 to seek a provider who will manage and coordinate care provision delivering a cost effective service. Equity of service across the County will be required, reducing the costs and stress associated with transporting pets long distances. The quality of care will be paramount so pets will be cared for appropriately and receive veterinary treatments in a timely fashion, if required.

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 recent changes to legislation introduced by the General Data Protection Regulations (GDPR) Act, a summary data privacy impact assessment (DPIA) has been completed.

Financial Implications

17. No additional implementation costs are envisaged as the associated work outlined in this report would be undertaken by existing staff.
18. The Protection of Property and Pets and Funeral Arrangements budget for 2019/20 will be decreased by the £30,000 underspend.

Human Resource Implications

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

Public Sector Equality Duty implications

20. This proposal will impact on adults who have been assessed as eligible for social care support and their needs are met in accommodation, such as a care home, the adult has been admitted to hospital, and it appears to the Council that there is a danger of loss or damage to their moveable property (including pets) because the adult is unable to protect or deal with the property, and no suitable arrangements have been or are being made.

Implications for Service Users

21. The Council will pay for costs up to 28 days (unless extensions are agreed), to allow service users to make alternative arrangements. During this time, Social Workers would be expected to endeavour to resolve such situations at the earliest opportunity, without the need for the Council to incur additional costs.

22. The Council would work with the service user to implement a repayment plan if continuing storage/boarding rather than expect the service user to make arrangements for payment at the time.

RECOMMENDATION/S

- 1) That Committee recommends the proposed changes to the Protection of Property and Pets and Funeral Arrangements Policy, attached as **Appendix 1**, to Policy Committee for approval.

Mark McCall
Interim Service Director, Mid Nottinghamshire

For any enquiries about this report please contact:

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Commissioning Officer, Strategic Commissioning
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E: Halima.wilson@nottsc.gov.uk

Constitutional Comments (SLB 23/01/19)

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

Financial Comments (CT 23/01/19)

24. The financial implications are contained within paragraphs 17 and 18 of this report.

Background Papers and Published Documents

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

Protection of Property, Pets and Funeral Arrangements Policy - report to Adult Social Care and Public Health Committee on 10 September 2018.

Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All.

ASCPH604 final

Sections highlighted in yellow below are those that have been amended



Policy Library Pro Forma

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

Title: Protection of Property and Pets, and Funeral Arrangements Policy

Aim/Summary: To outline the Council's responsibility for the protection of property, including pets and for funeral arrangements.

Document type (please choose one)

| | | | |
|----------|---|-----------|--|
| Policy | X | Guidance | |
| Strategy | | Procedure | |

Approved by: Policy Committee

Version number: 6

Date approved: 22/4/2015

Proposed review date: new date to be added when revised version becomes live

Subject Areas (choose all relevant)

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

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| Please include any supporting documents | |
|---|---|
| 1. Services/Tenancy/1 (storage) | |
| 2. Services/Tenancy/2 (disposal) | |
| 3. Services/Pets/1 | |
| 4. Services/Funerals/1 – Particulars of deceased from County Council and Private Establishments | |
| 5. Services/Property Inventory/1 – Property Inventory | |
| Review date | Amendments |
| 2019 | Content of the policy amended as a result of internal audit findings, Adult Social Care and Public Health Committee discussions and consultation with the general public. |
| 24.01.2017 | Links amended and Care Act Guidance numbers checked for accuracy |
| 22.4.2015 | Updated in line with the Care Act 2014 |
| 8.7.2013 | Details of Services Team updated, links checked, processes updated. |
| 21.06.2011 | Information included regarding the process for funeral arrangements in care homes. |
| 15.7.2010 | Time limit set for temporary accommodation of pets and property (see section 3.1). Decision number AC/2010/00091 . Links added to updated forms. |
| 13.8.2008 | Updated funding amounts |



Protection of Property and Pets, and Funeral Arrangements Policy

Context

Under Section 47 of the Care Act 2014, the Council has a duty to arrange for the protection of property for an adult being cared for away from home:

Protection of Property and Pets, and Funeral Arrangements Policy

Either where the adult has been assessed as eligible for social care support and their needs are met in accommodation, such as a care home, **or** the adult has been admitted to hospital.

AND

It appears to the Council that there is a danger of loss or damage to the moveable property because the adult is unable to protect or deal with the property, and no suitable arrangements have been or are being made. Moveable property includes pets.

Paragraph 10.94 of the statutory guidance states that, *“this duty.....lasts until the adult in question returns home or makes their own arrangements for the protection of property or until there is no other danger of loss or damage to property. Often a one off event is required such as the re-homing of pets or ensuring that the property is secured”*

The Council also has a duty under Section 46 of the Public Health (Control of Diseases) Act 1984 to arrange a funeral for any person who dies in residential accommodation where there is no other person willing or able to do so.

Responsibilities of the Council

In order to carry out its duties, the Council may:

- Make an inventory of any moveable property
- Ensure the security of the person's property
- Store the property in line with paragraph 10.94 of the statutory guidance
- Terminate the person's tenancy and arrange for the house to be cleared
- Manage the person's estate as appropriate
- Place pets in temporary accommodation or arrange for their adoption
- Make funeral arrangements where necessary

Arrangements for carrying out these duties in the Council are made by: [moved from earlier in the document]

The Business Support Service
Chief Executive's Office
County Hall
Loughborough Road
West Bridgford
Nottingham
NG2 7QP
Tel: 0115 977 2951

The responsibility of the Council ceases upon death, therefore if a service user dies whilst items (including pets) are still in storage or in the care of the Council, the liability for arrangements of the service user's property transfers to the executor or personal representative dealing with the estate.

Scope of this policy

This policy applies to:

Protection of Property and Pets, and Funeral Arrangements Policy

- People who need time to arrange for their property, including pets, to be protected because they have been admitted to residential accommodation following a social care assessment arranged by the Council, or they have been admitted to hospital, and no suitable arrangements have been or are being made.
- People who die in residential accommodation, where there is no other person willing or able to make arrangements for the funeral.

Principles and commitments

- The Council will ensure that the Mental Capacity Act – Two Stage Test for Capacity episode in Mosaic is completed in situations where doubts are raised about the person's ability to make decisions about their property or pets or their ability to give consent for Council staff to enter their property.
- Frontline staff will work with service users to identify and set in place advance arrangements, as part of any assessment or review, for individuals such as family, relatives, close friends or other representatives who could be called upon to intervene and look after property/pets if required, where service users are unable to fulfil this responsibility themselves. **[addition]**
- Frontline staff will signpost service users to other sources of community support, including from the Voluntary and Community Sector, using tools such as Notts Help Yourself. The Council will take "reasonable steps" to prevent or mitigate the loss of or damage to a person's moveable property in situations where there is no-one else to do it. **[addition]**
- ~~The Council, will as far as possible, respect any known wishes of the deceased person with regard to the funeral service and other arrangements.~~ **[deleted as covered later in the document]**
- ~~The Council will take "reasonable steps" to prevent or mitigate the loss of or damage to a person's moveable property in situations where there is no-one else to do it.~~ **[deleted]**

Key actions to meet the commitments set out in this policy

Protection of property, including the boarding of pets

The Council will allow the person up to 28 days to make arrangements for the protection of property, including any pets. **A further 28 days will be allowed for arrangements to be made in exceptional circumstances.** During this time the Council will pay any storage costs or the cost of boarding a pet. The social worker must complete [Services/Tenancy/1 \(storage\)](#) with the service user, which explains what will happen to their property. The service user or their power of attorney and the staff member both need to sign this form.

The Council will review any cases that are likely to exceed the 56 days. If no alternative arrangements have been made, the service user will be asked to pay the storage or boarding company for the continued storage or pet boarding. The assessment of the person's ability to pay will be made by the social worker involved in the case. The contract also becomes directly between the storage or boarding provider and the service user.

If the person is unable to pay and no alternative arrangements have been made and there are no grounds to extend the period of funding then the property will be disposed of and the pet will be rehomed. [addition]

In the case of pet boarding, where the pet has been boarded for less than 28 days, the Council will fund the cost of returning the pet to its owner. However, where the individual has been asked to contribute to the cost of the petcare beyond 28 days, they will also be responsible for any transportation fees. [addition]

In terms of the care of pets, whilst this is incorporated under the remit of "protection of property" there is no definition of protection under the Care Act and therefore it must be given its every day meaning, which would be to keep a pet safe and free from harm. The social worker must complete form [Services/Pets/1](#) with the service user or their power of attorney. This explains what will happen to their pet. The service user/power of attorney and the staff member must both sign this form.

If an animal is suffering from the effects of being boarded for a long period of time then this would not be protecting the animal and re-homing must be considered. If the RSPCA or a qualified vet decides that the pet is too ill or dangerous to be rehomed it will be humanely destroyed. Cases must be dealt with individually.

Where the "protection of property" refers to property other than pets, if after the 28 days the service user is unwilling or unable to pay the cost of storage, the Council at its own discretion, will only store items in exceptional circumstances, agreed on a case by case basis. [replaces 'Although the Council is not responsible for returning the pet or property to the owner or new location at the end of this initial boarding or storage period, the authority currently does fund the transport for pets and property under these circumstances and will continue to do so.']

Property Security

Under certain circumstances the Council is required to make a property secure, for example, where access has been gained by the police whilst serving a mental health warrant or the health of a service user has suddenly deteriorated and access is required by medical services. The Council will arrange and pay for making the property secure.

If a Council officer has to subsequently enter the property they must, under Section 47 (4a) of the Care Act 2014:

- Obtain the consent of the adult concerned, or where the adult lacks capacity to give consent, the consent of the person authorised under the Mental Capacity Act 2005 to give it on their behalf.

- Be satisfied that exercising this power would be in the adult's best interests, in situations where the adult lacks the capacity to give consent and there is no one authorised under the Mental Capacity Act 2005 to give consent on their behalf.

House Clearances

House clearances may be undertaken when a final decision has been made to terminate a tenancy, and where there is no one else to do it. This involves clearing the house of the service user's entire property and will be arranged and paid for by the Council. Funds received from any items sold will be used to reimburse the Council for costs incurred. Any remaining funds will go to the service user. A Mental Capacity Act – Two Stage Test for Capacity episode in Mosaic must be completed before this decision is made. The social worker must complete form [Services/Tenancy/2](#) (disposal) before a house clearance is carried out.

Mental Capacity

If there are significant concerns regarding a service user's capacity to make a decision regarding his or her property and pets, the social worker must ensure that a capacity assessment is undertaken.

In circumstances where the capacity assessment indicates a wider lack of capacity with regard to financial decisions and this is felt to be long-standing, consideration must be given to referring the case to the Court of Protection and deputyship. If the person is already under the care of the deputyship service or has an established Lasting Power of Attorney, the social worker must liaise with this person to make arrangements for the property/pets. The person representing the interests of a person who lacks capacity will be responsible for arrangements for property and pets.

Funerals

The County Council is responsible for the funeral arrangements for people **in Nottinghamshire and any service user** funded by Nottingham City Council in care homes within the County boundary. It is also responsible for arranging a funeral for people who are funding their own care in a residential or nursing home or supported living complex if there is no-one willing or able to do so. The cost of the funeral is claimed back from the estate of the deceased person.

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

- A private funeral will be arranged in accordance with the deceased person's wishes if the person has left written instructions and there are sufficient funds in the person's estate to pay for one.
- In all other situations the appointed funeral director will provide a dignified contract funeral with a coffin taken to the crematorium or cemetery in a hearse attended by bearers. A cremation will be arranged, with the cremated remains being subsequently scattered in the gardens of remembrance, unless it is established that

Protection of Property and Pets, and Funeral Arrangements Policy

the religion of the deceased person forbids cremation or the deceased expressed a wish, either verbally or written, to be buried. The cremated remains will be given to a friend or family member, if requested. If the person was known to be religious, arrangements will be made for a minister of religion or a religious representative of the faith of the deceased person to conduct a service. If the person was not known to be religious a celebrant will be arranged to conduct a civil funeral.

- If there are no arrangements for flowers, a coffin spray at a cost of approximately £30 should be included.

The Council will claim 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.

In situations where the Council is not responsible for the funeral arrangements any relatives or close friends of the deceased person will be directed to [Gov.uk for information around Funeral Payments](#).

The Council **does not** get involved in funeral arrangements in the following circumstances: **[moved from earlier in the document]**

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.

- If a person dies in hospital (NHS) prior to formal admission to a ward, it is the responsibility of the District Council, Public Health Department to make the necessary arrangements.
- 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.
- If the person dies in the Queen's Medical Centre it is the responsibility of Nottingham City Council Environmental Health Department.

4 February 2019**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE AND
DIRECT SERVICES****YOUNGER ADULTS (18-64 YEARS) HOUSING WITH SUPPORT STRATEGY****Purpose of the Report**

1. The report provides an overview of the Council's draft Housing with Support Strategy for working age adults (18-64), attached as **Appendix A**, and seeks approval for public engagement with service users, carers, families, other stakeholders, partners and providers.
2. It also provides an update on the development of Community Living Networks, attached as **Appendix B**, as an example of the different forms of housing with support available and in response to a previous request from the Committee for an update.

Information**Strategic Context**

3. Nottinghamshire County Council's 'Your Nottinghamshire, Your Future' Strategy 2017-2021 and Adult Social Care Strategy set out a strong commitment to ensure that working age adults (18-64) who have a long-term illness and/or disability are supported to live as independently as possible, leading fulfilling and positive lives.
4. This means having access to the right support, if and when people need it, whilst promoting people's independence and wellbeing by building new relationships between formal social care, health, housing, and the support that already exists in families and their local communities.
5. The number of working age adults (18-64) receiving care and support from the County Council has remained static over the past few years but with the level of disability and complexity of need increasing. The Nottinghamshire Joint Strategic Needs Assessment (JSNA) suggests that statistically the number of people needing support is increasing and many of these will require additional funding due to the complexity and cost of providing their care.^[1]

^[1] Nottinghamshire JSNA <http://www.nottinghamshireinsight.org.uk/research-areas/jsna/summaries-and-overviews/the-people-of-nottinghamshire-2017/>

6. The Council currently provides care and support to around 4,000 working age adults (18-64) who have some form of long-term health condition or disability.
7. In 2017, an analysis of the Council's 'younger adults service' identified the following:
 - 37% of service users could achieve greater independence with some adjustment to their support, such as 'enablement' services
 - 35% of service users could achieve improved outcomes with a care package that better reflects their needs, skills and aspirations.
 - 28% of service users were benefitting from a package of care appropriate to their needs that was allowing them to live as independently as was possible.
8. It was identified that 72% of service users could be supported to be more independent and that this opportunity could result in cost savings to the Council, but more importantly, better outcomes for service users by:
 - increasing their independence in their current home - be that supported accommodation or in their own home
 - increasing their independence to be able to move out of residential care
 - Increasing their independence to be able to move out of supported accommodation.
9. The latest figures show that the Council provides Care and Support services to working age adults (18-64 yrs) with 612 people being supported in Housing with Support, 630 people being supported in Residential and Nursing Care settings and around 500 people who receive a 'Supported Living' or 'Outreach service' in their own home.
10. Therefore there is the potential for a number of individuals to move out of residential care, a number of those in Housing with Support to become more independent but still receive support as part of their arrangements and a further number that could feasibly, with the right enablement, move out of Housing with Support into an ordinary home.

Housing with Support – the Council's Offer

11. The purpose of the Housing with Support Strategy is to ensure that:
 - **the right support is provided at the right time, in the right place** for all Nottinghamshire residents who have an assessed need
 - individuals have access to **the right kind of housing to ensure maximum independence** whilst their care and support needs are appropriately met
 - people lead **as fulfilling and positive lives** as possible **in a place they can call home**.
12. The Strategy sets out how the Council optimises the commissioned services that make up its supported accommodation offer for working age adults (18-64) in Nottinghamshire who have care and support needs, which includes people with long-term illnesses, people with learning disabilities, people with Autism/Asperger's, people with physical and sensory disabilities and people with mental ill-health. The Council must ensure that it can provide a level of care and support that is proportionate and appropriate to people's needs and makes

the best use of the available resources. This involves taking a 'whole life approach' to individuals, ensuring that support is available when and where they really need it.

13. The Council has a role in enabling and facilitating housing solutions. It has no direct duty to provide housing to individuals. However, under the Care Act, the Council does have a 'responsibility to ensure that housing is suitable and meets the needs of an individual' who has been assessed and is eligible for care and support.
14. Although the majority of services can be provided to an individual in ordinary housing, there are very close links between appropriate housing and providing the right level of care and support. Therefore when undertaking an assessment of need, consideration will be given as to whether a person requires housing as part of their care and support package.
15. The Housing with Support offer aims to provide working age adults (18-64) who have this assessed need with a clear understanding and expectation of what housing and support options will be available to them.
16. In order to meet a wide range of needs, a spectrum of housing options with varying levels of care and support are required, including supported accommodation, shared housing/halls of residence style accommodation, adult placement through Shared Lives, Community Living Networks and ordinary housing, underpinned with the provision of assistive technology and physical and environmental adaptations as appropriate.
17. An update on the development of Community Living Networks is attached as **Appendix B**, as an example of one of the newer forms of housing with support being progressed. The Committee has previously requested an update on this.

Housing Costs

18. For an individual in Residential Care, the cost of the overall package includes the cost of accommodation as well as the cost of the care and support. For those in Housing with Support, the accommodation cost is usually paid via housing benefit which is the responsibility of the individual alongside the relevant district or borough council. The County Council is responsible for the cost of the care and support. Where a Housing with Support property has a vacancy the Council may be responsible for the cost of the accommodation during the period it is empty, if there is a specific agreement in place with the housing provider.

Implications of the Housing with Support Strategy

19. The Housing with Support Strategy does not change the Council's approach to supporting working age adults (18-64) with social care needs, rather it aims to provide people who have an assessed need with a clear understanding of what housing support will be available to them, ensuring that there is equity and consistency regardless of type of disability or where in the County people live.
20. The Council, through the Housing with Support Strategy, will enable and facilitate housing solutions as part of any care and support package where:

- specialist accommodation is required to provide the specialist level of 'care and support' required by an individual; or
 - there is a benefit from using shared care and support hours; or
 - there is an identified need for additional housing management support to maintain a tenancy.
21. Where the need for Housing with Support is identified as being part of a care and support package, the Council will ensure that it:
- is offered on the basis of a person's individual assessed needs
 - gives consideration to who someone lives with (if anyone), where they live, who supports them and how they are supported
 - reduces the reliance on paid support as far as possible
 - allows individuals to fulfil their own potential
 - encourages positive risk taking
 - is innovative, so that people are encouraged and supported to live as independently as possible
 - enables individuals to embrace lifestyles that reflect ordinary living
 - supports the individual to make realistic housing choices that increase their independence
 - meets the Council's legal duties.
22. Individuals who have an assessed need and who ask for help with housing will go through an enablement and assessment process. This process will evaluate the capability, competency, and capacity of an individual to be able to develop independent living skills to live an 'ordinary life'. The Council will work with the individual, their family and carers to look at all the possible care and support options which will meet the individual's needs and maximise their ability to develop independence. Through the assessment and enablement process the housing need will be evaluated and should housing be required there is the opportunity to identify the type of accommodation needed along with the level of support required. This may include the temporary use of Residential Care, especially if a bespoke housing option is required, an interim Housing with Support offer, a longer-term Housing with Support option, or the prospect to access ordinary housing.
23. Where someone is able to live in an ordinary home, care and support will be available and arrangements developed in line with the individual's assessed needs. The advantages of living in an ordinary home are that people can:
- live as ordinary a life as possible
 - become more independent
 - have greater choices and control over their own life
 - be part of a community of their choosing
 - have housing costs that are more affordable, enabling opportunities to seek employment
 - benefit more from peer support and friendship networks.
24. The strategy has been developed to ensure that those people in need of housing with support have access to it and are clear about what might be offered. Where an individual no longer needs housing with support as part of their care and support arrangements, the Council will work with the individual, their family and carers to find an appropriate alternative

housing solution. This may require the individual to move on to a more independent setting and free up the Housing with Support for other individuals who have a greater need.

25. The strategy seeks to clarify the Council's responsibilities, enabling people to have a better understanding and expectation from the outset of what might be offered to meet different elements of an individual's care and support arrangements.

Engagement

26. The development of the Housing with Support Strategy has included prior engagement with stakeholders and partners and service users and their families and carers.
27. The strategy is currently a working draft document, and has not yet been shared publicly. Therefore as the Council is clarifying its approach to delivering Housing with Support there is a need to involve people further through a wider programme of engagement with service users, carers, families, other stakeholders, partners and providers.
28. The aim of further stakeholder engagement is not to fundamentally change the objectives of the strategy, but is intended to seek stakeholder views about whether the strategy provides people with information that is clear, useful and relevant to them and take account of any concerns that people may have.
29. The engagement exercise will be carried out throughout March 2019 with the engagement feedback and updated Housing with Support Strategy being presented to Committee in May 2019.

Other Options Considered

30. The option of not developing a housing offer that provides clarity on the Council's responsibilities was considered and rejected. Without a clear Housing with Support offer there is the potential for the Council to continue to provide housing for people who are able, with appropriate support, to live more independently which reduces the availability of accommodation for those who may have a higher need and would benefit more from the provision and people may continue to have unrealistic expectations.

Reason/s for Recommendation/s

31. The strategy is intended to provide a framework which ensures that people with an assessed need are provided with housing options that are proportionate and appropriate to need and make the best use of the Council's available resources.
32. It provides clarity to service users, their families and carers as to what housing options might be offered to meet the assessed needs.
33. The strategy also informs housing and support providers about the Council's delivery of Housing with Support services as well as needs data which will help providers to shape their business plans.

Statutory and Policy Implications

34. 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

35. The focus of the strategy is to ensure that the right support is provided at the right time in the right place in the most cost effective way. It is anticipated that the strategy will result in efficiencies through better use of resources and proportionality of provision. Potential efficiencies are currently being modelled and will be presented at a future meeting of the Committee.

Human Resources Implications

36. The delivery of the strategy may require further consideration in regard to staff resources.

Public Sector Equality Duty Implications

37. The Housing with Support strategy will disproportionately affect people with the protected characteristic of disability. Specifically, people with learning disabilities are likely to be more affected than others due to the fact that people with a learning disability make up 70% of the cohort in residential care or supported accommodation.
38. In addition, people with a learning disability and their families are more likely to have considered the provision of supported accommodation as a long term and permanent solution than people in other cohorts and therefore there will be a greater level of culture change required.
39. Ultimately, people will be enabled to have more choice and control in their ongoing everyday lives, but some service users may be supported to move from their current accommodation if their assessed needs change and are no longer optimally met in the current setting.
40. Over time, as people are supported to move to more independent or more appropriate forms of housing with support, some services that are considered to be 'hard to fill' or surplus to requirements may be decommissioned.
41. This approach will ensure greater equity and consistency of service offer, make better use of resources and provide a more consistent framework for future development.

Safeguarding of Children and Adults at Risk Implications

42. The strategy has no factors impacting on safeguarding of children and adults at risk. If a safeguarding situation is identified through a review of Housing with Support provision, this will be addressed through normal reporting procedures.

Implications for Service Users

43. Service users may be supported to move to alternative, but more suitable accommodation which may create uncertainty for affected individuals and their families or carers in the short-term, however, any move will ensure that appropriate provision is in place to meet the assessed need and the longer term outcomes will be that individuals will receive the support they need in a place which enables the greatest levels of independence.
44. Service users and their families will be fully involved in identifying suitable options and in some cases may choose to source their own housing.

RECOMMENDATION/S

That Committee:

- 1) reviews the draft Housing with Support Strategy, attached as **Appendix 1**, and considers any actions it requires in relation to the content of the strategy
- 2) approves further engagement with service users, carers, families, other stakeholders, partners and providers on how best to help people understand what the Housing with Support Strategy means for them
- 3) considers whether there is any further action it requires in relation to the update on the development of Community Living Networks.

Ainsley Macdonnell

Service Director, North Nottinghamshire & Direct Services

For any enquiries about this report please contact:

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Commissioning Manager

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Constitutional Comments (LW 23/01/19)

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

Financial Comments (KAS 25/01/19)

46. The financial implications are contained within paragraph 35 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.

Development of KeyRing Services – report to Adult Social Care and Health Committee on 10 October 2016

Electoral Division(s) and Member(s) Affected

All.

ASCPH619 final

2019

Nottinghamshire Housing with Support Strategy Adults 18-64 DRAFT



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The Councils Purpose for its 'Housing with Support'

In Nottinghamshire, the focus for social care is to help residents to stay independent for longer. Enabling residents to make their own decisions on the care and support services they may need at different times during their life.

Through this strategy the Council is confirming its approach to the management of 'Housing with Support' to ensure that it can adapt and respond to future service demands and requirements. The Council wants to ensure that:

- There is the right support at the right time in the right place for all Nottinghamshire residents who have an assessed need.
- Residents who have care and support needs have access to the right kind of housing to ensure maximum independence.
- Residents who have care and support needs are able to live as close to an ordinary life as possible in a place they can call home.

The Care Act 2014 emphasised the role of housing in ensuring delivery of effective health and social care support. Whilst the County Council is not a housing authority, it recognises the crucial role that the right housing has in meeting an individual's care needs. Therefore to achieve this vision the Council will work closely with all its partners including health, the seven district and borough Councils, private landlords and other housing organisations, care and support providers as well as voluntary and third sector organisations to ensure that there are sufficient opportunities for providing a comprehensive 'Housing with Support offer'.

Introduction

The Council's 'Your Nottinghamshire, Your Future' Strategy 2017-2021 and Adult Social Care Strategy 2017 set out a strong commitment to ensure that adults 18-64 who have a long-term illness and/or disability are able to live as independently as possible in their own home.

The Council must ensure that it can provide a level of 'Care and Support' that is proportionate to people's needs and makes the best uses of the resources available. This involves taking a 'whole life approach' to individuals, ensuring support is available when and where they need it to enable them to live as close to an 'ordinary life'¹ as possible.

The Council can help people to access a wide range of services that provide care and support to maintain, enhance or restore, people's independence, helping them to live independently in their own homes. The majority of these services are delivered to people in their own home. However, it is recognised that some people may need a greater level of care and support and who as part of their care and support arrangements may need more specialist housing to meet their needs. This is the Nottinghamshire County Councils 'Housing with Support Offer'.

This document sets out how the Council will optimise the commissioned services that make up its 'Housing with Support' Offer for adults 18-64 in Nottinghamshire who have care and support needs (including people

¹ REACH Support for LIVING an ordinary life (2014) is a practical resource designed to encourage those supported, their families, commissioners and agencies to be honest about 'where they are at,' to have an understanding of what is possible and agree the steps for moving forward.

with long-term illnesses, people with learning disabilities, people with Autism/Asperger's, people with physical and sensory disabilities, and people with mental illness). It is recognised that for some people residential care may be an appropriate care and support solution either as a transition to 'Housing with Support' or as a longer-term option. However, the focus of this strategy is on 'Housing with Support'.

Background to why the Council provides 'Housing with Support'

Nottinghamshire County Council has a long history of supporting people to live as independently as possible in a range of housing with support arrangements. The Council currently provides care and support to around 4000 adults 18-64 who have some form of long-term health condition or disability. About 600 of these individuals receive 'Housing with Support'.

The number of 18-64 year olds receiving care and support from the County Council has remained static over the past few years but with the level of disability and complexity of need increasing. The Nottinghamshire Joint Strategic Needs Assessment (JSNA) suggest that statistically the number of people needing support is increasing and many of these will require additional funding due to the complexity and cost of providing their care².

In 2017 analysis of the Councils, 'younger adult's services' identified that:

- 37% of service users could achieve greater independence with some adjustment to their support, such as 'enablement' services,
- 35% of service users could achieve better outcomes with a care package that better reflects their needs, skills and aspirations,
- 28% of service users were benefiting from a package of care and receiving the right level of care appropriate to their needs was allowing them to live as independently as possible.

The analysis identified that there was the potential for 72% of service users that could be supported to be more independent and that this opportunity could result in better outcomes for service users by:

- Increasing their independence at their current home.
- Increasing their independence to be able to move out of Supported Accommodation.
- Increasing their independence to be able to move out of Residential Care.

The Care Act 2014

The Care Act 2014 provides a coherent approach to adult social care in England. Part one of the Act (and its Statutory Guidance) sets out new duties for local authorities and partners, and new rights for service users and carers.

The act aims to achieve:

- Clearer fairer care and support for people with disabilities and long-term illnesses.
- A new emphasis on wellbeing - physical, mental, and emotional – of both the person needing care and their carer. In this context, wellbeing includes consideration of the 'suitability of living accommodation' to meet an individual's needs.

² Nottinghamshire JSNA <http://www.nottinghamshireinsight.org.uk/research-areas/jsna/summaries-and-overviews/the-people-of-nottinghamshire-2017/>

- Greater emphasis on prevention and delaying the need for care and support.
- People being in control of their care.
- A seamless transition for young people moving to adult social care services.
- A statutory requirement for local authorities to collaborate, cooperate and integrate with other public authorities e.g. health and housing.

The Care Act and supporting guidance references the importance of housing in the following ways:

- The definition of the core well-being principle, which local authorities have a duty to promote, includes the suitability of living accommodation
- Housing is now explicitly referenced as part of local authorities' new duty to promote the integration of health and care.
- Registered providers of social housing are now explicitly listed as one of the partners a local authority must co-operate with when considering and planning a person's need for care and support
- Strengthening the prevention guidance to go beyond traditional health and social care services and include housing
- Recognition of the role housing plays in providing information and advice to tenants
- Within the guidance on market shaping and commissioning, setting out housing's role in promoting choice and wellbeing, and calling for local authorities to encourage the development of services such as extra care and supported living

Transforming Care

'Transforming Care' is an NHS programme aimed at reducing the number of people admitted to, and the amount of time they subsequently stay in, secure hospitals and assessment and treatment centers. The programme is about improving health and care services so that more people can live in the community, with the right support, and close to home. Over the last five years more than 70 people with learning disabilities and/ or Autism have moved into the community in Nottinghamshire from specialist hospitals. There are still a further 25 adults within these specialist hospitals who need to be supported to live within the community. These individuals will require specialist accommodation that meets their specific needs now and in the future.

The programme has concentrated on people with Learning Disabilities and Autism but similar work is on-going for other people with mental health conditions and the kind of services required to support these complex individuals include specialist supported accommodation, step-up, step down options and skilled support staff.

Transitions

The Council's Children and Families Department support children and young people (under 18) who need care and support. They work closely with the Transitions Team, which consists of social workers, and community care officers who provide planning, assessment, advice and support services for young people preparing for adulthood. The Transitions Team work with young people who have an impairment and require additional social care support. On average, 10 young people each year who transition into adulthood require specialist 'Housing with Support' provision.

Housing

Principles of how to support and enhance the quality of life of people with long-term illnesses and disabilities have become widely recognised. Central to these are the notions of 'ordinary living' ³and the right to a lifestyle valued by society in general and identified as:

- Being part of a community.
- Having a network of relationships involving family and friends, having continuity in relationships.
- Having opportunities to develop, have different experiences, and develop competencies.
- Having choices and control over life.
- Given status and respect.
- Treated as an individual.

District and Borough Council Housing Responsibilities

Good quality housing forms an essential part of a person's ability to live well, and to be independent or as independent as possible. District and borough authorities have a statutory responsibility for housing. This includes (but not exhaustive):

- Setting out objectives, targets, and policies on how the authority intends to manage and deliver its strategic housing role.
- Understanding the needs of their local communities.
- Ensuring that there is sufficient housing availability to meet the needs of the local population, including people with disabilities.
- Managing a framework for housing allocations.
- Providing advice and assistance for homeless people.
- Securing accommodation for applicants who are eligible for assistance, unintentionally homeless and in priority need.
- Providing grants to eligible applicants to allow them to adapt their properties to meet their needs.

The Housing with Support Strategy for Adults 18-64

Section 1 – the ‘Housing with Support’ Offer.

Providing guidance to individuals, their families, and carers on what the Council will do to ensure that individuals who have an assessed care and support need are able to access the right housing at the right time.

Section 2 – the delivery of the ‘Housing with Support’ Strategy

Providing a plan of how the Council will deliver a consistent approach to its delivery of ‘Housing with Support’ to ensure that individuals who have an assessed need are provided with the right housing at the right time

Section 3 – the future demand for ‘Housing with Support’

Providing Housing and Care and Support Providers with an understanding of the type, location and likely demand for housing in the future to ensure that there is sufficient housing in the right places of the right type to meet people’s needs.

Glossary of terms

To be identified as part of the future engagement work.

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Section 1 – The Council’s ‘Housing with Support’ Offer

Nottinghamshire County Councils ‘Housing with Support’ offer aims to provide people who have an assessed need with a clear understanding of what housing support will be available to them. The County Council has a role in enabling and facilitating housing solutions. It has no direct duty to provide housing to individuals, however, under the Care Act, the Council does have a ‘responsibility to ensure that housing is suitable and meets the needs of an individual’ who has been assessed and is eligible for care and support.

There are very close links between appropriate housing and providing the right level of care and support and therefore when undertaking an ‘assessment of need’, consideration will be given as to whether an individual requires housing as part of their care and support package.

Who can access ‘Housing with Support’?

‘Housing with Support’ may be provided by the County Council as part of an individual’s care and support arrangements where:

- Specialist accommodation is required to provide the specialist level of ‘care and support’ required by an individual or
- There is a benefit from using shared care and support hours or
- There is an identified need for additional housing management support to maintain a tenancy.

When the need for ‘Housing with Support’ is identified as being part of an individual’s care and support arrangements the Council will ensure that ‘Housing with Support’:

- Is offered based on a person’s individual’s needs.
- Gives consideration to who someone lives with (if anyone), where they live, who supports them and how they are supported
- Reduces the reliance on formal support.
- Allows individuals to fulfil their own potential.
- Encourages positive risk taking.
- Is innovative so that people are encouraged and supported to live as independently as possible.
- Enables individuals to embrace lifestyles that reflect ordinary living.
- Supports the individual to make realistic housing choices that increase their independence.
- Meets the Council’s legal duties

When the need for ‘Housing with Support’ is not identified as being part of an individual’s care and support arrangements, the Council will work with the individual, their family and/ or carer and its housing partners to assist the individual to find an ‘ordinary home’. The Council will ensure that care and support arrangements will still be available that meet the individual’s assessed needs.

The advantages of living in an ordinary home are that people can:

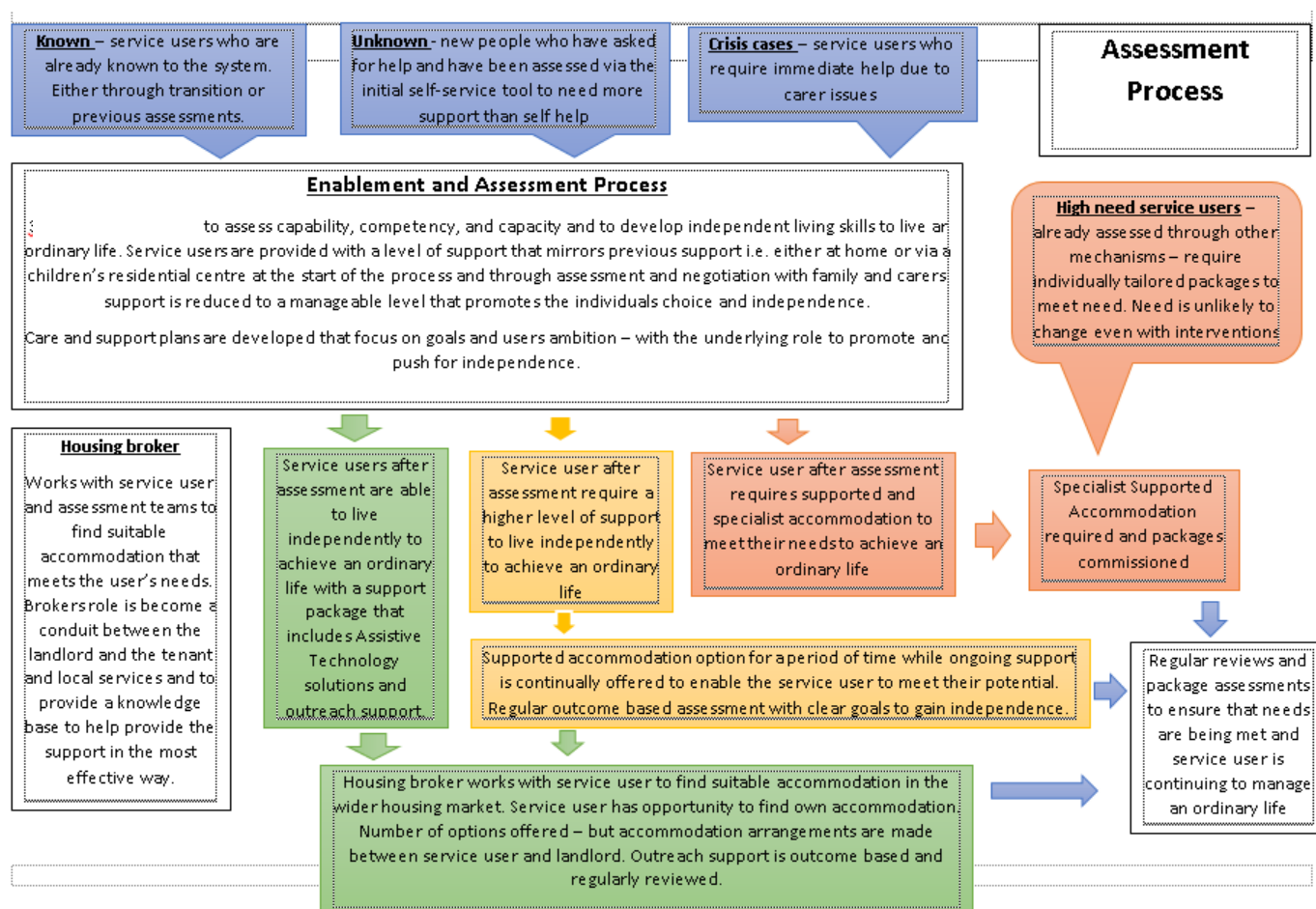
- Live as ordinary a life as possible.
- Become more independent.
- Have greater choices and control over their own life.
- Be part of a community of their choosing.
- Have housing costs that are more affordable, enabling opportunities to seek employment.
- Benefit more from peer support and friendship networks.

How do I know if I can access ‘Housing with Support’?

Assessment

Individuals who have an assessed need and who ask for help with housing will go through an enablement and assessment process. This process will evaluate the capability, competency, and capacity of an individual to be able to develop independent living skills to live an ‘ordinary life’. The Council will work with the individual, their family, and carers to look at all possible care and support options, which will meet the individual’s needs and maximise their ability to develop independence. The assessment and enablement process will consider an individual’s need for ‘Housing with Support’.

Should ‘Housing with Support’ be identified as being needed, then consideration will be given to the most appropriate type of accommodation along with the level of support required. This may include the temporary use of Residential Care, especially if a bespoke housing option is required, an interim ‘Housing with Support’ offer, a longer-term ‘Housing with Support’ option, or the prospect of accessing ordinary housing.



‘Housing with Support’ Options

- The Council will offer where possible ‘Housing with Support’ that meets that individual’s needs and realistic aspirations.

- The Council will work with individuals and their families to identify the most suitable and cost effective 'Housing with Support' option available.
- The Council will seek to maximise the use of existing 'Housing with Support' options that are available within the county that will meet the individuals assessed needs.
- Where the existing 'Housing with Support' options are unable to meet the assessed needs of an individual who has specific and bespoke needs then the Council will seek to commission specialist 'Housing with Support'.
- Where possible, the 'Housing with Support' will be within a preferred locality to enable the individual to continue to receive support from family and friends, but this option will depend on the availability of properties and the level of support required.
- Where an individual is under 35 or at their request and where this can be part of an individual's care and support arrangements for greater independence the use of shared 'Housing with Support' will be considered.
- The amount of care and support that an individual receives whilst living in 'Housing with Support' may reduce as an individual achieves a greater level of independence.
- Where the current 'Housing with Support' no longer meets the individuals assessed needs as the amount of support needed has increased or decreased the Council will work in partnership with the individual, their family and carers to help the individual to move on to more suitable housing that meets the current needs.
- Where an individual no longer needs the 'Housing with Support' option as part of their care and support arrangements the Council will work with the individual, their family and carers to find an appropriate housing solution. This may require the individual to move on to free up the 'Housing with Support' for other individuals who have a greater need.
- The Councils 'Housing with Support' offer may require different tenancy arrangements depending upon the care and support needs of the individual. If these needs change through a person, either requiring more care and support or achieving a higher level of independence than the 'Housing with Support' option provided then a review of the tenancy may be required.
- The Council will consider an individual's full life costs based on their known needs and where 'Housing with Support' is identified as being required as part of the care and support arrangements the Council will provide funding to meet the most cost effective option. Where an individual's preferred accommodation choice has a greater cost than that offered by the Council, the additional funding for the individuals preferred option will be the responsibility of the individual.

'Housing with Support' Reviews

Reviews will consider the current 'Housing with Support' arrangements and evaluate whether the service remains appropriate to meeting the individuals assessed needs, skills and aspirations. If the service is not meeting these needs or if needs have changed, then there will be where possible a realignment of the services in place to ensure that individuals are getting the right care and support, in the right place at the right time.

Individual reviews

Where an individual receives 'Housing with Support' as part of their care and support arrangements they will follow the Councils 'Pathways to Independence' model for reviews. (*Linked document*) The care and support arrangements will be reviewed to maximise the opportunities for people to live independently whilst still receiving care and support appropriate to their needs.

Service Reviews

Reviews of the 'Housing with Support' services will include looking at the property and whether it is fit for purpose as well as the arrangements for each individual who lives in the service to ensure that the support being provided meets the needs of all the tenants.

Should changes to individual care and support arrangements be required, the implications of the overall service will be considered to ensure that there are no adverse effects to other tenants as well as the changes being cost effective for service delivery.

Continuation of support

Where an individual has gained sufficient independence and the need for 'Housing with Support' is no longer a requirement of their care and support arrangements, the Council will work with the individual to develop an alternative network of housing related support. This could include:

- Being part of a **Community Living Network** – where a number of people live in close proximity to each other. Each has their own home or flat although some may choose to share. They are supported by a worker who provides a small amount of practical help to each member of the network, for example, help with paying bills, correspondence, organising appointments, getting the right benefits. The worker is also employed to bring members together and help them form supportive relationships.
- **Emergency response service** - provide a rapid response service where the service user needs personal support in an emergency situation or at short notice to provide any assistance required,
- **Drop in centres** - are a welcoming safe place for people to come along to and socialise with other people who may be having similar issues to you. A variety of structured activities take place during each drop-in group such as art, quizzes, card making, and board games.
- **Floating support** – these are short-term services that have the flexibility to support individuals wherever they live, it is temporary and will 'float away' when no longer need it.

Section 2 – Delivering the Council’s ‘Housing with Support’ Offer

The Council will deliver the ‘Housing with Support’ Strategy through the following activities:

Moving Towards Greater Independence

Individuals living in ‘Housing with Support’ will be encouraged to work towards living with greater independence. Through working with individuals to develop the skills needed for greater independence, individuals will be able to consider different housing solutions options available enabling them to move within ‘Housing with Support’ or out into ordinary housing.

Where, through a review of their Care and Support needs ‘Housing with Support’ is no longer a requirement of the care and support arrangements, the Council will work with individuals, supporting them to move into ordinary housing (General Needs Properties). This will include a revised support package to help with the transition and ongoing assistance.

Providers of ‘Housing with Support’ will be required to support people towards achieving greater independence and where possible enabling individuals to move on to more independent living. This will include help with preparing their new homes, learning life skills such as decorating and gardening as well as cooking and cleaning and money management. Where identified through the review process, additional support hours may be available to help with the transition period and to ensure that the right staff are available to deliver this specific support.

Assessment of existing services

The Council will focus on maximising the use of its existing ‘Housing with Support’ Properties. This will entail a review of all existing services and associated properties, ensuring that they are fit for purpose and are meeting the individual’s needs. The assessment will consider appropriateness of each property, the service delivered within it and its viability in line with future needs.

Vacancies

The management of the vacancies will be on a countywide basis, with each vacancy having a detailed specification to help match ‘Housing with Support’ properties to those requiring access to the services.

Where an individual is moving on either within ‘Housing with Support’ accommodation or out of ‘Housing with Support’ into ordinary housing resulting in a vacancy in the service, the service will be assessed to ensure that it is still meeting the needs and providing a suitable form of accommodation.

Where vacancies exist in ‘Housing with Support’ properties these will be made available to all individuals who have an identified need for ‘Housing with Support’ as part of their care and support arrangements. This includes individuals already receiving ‘Housing with Support’ who may want to live in a different setting as well as people who are in Residential Care and who are able to move into ‘Housing with Support’.

Some vacancies have a void cost. The management of these costs will be addressed through the Void Management Policy which aims to limit the costs associated with the vacancy and maximise use of

properties keeping the number of accommodation units not in use to the minimum necessary to allow for movement within the whole 'Housing with Support' resource.

Delivering the right 'Housing with Support' accommodation

All the 'Housing with Support' properties will be reviewed to ensure that they are meeting current need and that there is sufficient accommodation options available. 'Housing with Support' properties that do not meet current needs will be considered for decommissioning or for changing the level of service that is currently being provided.

The Council will work with both 'Housing' and 'Care and Support' providers to think innovatively regarding the housing options available and how they will further develop their services to meet future needs.

Sourcing the Ordinary Home

Ensuring that there is sufficient access to good quality ordinary housing is essential to providing opportunities for move on and for individuals to have independent living. To support this requirement the Council will work with its housing partners to identify suitable properties. The Council will be looking to identify suitable housing for all individuals including single people as well as for couples or friends sharing.

The Council will continue to develop strong relationships with all its housing partners including private property owners. In certain cases, the Council may consider developing bond guarantor schemes to ensure good quality tenancies and may be able to help the person access grants to help adapt properties or in some circumstances provide small grants to help with the cost of decorating or specific pieces of furniture or equipment.

Providers promoting independence

The Council will work with the residential care sector to identify those people who may be suitable for moving out of residential care. To do this Residential Care providers will be required, wherever possible, to promote independence and encourage skills building so that individuals are able to move into 'Housing with Support'. The Council will look to work with those in the residential care market who are proactive in this approach and develop new ways of partnership working to encourage providers to work proactively. New ways of working where providers who work in an enabling way can be rewarded, and innovation can be incorporated into service delivery will be considered.

Milestones for delivery

| | | |
|--|---|--|
| Moving Towards Greater Independence | Reviews of all individuals who currently receive 'Housing with Support' to ensure that they are in the right housing that meets their needs | by Spring 2021 and ongoing as a cyclic programme |
| Assessment of existing services | Review of all existing 'Housing with Support' properties to ensure that they are fit for purpose and meet future expectations | by Spring 2021 and ongoing as a cyclic programme |
| Vacancies | Reviews of adults 18-50 in Residential Care who may want to live more independently | by Autumn 2021 and ongoing as a cyclic programme |
| | move out of residential care into housing with support | by Autumn 2022 and ongoing as a cyclic programme |
| Delivering the right 'Housing with Support' accommodation | decommissioning of smaller properties | by Autumn 2022 |
| | development of new Housing with Support new schemes | by Autumn 2022 |
| | development of supported accommodation plus properties | by Autumn 2022 |
| Sourcing the Ordinary Home | move out of Housing with Support | by Autumn 2022 and ongoing as a cyclic programme |
| Providers promoting independence | move on within Housing with support | by Autumn 2022 and ongoing as a cyclic programme |

Section 3 - Future Requirements for 'Housing with Support'

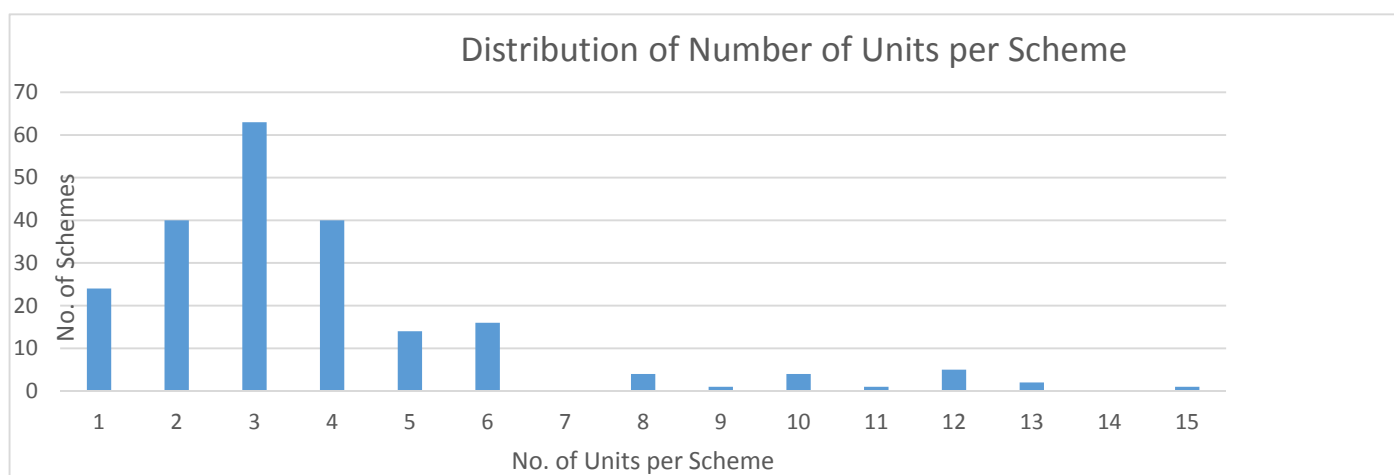
Existing 'Housing with Support' – Properties – Nov 18

Good housing is essential to providing a safe, secure environment for all and there will always be a need for different forms of accommodation to meet the varying needs of people with long-term illnesses and disabilities. Housing availability needs to be more fluid with the commissioned providers being able to use initiative and work with the Council to develop schemes that meet people's needs.

The Council currently provides 812 units of accommodation contained within 215 'Housing with Support' schemes spread throughout the county.

| District | Ashfield | | Bassetlaw | | Broxtowe | | Gedling | | Mansfield | | Newark and Sherwood | | Rushcliffe | | Out of county | | totals | |
|----------------|----------------|-----------|----------------|------------|----------------|-----------|----------------|------------|------------------|------------|---------------------|------------|----------------|-----------|----------------|-----------|------------------|------------|
| size of Scheme | No. of Schemes | Acc units | No. of Schemes | Acc units | No. of Schemes | units | No. of Schemes | Acc units | S No. of Schemes | Acc units | No. of Schemes | Acc units | No. of Schemes | Acc units | No. of Schemes | Acc units | S No. of Schemes | Acc units |
| 1 | 0 | 0 | 12 | 12 | 1 | 1 | 1 | 1 | 3 | 3 | 6 | 6 | 1 | 1 | 0 | 0 | 24 | 24 |
| 2 | 2 | 4 | 7 | 14 | 1 | 2 | 1 | 2 | 13 | 26 | 7 | 14 | 6 | 12 | 2 | 4 | 40 | 80 |
| 3 | 5 | 15 | 14 | 42 | 8 | 24 | 11 | 33 | 8 | 24 | 5 | 15 | 11 | 33 | 1 | 3 | 63 | 189 |
| 4 | 5 | 20 | 12 | 48 | 4 | 16 | 5 | 20 | 5 | 20 | 8 | 32 | 1 | 4 | 0 | 0 | 40 | 160 |
| 5 | 2 | 10 | 2 | 10 | 0 | 0 | 3 | 15 | 1 | 5 | 5 | 25 | 1 | 5 | 0 | 0 | 14 | 70 |
| 6 | 2 | 12 | 1 | 6 | 0 | 0 | 0 | 0 | 6 | 36 | 7 | 42 | 0 | 0 | 0 | 0 | 16 | 96 |
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | 2 | 16 | 1 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 8 | 0 | 0 | 0 | 0 | 4 | 32 |
| 9 | 0 | 0 | 1 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 9 |
| 10 | 1 | 10 | 0 | 0 | 0 | 0 | 1 | 10 | 1 | 10 | 1 | 10 | 0 | 0 | 0 | 0 | 4 | 40 |
| 11 | 0 | 0 | 1 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 11 |
| 12 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 12 | 1 | 12 | 2 | 24 | 1 | 12 | 0 | 0 | 5 | 60 |
| 13 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 13 | 1 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 26 |
| 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 15 |
| Total | 19 | 87 | 51 | 160 | 14 | 43 | 24 | 106 | 40 | 164 | 42 | 176 | 21 | 67 | 3 | 7 | 215 | 812 |

These schemes vary in size with the greatest number of schemes being for properties for 3 people (often with a forth room for sleep-in night support)



The properties provide a range of different accommodation options from shared homes, individual units within a property or single bespoke properties. The care and support is provided at the appropriate level to meet individual needs and consists of shared support, 1-2-1 hours, night time support, and personal care.

| support provided | type of accommodation scheme | number of schemes | what is provided under each type of support |
|-----------------------------------|------------------------------|-------------------|--|
| Supported Accommodation 24hr | self-contained unit(s) | 32 | Properties receive enhanced housing benefits for additional housing management to provide greater housing support for individual's tenancies. Care is provided by a separate organisation - provided on a 24/7 basis and may include both waking and sleeping night support. |
| | shared scheme | 138 | |
| | single person service | 4 | |
| Supported Accommodation Not 24hrs | self-contained unit(s) | 4 | Properties receive enhanced housing benefits for additional housing management to provide greater housing support for individual's tenancies. Care is provided by a separate organisation and is provided during daytime hours. |
| | shared scheme | 2 | |
| | single person service | 2 | |
| Supported Accommodation Plus 24hr | self-contained unit(s) | 14 | Bespoke, specialist housing that meets the needs of individuals with complex needs. Properties receive enhanced housing benefits for additional housing management to provide greater housing support for individual's tenancies. Care is provided by a separate organisation provided 24/7 and may include both waking and sleeping night support. Staff are expected to be more experienced and able to provide the level of support needed for complex individuals. |
| | shared scheme | 11 | |
| | single person service | 5 | |
| Supported Accommodation | out of county | 3 | properties that are outside the county's boundary predominantly within the Nottingham City Area |
| | Totals | 215 | |

Existing number of people receiving support – Nov 2018

The Council currently delivers 'Housing with Support' to 624 adults aged 18-64.

| As of November 2018 | Adults 18-64 | | | |
|----------------------|--------------|-------|-------|-------|
| | 18-64 | 18-35 | 35-50 | 51-64 |
| Housing with Support | 624 | 182 | 227 | 215 |

The Council also supports about 637 adults aged 18-64 in residential care settings.

| As of November 2018 | Adults 18-64 | | | |
|---------------------|--------------|-------|-------|-------|
| | 18-64 | 18-35 | 35-50 | 51-64 |
| Residential Care | 637 | 164 | 183 | 290 |

Future Potential Demand

Potential additional demand on the services based on 6% predicted growth

| As of November 2018 | Adults 18-64 | | | | |
|----------------------|-----------------------------|---------------------------|-----------------|-----------------|-----------------|
| | 2018/19 total numbers | 6% increase by 2026 | growth 19/20 | growth 20/21 | growth 21/22 |
| Housing with Support | 624 | 37 | 5 | 5 | 5 |
| Residential Care | 637 | 38 | 6 | 6 | 6 |

Reorganisation of existing 'Housing with Support'

In 2017, an analysis of the Council's 'younger adults service' identified that 72% of service users could be supported to be more independent and that this opportunity could result in cost savings to the Council, but more importantly, better outcomes for service users by:

- increasing their independence in their current home - be that supported accommodation or in their own home
- increasing their independence to be able to move out of residential care

Increasing their independence to be able to move out of supported accommodation.

Therefore there is the potential for a number of individuals to move out of residential care, a number of those in 'Housing with Support' to become more independent but still receive 'Housing with Support' as part of their arrangements and a further number that could feasibly with the right enablement move out of 'Housing with Support' into their ordinary home.

The Council would not prevent anyone who through the care and support review asked to live more independently; everybody would be considered for a potential 'move on' even if that were still within a care or support setting. However it is not envisaged that many of those in Residential Care who are over 50 given the vulnerability that their age and their disability combined with living in a residential setting for a long time would be able to feasibly move to more independent 'Housing with Support'. The Council may consider supporting individuals to move on into 'Housing with Care' schemes where individuals have both a disability

and an age related condition. This would be most suitable where extra care can meet the additional need requirements.

Future Housing Requirements 2019-2022

The Council will not be looking for any net increase in the number of accommodation units within the next three years. The Council will however be looking for a potential change to the type and location of properties, replacing smaller units with slightly larger units where there is the need and demand. The way, in which the accommodation is, developed needs to adapt to provide a different range of properties that meet the needs of the individuals now and in the future. Therefore, the Council will be looking to providers to develop a number of housing opportunities.

'Housing with Support'

The Council will be looking to work with Housing Providers to provide a range of 'Housing with Support' properties spread throughout the county. These will include

- Individual units in small clusters
- Shared properties – with communal space
- Bespoke properties – designed to meet the needs of very complex individuals
- Adapted properties - able to meet a variety of needs

The Council will be looking for Housing Providers who are able to

- Provide properties with realistic rental costs with a clear understanding of what the additional housing management responsibilities are to support properties receiving enhanced housing benefits rates.
- Change a property from 'Housing with Support' accommodation to ordinary housing – allowing tenants to remain in their home as care and support needs reduce.
- Provide tenancy arrangements that consider the needs of the individual, so that should the level of need change then individuals are supported to move on to accommodation that is more appropriate that meets their current requirements.
- Provide a range of other housing options within a locality – allowing for move on opportunities for those individuals who are able to live a more independent life.

Over the next three years, the Council will be looking to:

- Decommission some smaller shared units where following review, they are identified as not meeting future needs
- Replace these smaller properties with schemes of at least 12-15 units of individual flats/cluster properties with no overall net increase in the number of supported accommodation units.
 - The Council already has a number of these in development so will not be looking for any additional schemes for the next two years and until the review of existing properties has been completed.
- Commission up to 25 units of bespoke Supported Accommodation Plus properties throughout the county for supporting complex individuals leaving secure hospitals or for whom this need has been identified due to their complexity of need.
 - The Council already has a nine of these units in development.
- Reduce the number of residential beds commissioned by 12% and find ways of contracting to reward residential providers who are proactive in supporting the promoting independence agenda.

Ordinary Housing (general needs)

In addition, the Council will also be looking for Housing Providers who can help deliver the following accommodation opportunities

The Council is looking for a variety of properties that would meet the needs of single people, couples, those that want to share with one friend, or those who want to live with a group of friends. Properties need to be in a good location, within a community setting, close to local amenities including shops, public transport, doctors etc. Properties need to be future proofed and funding may be available for minor adaptations and installation of assistive technology.

The Council would look for options to work in partnership with housing partners to develop projects such as a social housing lettings agency; maximising the opportunities for using ordinary housing and to support vulnerable people.

In the next three years, the Council will be seeking:

- 100 accommodation units throughout the county for people moving out of supported accommodation in to ordinary housing (general needs). These opportunities may be in a variety of schemes and may include 'halls of residence'/move on properties as well as sheltered courts and extra care schemes. Where possible properties should be within a close proximity so that they can form part of the community living network.

Co-housing with support to promote independence (Halls of Residence)

Making use of existing properties that offer opportunities for self-contained single unit accommodation with shared communal space including kitchen and lounge. Schemes will provide an opportunity for individuals with support needs to have a space, which they can learn to live more independently whilst still have the security of a 24-hour concierge service and housing management support. Additional support will be provided depending on the assessed needs of the individual and as these individuals move on they will continue to access an appropriate level of support that is necessary for them to remain independent. Opportunities exist for developing peer-to-peer support networks and for the provider to identify additional properties within the locality that can be used for move on.

The Council will be looking to work in partnership with other statutory organisations to help develop 'Co-housing with support' (halls of residence) opportunities which could be linked to the community living networks. Each 'co-house' could contain up to 20 individual studio flats for developing independence. These housing opportunities would be able to support individuals

- who may not qualify for a 'Housing with Support' Offer or
- who are moving out of 'Housing with Support'
- who would benefit from a period of supported living to enable them to gain independence skills for example people who are homeless, t, people who have been living with Carers, looked after children etc.

Community Living Networks

Creating a network of properties that enable individuals to live independently. Properties may come from a variety of sources and may not be owned by any one provider but would be within a small geographical radius. Key features will be that the properties would be general needs but the geographical location means 'floating or visiting support' could be provided for a more intensive service initially with ongoing support available going forward that the individual would access on more of a drop in basis when required. Members would be encouraged to offer peer support and reduce their reliance on paid for support gradually.

The Council will be looking to develop a number of new networks linking in existing people who receive care and support in ordinary housing alongside new individuals who will join over the next few years. The Council is looking for flexibility of delivery with housing options and opportunity's for self-development to be incorporated into any support offer.

The Council is looking for the development of one network in each major town or where there is sufficient demand. Each network to consist of at least 10 units within a 10-minute walk with the potential of increasing the number of people supported through the network as they develop.

Additional Requirements

Assistive Technology

All properties will need to embrace assistive technology opportunities to help manage or eliminate a wide range of risks to both the individual e.g. of falling, or to the property e.g. fire, smoke, flood alert. Property based systems will need to be future focused and provide for remote monitoring and access linked to a central call handling system.

Where suitable Assistive Technology solutions could look to support the delivery of Care and support, reducing at times the need for visits and providing a personalised bespoke solution that meets the needs of the individual.

Adaptations

The Council will be looking for opportunities to have general needs properties adapted to maximise their use and long term provision for providing a safe and secure environment. Adaption may include wet rooms, external lighting, grab rails, mixer taps, etc. Funding may be available for these adaptations through the District Councils disabled facilities grants programme.

Appendix 1 – Case Studies (pending)

Case studies – examples of how the 'Housing with Support' strategy works in practice.

Individuals who have

1. Moved into 'Housing with Support' having lived at home with aging carers.
2. Reduced the amount of support required but still living in the same 'Housing with Support' home.
3. Moved out of 'Housing with Support' into an ordinary home.
4. Moved out of 'Housing with Support' into a Community Living Network.
5. Had support increase whilst living in 'Housing with Support'.
6. Moved from one 'Housing with Support' property to another.

4 February 2019**Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE AND
DIRECT SERVICES****INTEGRATION AND PARTNERSHIPS IN NORTH NOTTINGHAMSHIRE
(BASSETLAW)****Purpose of the Report**

1. The purpose of this report is:
 - a) to provide a summary of the work undertaken to date to progress health and care system integration in South Yorkshire and Bassetlaw
 - b) to seek comments on the content of the draft Bassetlaw Place Plan, attached as **Appendix 1**, and support for the direction of travel.

Information**South Yorkshire and Bassetlaw Integrated Care System**

2. In 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England, with the aim of improving health and care for patients.
3. Integrated Care Systems (ICSs) have evolved from STPs and take the lead in planning and commissioning health and care services and providing leadership with a focus on places, populations and systems.
4. The district of Bassetlaw sits within the NHS planning footprint of the South Yorkshire and Bassetlaw Integrated Care System (ICS) but is also an associate of the Nottingham and Nottinghamshire ICS.
5. The ICS covers five geographical areas - Bassetlaw, Barnsley, Doncaster, Rotherham and Sheffield where there are significant health inequalities, with healthy life expectancy differing by more than 20 years across the area. Where deprivation is high, access to services is variable and outcomes can be worse than in other areas. There are higher than average deaths in people aged under 75 years from cancer, heart disease and serious mental illness. Levels of childhood poverty are significantly higher than the national average

and the gap is widening, and there are more teenage conceptions and mums smoking during pregnancy than average.

6. In response to these health inequalities, eight key priorities were set out in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan, published in November 2016, as follows:
 - Healthy lives, living well and prevention
 - Primary and community care
 - Mental health and learning disabilities
 - Urgent and emergency care
 - Elective care and diagnostics
 - Maternity and children's services
 - Cancer
 - Spreading best practice and collaborating on support services.
7. Sixteen separate transformation workstreams are now in place with clear plans, objectives and measures to progress actions against the key priorities set out in **paragraph 6** above.
8. Additionally, there has been significant financial investment to progress the work of the ICS as follows:
 - £555,000 for suicide prevention
 - £880,000 to improve mental health services for new and expectant mothers
 - £600,000 for maternity services
 - funding was also received for Barnsley Hospital children's emergency department and assessment unit as well as funding for an ambulance hub development in Doncaster
 - these are in addition to the previous announcement of £10 million to support the expansion of hyper-acute stroke services at Sheffield Teaching Hospitals and a new CT scanner and capacity expansion at Doncaster and Bassetlaw Teaching Hospitals.
9. The work of the South Yorkshire and Bassetlaw ICS is governed by a Collaborative Partnership Board. Partnership governance arrangements are currently being reviewed, reflecting and building upon the learning from the past two years of the partnership.
10. The key principles underpinning the review are to keep what is working well, reshape or change what is not, add governance where it adds value, learn from other systems, minimise duplication and simplify as far as possible how we work together. It is anticipated that the new governance arrangements will start in April 2019.
11. Further information about the South Yorkshire and Bassetlaw Integrated Care System can be found on the ICS website: www.healthandcaretogethersyb.co.uk
12. Each of the five areas within the South Yorkshire and Bassetlaw ICS footprint have developed local Place Plans which set out how ICS and other partner priorities will be implemented at a local level under the governance of an Integrated Care Partnership Board.

Bassetlaw Integrated Care Partnership (ICP)

13. Local delivery of Integrated Care System priorities is undertaken through the Better in Bassetlaw: Place Plan (**Appendix 1**).
14. An Integrated Care Partnership Board is in place to oversee this, chaired by Bassetlaw Community and Voluntary Service, with membership as follows:
 - Nottinghamshire County Council (Adult Social Care/ Public Health)
 - Bassetlaw District Council
 - Bassetlaw Clinical Commissioning Group (CCG)
 - Bassetlaw Community and Voluntary Service
 - Doncaster and Bassetlaw Teaching Hospitals Foundation Trust
 - Nottinghamshire Healthcare Foundation Trust
 - Larwood and Bawtry Primary Care Home
 - Retford and Villages Primary Care Home
 - Newgate Primary Care Home
 - Healthwatch.
15. The Integrated Care Partnership (ICP) is underpinned by a memorandum of understanding, and through the ICP the partners support developments and strategy at place level, for all of Bassetlaw's 116,000 residents.
16. The Place Plan sets out the strategic direction for the ICP in Bassetlaw, and focuses on priorities most appropriately led at place level.
17. This plan sets out how partners will work together to deliver improvements in health and wellbeing for Bassetlaw citizens by 2021, through simpler, integrated, responsive and well understood services. The plan describes how this ambition will be achieved through a programme of priority work streams:
 - **Integrated support for the wellbeing of Bassetlaw citizens**, including community-based, person-centred approaches, encompassing welfare, housing, social activities, employment and health support.
 - **Providing the right support at the right time**, through integrated health and care pathways in community and acute settings.
 - **Joined-up communications and engagement**, using shared approaches and putting Bassetlaw people at the heart of service design.
 - **Joint Transport strategy**, to better understand community needs, make best use of collective resources and improve efficiency and experience.
 - **Sustainable and effective services**, enabled by an integrated workforce, digital and estates infrastructure which makes the best use of Bassetlaw resources.
18. This is underpinned by a collaborative partnership model which sets out the principles for partnership working in Bassetlaw, in that the ICP will:

- listen to and understand others' views and agendas
- build mutual trust and respect
- work in a way that emphasises dialogue rather than debate
- think, talk, plan and reflect together
- be open, honest and clear on the scope and purpose of the service change and what people can influence and how and by whom and by when decisions will be made.
- make communications simple, accessible and inclusive
- ensure the partnership will actively listen to the views of the communities we serve and represent those voices in its decision making.

19. The Bassetlaw Place Plan is currently being refreshed and comments are welcomed in relation to the priorities and indicators of success prior to sign off by the Integrated Care Partnership Board.

Key integration developments in Bassetlaw

20. Collaborative working between ICP partners has resulted in significant progress on a number of developments, with a few outlined as follows:

Interoperability

21. Phase 1a of the project – sharing social care data with the Emergency Department at Bassetlaw Hospital went live on 12th November 2018.
22. Plans also being discussed with regards to Phase 2 - the electronic Assessment/Discharge notices which is planned go live in March 2019.
23. There is potential to apply for NHS Digital funding to assist with technical resource requirements.

Integrated Care Teams

24. Staff in the older adult social care teams have been aligned with the Primary Care Homes across Bassetlaw. Primary care homes or primary care networks are an innovative approach to strengthening and redesigning primary care by bringing together a range of health, social care and voluntary sector services and professionals with a focus on local population needs and providing care closer to patients' homes.
25. A phased implementation has been taking place with Larwood and Bawtry going live in November 2018, Newgate in December 2018 and Retford and Villages in January 2019. Meet and greet launch events have taken place for staff and photo boards are in place at each Primary Care Home site so that people will get to know each other and recognise their colleagues.
26. Space has been made available to social care staff in GP practices and initial agreement has been gained for use of Nottinghamshire Healthcare Trust buildings with formal agreement expected soon.
27. Older Adult team managers have been nominated to specifically progress integration with practice staff and promote multi-disciplinary working.

28. Larwood and Bawtry Primary Care Home was featured as a good practice case study in a publication by the Association of Directors of Adult Social Services (ADASS) and the National Association of Primary Care in November 2018. *Primary care home and social care: working together* is a guide to how colleagues in adult social care and primary care can work more closely together to strengthen their working relationship in the interests of patients, service users and carers.
29. One reported impact of the Larwood and Bawtry collaboration is that “*The new social care clinic has sped up referrals for patients to be able to see social workers and enabled GPs to make sure their patients get faster access to the social care services they need. Patients are now seen within a week. GPs feel more empowered to resolve issues that could be impacting on their patients’ health. Initial feedback has been positive.*”
30. The publication can be found at the following website:
<https://www.adass.org.uk/media/6741/napc-social-care-guidepd.pdf>

Short Term Independence Service (STIS)

31. A review of the STIS therapy input has been completed jointly with Nottinghamshire Healthcare Trust with the intention of shortening the intervention process, making closer links with START services in order to reduce duplication and increase efficiencies.
32. A pilot is in place until the end of March with the STIS role that covers the emergency department at Bassetlaw Hospital joining and being managed by the Integrated Discharge Team.

Delayed Transfers of Care

33. The number of delayed bed days at Doncaster and Bassetlaw Teaching Hospitals which are attributable to social care has significantly reduced in recent months from 46 days in April 2018 to 0 in November 2018.
34. This has been due in part to better availability of community support in Bassetlaw following the retender of home based care and development of the Home First Response Service, both of which have supported individuals to be discharged home.
35. A further key reason for the improvement in performance is due to the proactive and collaborative work of the Integrated Discharge Team (IDT), which is a partnership between Doncaster and Bassetlaw Hospitals Foundation Trust, Nottinghamshire County Council and Nottinghamshire Healthcare NHS Foundation Trust. The team is made up of discharge nurse specialists, social workers, mental health workers, community care officers, ward discharge co-ordinators, community nurses and therapists who work together to ensure the discharge process runs smoothly which in turn leads to improved patient experience and quality of care on discharge.

EMSPPlus

36. Development of an escalation management tool which provides a daily dashboard for Operational Pressures Escalation Levels (OPEL) went live in November 2018. The

dashboard allows local health and social care partners to input their position in relation to pressures and available capacity which is then automatically collated and cascaded throughout the system.

Voluntary Sector Interventions

37. Work is being led by Bassetlaw Community Voluntary Sector (BCVS) to review and map interventions from third sector providers at Bassetlaw Hospital, i.e. BCVS, Royal Voluntary Service and the NCHA Bassetlaw Connect service with the aim of reducing duplication and ensuring that the options provided by each service are as efficient as possible with regards to assisting timely discharge and to avert re-admission and stop hospital admission.

Transport Hub Development

38. Joint work is taking place with Bassetlaw District Council and Bassetlaw Teaching Hospitals to introduce a provision at the front door of Bassetlaw Hospital that will provide patients and families with transport advice and guidance such as bus timetables, taxi information etc. There is also discussion taking place with regards to whether access to the Notts Help Yourself portal could be incorporated within the hub.

Hospital Discharge Accommodation

39. In consultation with system partners, Bassetlaw District Council has developed a new accommodation option to facilitate hospital discharge for anyone unable to return to their previous abode, including people with mental health needs.
40. The scheme is in the form of two 2 bedroom bungalows which are adapted to accommodate both able bodied and physically disabled individuals along with their partners, family or carers, if required.
41. The objective of the scheme is to reduce costs to the NHS by assisting those who would otherwise have had to remain in hospital. In addition to this, it also supports families in crisis and helps prevent the long term damage which can be caused by repeated homelessness.

Other Options Considered

42. Other joint integration development options are currently being considered for inclusion in the ICP work programme.

Reason for Recommendation

43. The report provides the Committee with an opportunity to consider any further actions arising from the integration arrangements in South Yorkshire and Bassetlaw and provides an opportunity for the Committee to comment on the draft Bassetlaw Place Plan.

Statutory and Policy Implications

44. 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

45. There are no financial implications arising from the content of the report. Funding is in place to support the current developments and workstreams at both ICS and ICP levels. The Council's input is currently met through existing staff resources.

RECOMMENDATION/S

That Committee:

- 1) considers whether there are any further actions it requires in relation to the work undertaken to date to progress health and care system integration in South Yorkshire and Bassetlaw
- 2) comments on the content of the draft Bassetlaw Place Plan, attached as **Appendix 1**, and supports the direction of travel.

Ainsley Macdonnell

Service Director, North Nottinghamshire and Direct Services

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Constitutional Comments (SLB 21/01/19)

46. Adult Social Care and Public Health Committee is the appropriate body to consider the content of this report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (KAS 25/01/19)

47. The financial implications are contained within paragraph 45 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.

South Yorkshire and Bassetlaw Sustainability and Transformation Plan

Electoral Divisions and Members Affected

| | |
|------------------|-----------------------------|
| Blyth & Harworth | Councillor Sheila Place |
| Misterton | Councillor Tracey Taylor |
| Retford East | Councillor Steve Vickers |
| Retford West | Councillor Mike Quigley MBE |
| Tuxford | Councillor John Ogle |
| Worksop East | Councillor Glynn Gilfoyle |
| Worksop North | Councillor Alan Rhodes |
| Worksop South | Councillor Kevin Greaves |
| Worksop West | Councillor Sybil Fielding |

ACPH624 final



Better in Bassetlaw: Place Plan 2019-2021

DRAFT



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This Bassetlaw Place Plan sets out how partners will work together to **deliver improvement in experiences, health and wellbeing for Bassetlaw citizens by 2021, through simpler, integrated, responsive and well understood services**. The Plan describes how we will achieve this ambition through a programme of priority work streams to ensure we are better in Bassetlaw:



Integrated support for the wellbeing of Bassetlaw citizens, including community-based, person-centred approaches, encompassing welfare, housing, social activities, employment and health support



Providing the right support at the right time, through integrated health and care pathways in community and acute settings



Joined-up communications and engagement, using shared approaches and putting Bassetlaw people at the heart of service design



Joint Transport strategy, to better understand community needs, make best use of collective resources and improve efficiency and experience.



Sustainable and effective services, enabled by an integrated workforce, digital and estates infrastructure and making the best use of the Bassetlaw £.

This plan describes the Integrated Care Partnership, how it will use a population management approach, and a collaborative partnership approach to engagement of partners and the public to inform detailed plans. It then describes what the partnership will do, and its measures of success.

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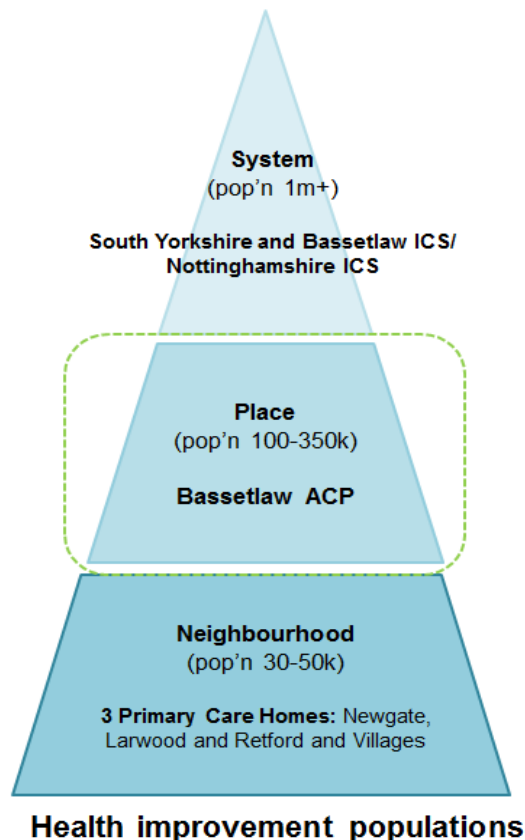


Catherine Barn

Director of BCVS, and Chair
of Bassetlaw Accountable
Care Partnership

This Bassetlaw Place Plan is the document which sets out the vision for the Bassetlaw Integrated Care Partnership (ICP).

The ICP will deliver improvement in experiences, health and wellbeing for Bassetlaw citizens by 2021, through simpler, integrated, responsive and well understood services which ensure people get the right support at the right time. This will support local people to stay well in their own homes and communities.



The ICP in Bassetlaw is a partnership of chief executives and senior leaders from BCVS, Bassetlaw District Council, Bassetlaw NHS CCG, Doncaster and Bassetlaw Hospitals NHS Trust, Nottinghamshire County Council, Nottinghamshire Healthcare NHS Foundation Trust and three Primary Care Homes.

Underpinned by a memorandum of understanding, through the ICP the partners support the district's three Primary Care Homes, supporting developments and strategy best delivered at place level, for all Bassetlaw's 116,000 residents. Primary Care Homes seek to link staff from general practice, community-based services, hospitals, mental health services, social care and voluntary organisations to deliver joined-up care for populations of approximately 30,000-50,000. In Bassetlaw, there are 3 Primary Care Networks (also known as Primary Care Homes):












- Retford and Villages;
- Newgate;
- Larwood and Bawtry.

The ICP also locates place-based developments within the South Yorkshire and Bassetlaw shadow Integrated Care System (sICS) which brings together the partners that plan and deliver health and care services from across Bassetlaw, Doncaster, Rotherham, Barnsley and Sheffield, and the Nottinghamshire Sustainability and Transformation Partnership. This Place Plan sets out the strategic direction for the ICP in Bassetlaw, and focuses on priorities most appropriately led at place level.

Bassetlaw takes a population health improvement approach which involves three interdependent pillars:

- **Infrastructure:** the structure of the Bassetlaw Integrated Care Partnership (ICP), described on page 9), and a collaborative partnership approach (see page 14) ensures that partners are involved, and support and challenge each other, in all elements of population health improvement;
- **Intelligence:** Partners collate their insights and data at place and primary care home levels, and by population, to form a collective understanding of the needs of Bassetlaw people;
- **Interventions:** Interventions are planned and analysed using a population segmentation approach.

Population needs

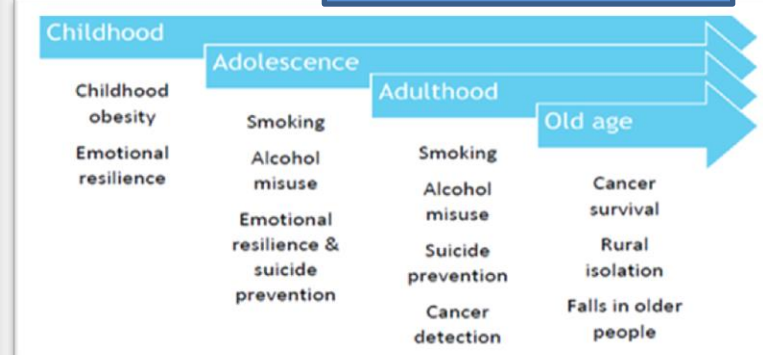
| | |
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|  Alcohol-related hospital admissions are above the national average, particularly for women |  In young people mental health problems (e.g. depression, anxiety) and substance misuse now account for 1/3 rd all ill health |
|  9% of reception year children (and 20.6% of year 6 children) locally are classified as obese |  Bassetlaw life expectancy is below regional and national average for both men and women |
|  No. of patients living with dementia expected to increase by 20% between 2015-21: dementia is the leading cause of death in women nationally |  Nationally, number of people with diabetes expected to increase by 1million to 5million by 2035 – Bassetlaw has a high incidence of recorded diabetes |
|  Bassetlaw has higher incident rates of depression, hypertension, obesity, dementia, CKD compared with regional or national rates |  The % of people diagnosed with cancer and still alive a year later is lower than national average (breast, lung, colorectal) |
|  33% of Bassetlaw population have at least 1 long term condition – 13% have at least 3 |  Bassetlaw has higher % of over 80yr olds than footprint average: nationally, people can on average expect to live to about 63yrs in good health |
|  Smoking prevalence in Bassetlaw above 20% compared to the national average of 18.4% | |

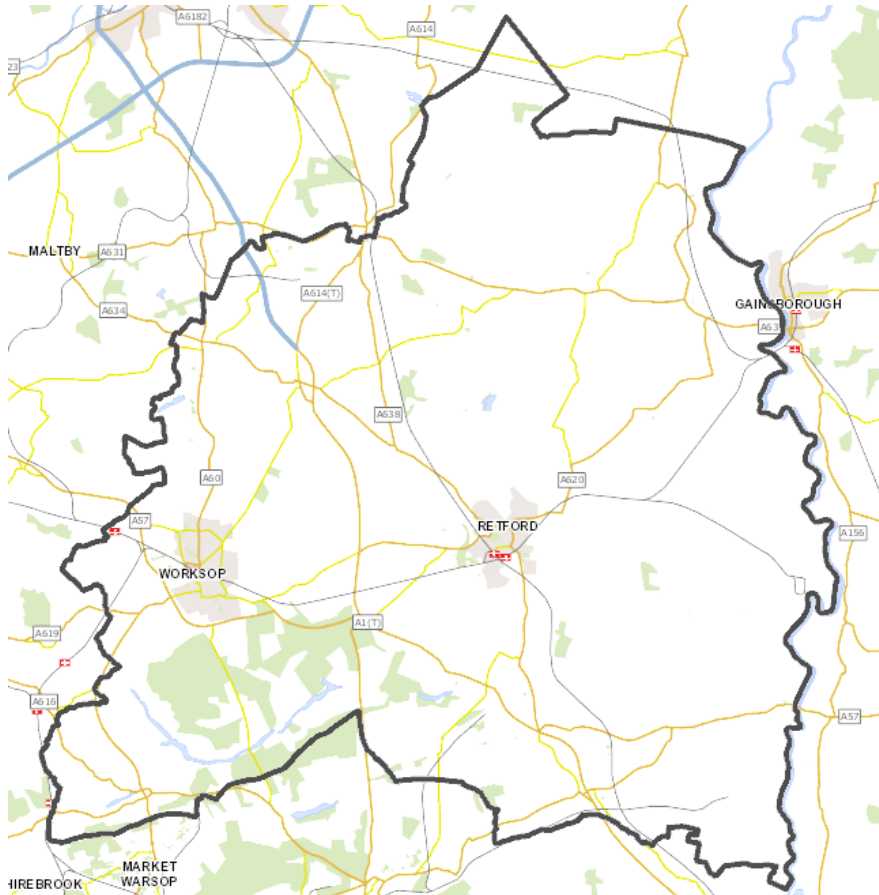
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Population segmentation tool template

| | Generally well/good wellbeing | LTCs/ social needs | Complex LTCs/ social needs/ disability |
|---------------------------|-------------------------------|--------------------|--|
| Children and young people | We know: | We know: | We know: |
| | We do: | We do: | We do: |
| Working age adults | We know: | We know: | We know: |
| | We do: | We do: | We do: |
| Older people | We know: | We know: | We know: |
| | We do: | We do: | We do: |

Prevention priorities

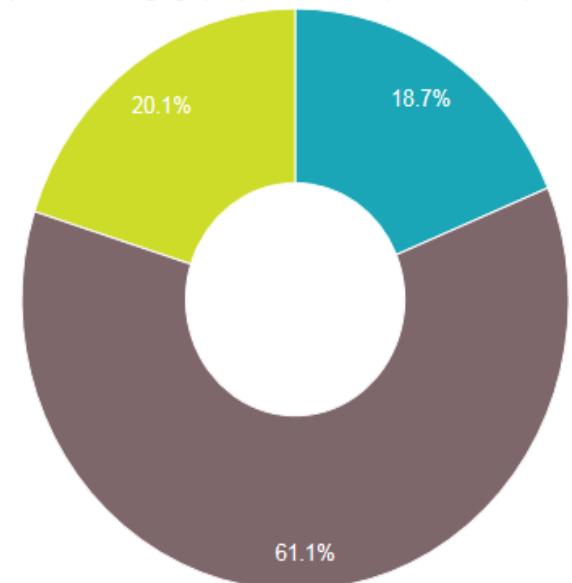




With a population of approximately 116,300, Bassetlaw has a higher birth rate than the average for the county (63.9 per 1000 women, compared to 51.6).

Crime rates and educational achievement are comparable to the wider county, however there are a higher proportion of people living with a long term limiting condition (21.8% compared to 20.32%), and in social rented accommodation (12.9% compared to 9.3%) than in the rest of Nottinghamshire.

● All People 0-17 (2017) ● Working age people 18-64 (2017) ● All People 65+ (2017)



Bassetlaw is located as the northernmost district in the county of Nottinghamshire. Median earnings for Bassetlaw people are lower than for the wider county, at £458.70 a week, compared to £494.90 for Nottinghamshire.

Bassetlaw citizens benefit from excellent primary care services, a vibrant voluntary and community sector, 'good' children's services and schools and an established social prescribing offer. Local people have on average a higher happiness score, and for feeling satisfied with life than either the East Midlands or national average (ONS 2012-2015).

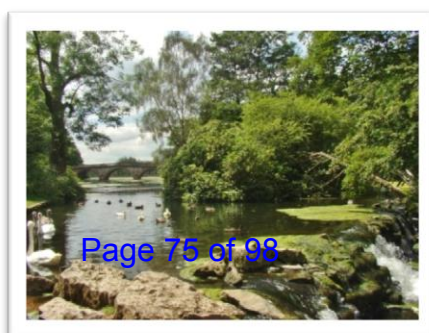
However, Bassetlaw people experience lower life expectancy than for people in the wider East Midlands (78.8 compared to 79.3 for males, and 81.8 compared to 82.9 for females). The numbers of people who view their own health as 'very bad' is high. Incidence of excess weight in Bassetlaw children is too high, with almost 9% of reception year children (and 20.6% of year 6 children) locally are classified as obese.

Compared to other areas, emergency admissions are high. National data identified that 2-16% of all older people experience regular loneliness which increases to approximately 50% in the over 80s – with a large elderly population and many rural communities, rural and social isolation and loneliness is a concern in Bassetlaw.

Smoking prevalence in Bassetlaw is estimated to be above 20% (measured as 22.5% in 2013) compared to the national average of 18.4% [ACP, 2017]. Alcohol-related hospital admissions in Bassetlaw are above the national average. The percentage of people diagnosed with any form of cancer who are still alive a year later is also low (67.9% compared to 69.6% nationally).

There are also significant inequalities within the district. For example, life expectancy for a female born in Worksop South East ward (77.4 years) is almost 9 years less than for a female born in East Markham ward (86.3 years). Over 48% of households Sutton are economically inactive, compared to 24% in Worksop North ward, and 12.7% of people in Sutton have their day to day activities limited by long term health conditions, compared to only 8.6% in East Retford West ward.

The local population is increasing, nationally demand and expectations of health and care services are rising whilst there is a reduced financial envelope for public services. Much has been achieved in Bassetlaw but there is more to do.



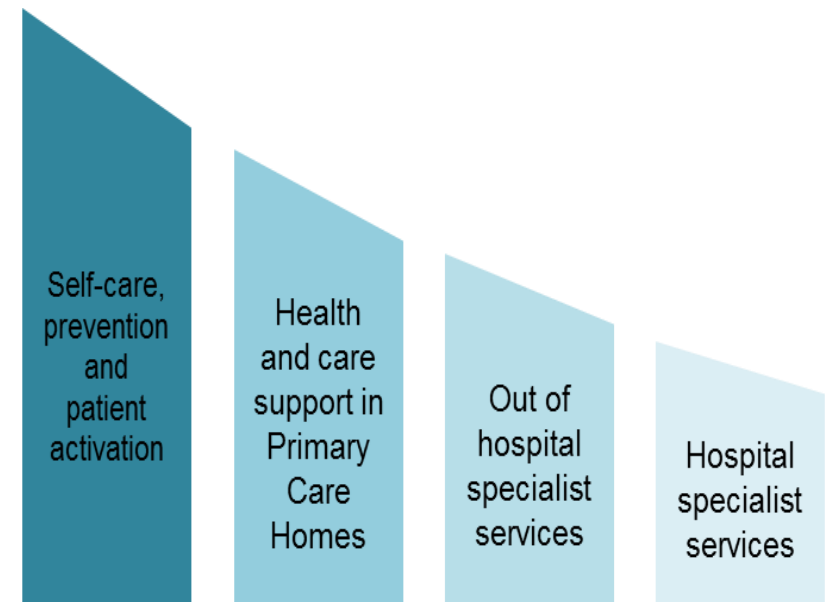
Bassetlaw integration journey began in 2013 when partners began working together, sharing strategic plans, service priorities and cross-sector programs through the Bassetlaw Integrated Care Board. In 2015, the NHS Five Year Forward View in 2015 then set a clear vision for the NHS, underpinned by strong collaboration across health and care systems and the necessity to develop new models of care. Bassetlaw responded to this through the establishment of social prescribing, three primary care networks and a range of integration initiatives, followed by the creation of the Accountable Care Partnership Board in 2016. The joint commitment, aligned plans and clear vision has successfully driven forward a number of service improvements that have improved outcomes and experience for local. These include:

- Innovation through primary care networks, including pharmacy in care networks, teenage counselling and engagement with schools;
- Integrated community health and social care teams aligned to primary care networks;
- Further integration of hospital discharge teams to include community services, and covering weekends;
- Development of interoperable information sharing systems between Bassetlaw Hospital and social care.

However, there remains more to do, and new challenges are emerging. The Bassetlaw population is projected to increase by just over 2% to 2021. Population growth in the over 65's is an estimated 10.6% between 2016 and 2021. The number of people over 65 with living with dementia is anticipated to increase by 20% between 2015 and 2021. The number of patients with a long term limiting illness is projected to increase by 20.8% between 2015 and 2025.

All statutory partners within Bassetlaw, including the CCG, County and District Councils, and the community acute NHS providers are subject to finite financial envelopes with which to respond to increase in expected demand for health and care services

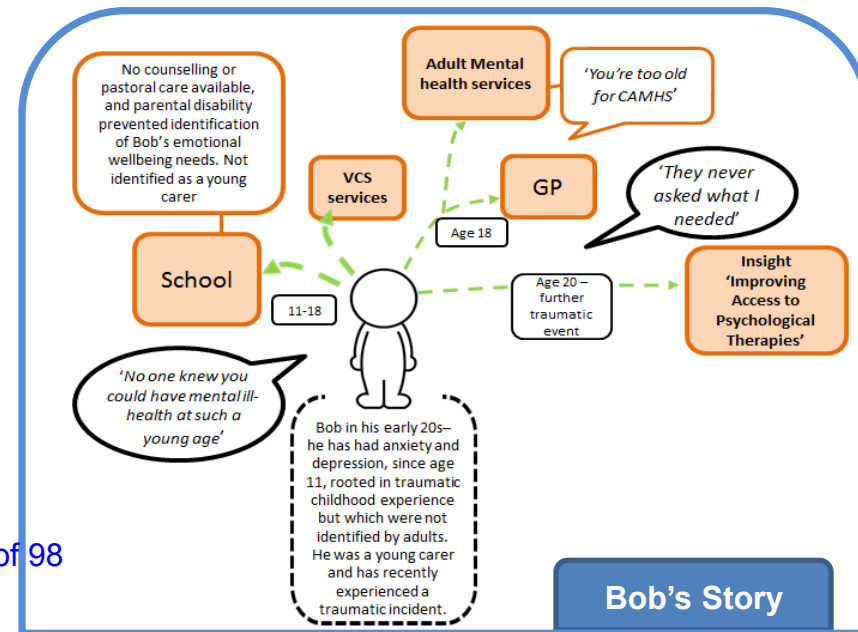
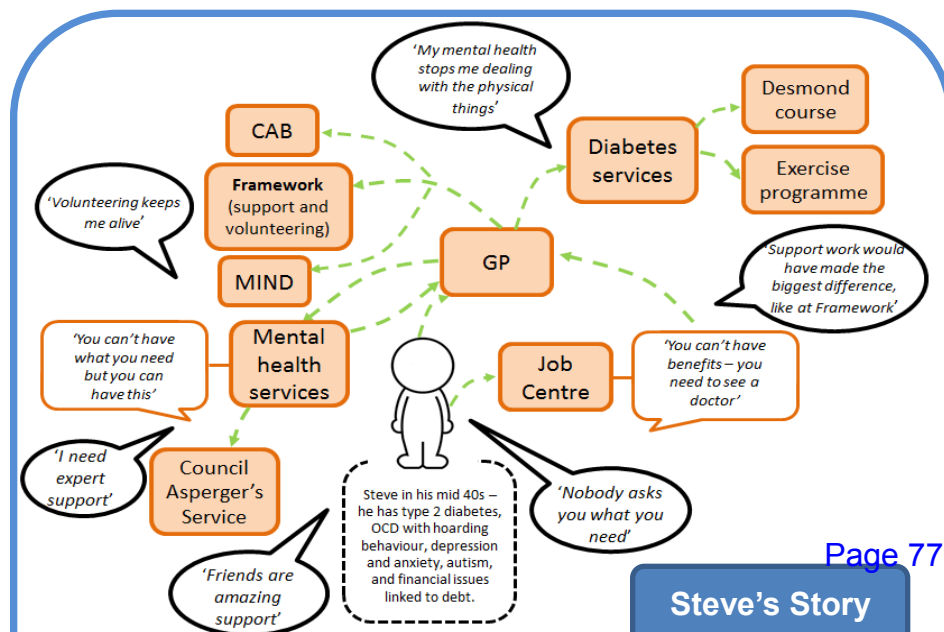
Our collective challenge is to identify how we work differently and better together so that Bassetlaw people get the right support at the right time, so that we improve health and wellbeing, and make best possible use of the Bassetlaw £.



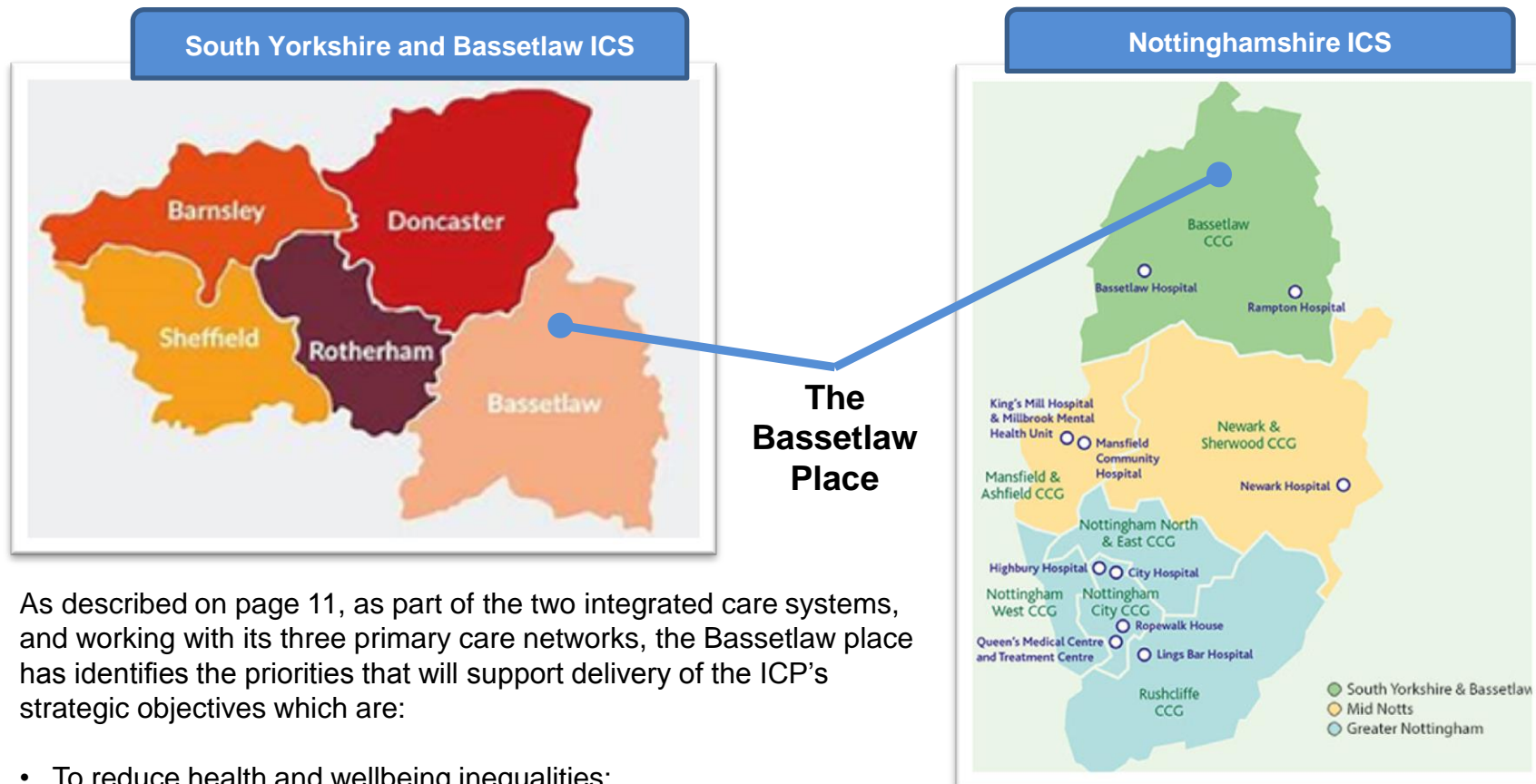
Resources shift over time

The ICP priorities are those identified by Bassetlaw partners as those where by working across NHS, local government and voluntary sectors and beyond, the greatest impact on the ambitions for healthy individuals families and communities can be achieved, that would not be possible without such collaboration. This will realise the vision for the Bassetlaw place, to **deliver improvement in experiences, health and wellbeing for Bassetlaw citizens by 2021, through simpler, integrated, responsive and well understood services which ensure people get the right support at the right time.** Using the lived experience of Bassetlaw people, partners are working together on shared projects and initiatives on the following priorities:

- **Integrated support for the wellbeing of Bassetlaw citizens**, including community-based, person-centred approaches, encompassing welfare, housing, social activities, employment and health support
- **Providing the right support at the right time**, through integrated health and care pathways
- **Joined-up communications and engagement**, using shared approaches and putting Bassetlaw people at the heart of service design
- **Joint Transport strategy**, to better understand community needs, make best use of collective resources and improve efficiency and experience
- **Sustainable and effective services** enabled by an integrated workforce, digital and estates infrastructure and making the best use of the Bassetlaw £.

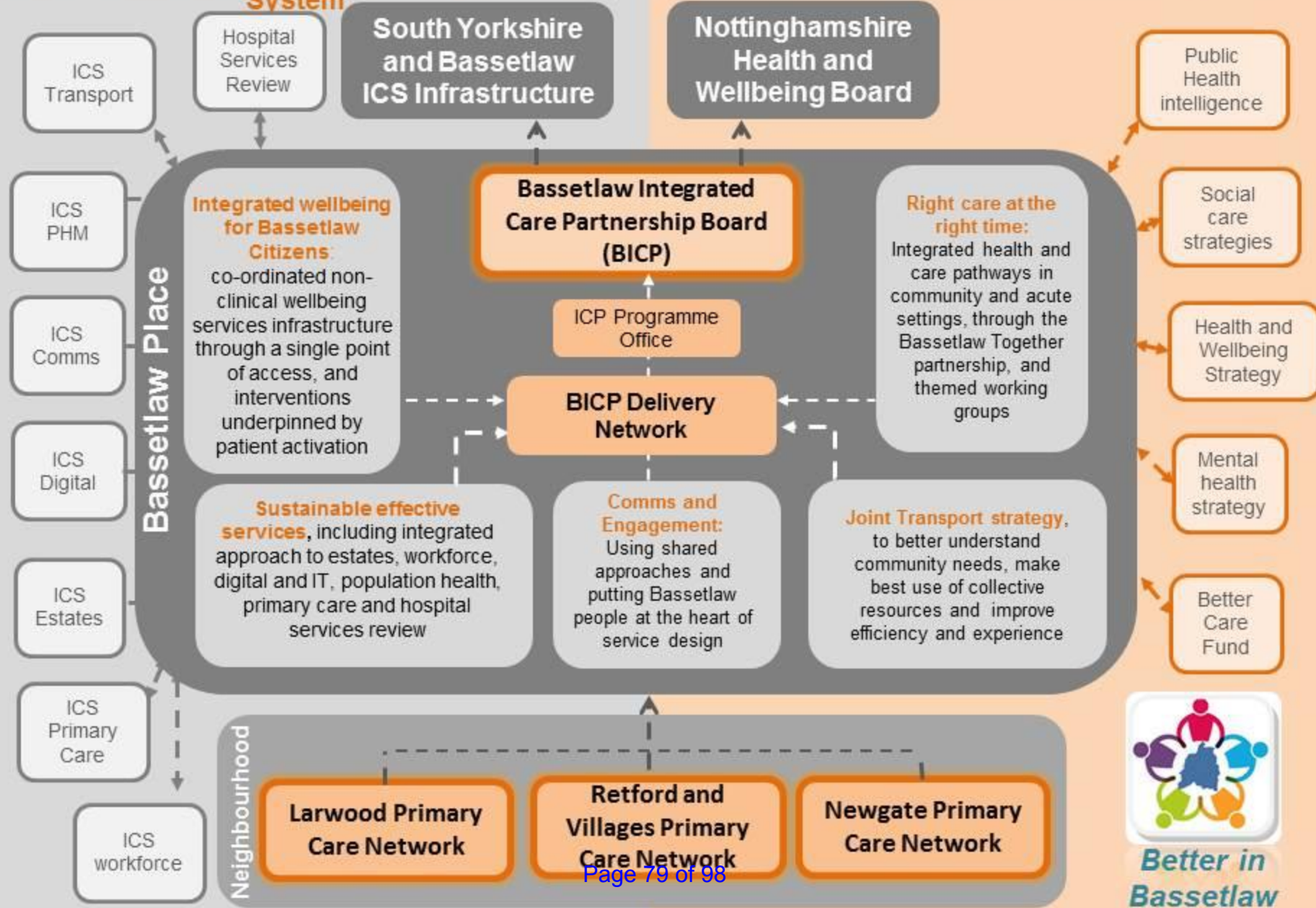


Bassetlaw's unique geography means that it spans two Integrated Care System footprints – South Yorkshire and Bassetlaw, and Nottinghamshire.



South Yorkshire and Bassetlaw Integrated Care System

Nottinghamshire Integrated Care System



To reduce health and wellbeing inequalities Bassetlaw's primary care networks and all ICP partners will:

- Enable integrated service delivery, targeted in areas of highest need, ensuring all partners are trained and skilled in supporting those hardest to engage, and with the poorest outcomes;
- Target support with self-care/ patient activation with segments of the population with the poorest health and wellbeing;
- Reduce disadvantages faced by rural communities, particularly those experiencing economic deprivation, housing issues and poor transport links, to improve equality of access to services through transport initiatives;
- Identify communities and individuals where loneliness and isolation is a particular factor, and targeting of schemes and interventions;
- Support and enable engagement and communications with target populations and communities, to ensure health and care services and messages are responsive to the needs of Bassetlaw people most likely to experience poor health, using an integrated approach;
- Deliver themed summits related to local inequality issues, such as rural isolation and transport;
- Identify and implement opportunities to use digital solutions to improve access and engagement with prevention, early intervention and other health and care services, in particular for communities most likely to experience poor health, including with children.
- Enable employment initiatives which support people into work to tackle disadvantages caused by worklessness to individuals and communities;
- Design public spaces and buildings which meet the needs of different communities, and which encourage healthy behaviours.

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Indicators of success



The gap in under 75 standardised mortality ratios for deaths from circulatory, respiratory and coronary heart disease between the best and worst performing wards closes



The percentage of children living in out of work families, and childhood obesity, reduces



More people with long term conditions are supported back in to work



The number of 'healthy options takeaways' in target communities increases;

Indicators of success



The number of people participating in sport and physical activity increases



More people benefitting from person-centred care, using patient activation measures



Improved cancer waits and survival



Fewer suicides, and better mental ill-health prevention

To improve the health and wellbeing Bassetlaw's primary care networks and all ICP partners will:

- Enable local, accessible integrated health and care services which provide the right support at the right time
- Create a shared workforce strategy approach and practice model, underpinned by person-centred care and patient activation;
- Support better self-care and emotional resilience so that risky health behaviours are reduced across the life course
- Improve access to services through transport initiatives, targeted at communities with poor health outcomes and transport links
- Reduce the impact of loneliness on poor mental and physical health through increasing social capital and contact for the most isolated, including through social prescribing
- Communicate the shared service offer and developments across partners so all services and practitioners are aware of the spectrum of services available, and people use the most appropriate service for their needs, including social prescribing and non-clinical sources of support.
- Enable engagement with the public that shapes commissioning and design of health and care services.
- Commission creatively to manage demand, including for crisis, emergency and intermediate care.
- Developing interoperable recording systems to support all agencies to give the right support at the right time with the right information to inform effective decision making.
- Enabling Bassetlaw people to have access to information and support where they are, such as via online services.

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To enable sustainable and effective services the ICP will:

- Understand how the Bassetlaw £ is spent, and plan for future services better together;
- Link effectively to the ICS, and influence transformation approaches in the best interests of Bassetlaw;
- Enable integrated delivery, provision and commissioning of services which reduce duplication and increase efficiency, by optimising the sharing of functions, people and resources;
- Reduce preventable demand for health services in the medium to longer term through early intervention and patient activation;
- Ensure there is value for money by focusing on return on investment in high quality, early intervention and prevention services;
- Support more cost effective, sustainable and fair transport availability in communities;
- Secure a sufficient workforce, with a diverse skill mix that offers best value for the Bassetlaw £, and high quality services.
- Enable engagement with the public that shapes commissioning and design of health and care services that are responsive to local needs.
- Reduce administrative burden, inefficiency and preventable hospital stays caused by insufficient interoperability and lack of shared care records
- Make best use of public buildings, reducing duplication, and sharing resources
- Improved wellbeing at work offer across partners and through local employers
- Increased joint commissioning across local government and health sectors.

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Indicators of success



More efficient workforce, with improved staff experience and better recruitment and retention



The rise in Accident and Emergency attendances is reduced



Better community and partner engagement



Reduced prescribing spend in primary care homes

Indicators of success



Fewer falls and hip fractures



Low levels of delayed transfer of care from hospital, with people receiving personalised support to remain independent



Fewer people admitted to adult social care services



More people receiving personal budgets

To people to stay well and independent for longer, Bassetlaw's primary care networks and all ICP partners will:

- Enable local, accessible integrated health and care services which provide the right support at the right time, to prevent escalation of needs and early intervention where support is required
- Supporting better self-care and emotional resilience so that more challenging health and care issues are delayed or prevented, enabling people to live well for longer.
- Reduce delayed transfers of care, and ensure appropriate support packages are in place to prevent re-admission;
- Reduce the demand burden on health and care services from loneliness and isolation through increasing social capital and contact for the most isolated
- Ensuring the workforce is trained and skilled in prevention and early intervention, including patient activation, to support people to stay well at home for longer
- Identifying and implementing opportunities to use digital solutions to improve access and engagement with prevention, early intervention and other health and care services, in particular for communities most likely to experience poor health.
- Work together to address housing issues, and prevent falls
- Increase the use of personal budgets;
- Embed person-centred care as an approach across partners
- Develop effective intermediate care provision
- Working jointly to optimise the potential of investments via the Better Care Fund.

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The ICP has endorsed the use of a collaborative partnership model, developed by one of its partners, Nottinghamshire Healthcare NHS Foundation Trust, working with the King's Fund. The model sets out our ambition to work collaboratively with our communities, our staff and our partners to develop and change services. It outlines the principles and processes so we can work successfully together. We will use all our skills, knowledge, experience and learning to develop the best services possible within the finances available. The model sets out the principles for partnership working in Bassetlaw.

Changing Our Services Collaboratively



The partnership will:

- Listen to and understand others' views and agendas
- Build mutual trust and respect
- Work in a way that emphasises dialogue rather than debate
- Think, talk, plan and reflect together
- Be open, honest and clear on the scope and purpose of the service change and what people can influence and how and by whom and by when decisions will be made.
- Make communications simple, accessible and inclusive
- Ensure the partnership will actively listen to the views of the communities we serve and represent those voices in its decision making

Better in Bassetlaw: The Bassetlaw Place Plan

Authorised by: [To follow]

For more information, visit:

<http://www.bassetlawccg.nhs.uk/about-us/accountable-care-partnership>



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4th February 2019**Agenda Item: 8****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH****ADULT SOCIAL CARE AND HEALTH – CHANGES TO STAFFING
ESTABLISHMENT****Purpose of the Report**

1. The report seeks approval for changes required to the staffing establishment in Adult Social Care and Health to meet the statutory and operational requirements of the Council.

Information

2. The posts and changes to the staffing structure in the report, covered in **paragraphs 3 to 17**, are required to meet statutory responsibilities, and to achieve projected savings. Unless otherwise stated all the posts cited in the report will be funded by departmental reserves.

Promoting Independence Workers – pilot within Short-Term Assessment and Reablement Team

3. The Committee is asked to approve the establishment of 3 FTE temporary Promoting Independence Worker (PIW) posts, Grade 3, £24,595 per person p.a for 12 months, to work within the countywide Short Term Assessment and Re-ablement Team (START). START support people to regain their daily independent living skills and confidence following a period of ill-health which often includes a hospital stay.
4. A major project is currently being undertaken with the START service. This aims, within the current budget allocation for the service, for START to be able to work with and reable significantly more people to be independent each year. It is a positive experience for people to be able to be independent again and in turn also reduces costs to the Council of funding homecare that people would have otherwise required.
5. Some people that START work with do require longer term homecare after their therapy led reablement is completed. Some of these people, however, have the potential to become more independent in the community after START therapy input ceases and they are receiving homecare. People may, for example, be able to return to or begin local community based activities or be helped to do their shopping online, which in turn will reduce the need for further Council funded homecare. It is proposed to pilot this approach and evaluate the

impact through establishing the three PIW posts to complement the work already being undertaken by the START service. It will enable the service work more holistically with people, not only in their own home but also in their community setting.

6. It is therefore requested that the 3 PIW roles be established to trial and evaluate this approach in START for a period of 12 months (April 2019 - March 2020). During this timeframe evidence will be gathered on whether this role has supported people to be more independent and also contributed to a reduction in ongoing services required. As reported to the Committee in December 2018 the transformation of the reablement service is anticipated to save the Council £2.067m across 2019/20 and 2020/21.

Co-production Workers

7. Approval is sought to extend 2 Co-production Development Worker (Band A) posts for a period of 12 months from March 2019 to March 2020. Nottinghamshire County Council directly provides a Co-production Team made up of one Manager and five Co-production Development Workers. The team is based within Nottinghamshire's Enabling Service and works together with people who need support to reduce loneliness and improve their overall wellbeing. They work with people who have mental health difficulties, a learning disability and/or physical disability, autism, Asperger's Syndrome, as well as older adults.
8. The team supports people to attend existing groups and also develops new groups and activities for people to attend with the aim of making as many of these as possible self-sustaining. People make friends and socialise, develop/share skills and experiences, as well as volunteer their time and skills to develop projects and support others. A simple national tool to measure wellbeing is used with a target of 80% of people using the service showing a positive increase in their score after being involved; current performance is 83%.
9. The team is currently funded from two different grants within the overall Better Care Fund which have different decision-making and approval time-scales. This means that while four of the team have funding approved up to March 2020, two of the team have funding that ceases on 31st March 2019. Approval is requested therefore to extend these two posts by 12 months up to March 2020, in line with the rest of the team.

Transformation Team Posts

10. Approval is sought to extend a 1 FTE Strategic Development Assistant (Grade 5) post on a temporary basis until the end of September 2019. The extension at a cost of £16,797 would be paid for by the existing staffing budget and would require no additional funding.
11. The Strategic Development Assistant post is supporting the wider change programme, specifically looking at the use of data to inform and improve operational decision making. Using existing funding for the Strategic Development Assistant would allow the post to be extended for a further six months. The future of the post beyond September 2019 will be considered in line with the Improving Lives Programme and the temporary resources required for delivery, which will continue to be reviewed.
12. The Improving Lives Programme is the programme of work delivering service transformation and budget savings for the Adult Social Care and Health department over the period 2018/19 to 2020/21. As reported in an update in December 2018, the total

projected savings for the department will be £109.697m by the end of 2018/19. For 2019/20 to 2021/22 there is a further £13.606m of savings plans approved by Committee.

Direct Payments Audit support

13. The Committee is asked to approve the establishment of 1 FTE temporary Direct Payments (DP) Auditor (Grade 4) post until the end of March 2020 to help address the backlog of outstanding direct payment account audits and for 0.5 FTE temporary Business Support Officer (Grade 3) post until end March of 2020 to support the DP auditor team to follow-up alerts and ensure agreed actions are completed by DP recipients. The cost of the posts would be £40,746.
14. The DP Audit Team is part of the Adult Care Financial Services Team. The function of the team is to ensure that DP funds are only used by DP recipients to meet their needs as identified within the DP recipient's support plan. Where an audit identifies that there is surplus DP funds within a DP recipient's bank account, or that DP funds have been used for activity not identified within the individual's support plan, the audit team collaborate with frontline staff to recoup these funds back into the Council. Audits are undertaken 8-12 weeks into a new DP package and annually thereafter.
15. It is anticipated that approximately £545,000 surplus Direct Payment funds per annum remain in DP bank accounts due to incomplete audits as a result of direct payment recipients not returning bank account statements to the Council when requested. In addition, approximately £133,000 per annum is tied up in ceased accounts. The additional posts will enable the ACFS Direct Payment Audit Team to pro-actively recoup non-returned funds from ceased direct payment accounts. In addition these posts will address recommendations from corporate audit to increase the rigour of the Direct Payment audit process.

Debt Recovery Finance Officer

16. The Debt Recovery Finance Officer (Grade 4) post started in 2015 to support the Debt Collection strategy when changes in legislation were implemented as a part of the Care Act 2014. Nationally, all local authorities are able to apply for a contribution towards care costs upon the sale of a service user's property. Prior to the implementation of the Care Act, people wishing to delay making payments until their home was sold had to apply to the Council (the Deferred Payment Scheme). People joining the Deferred Payment Scheme had to agree to tell the Council when a property was sold and arrange for the money to be paid. The Care Act 2014 brought a change which meant that people wishing to delay payment could now choose to do this without entering the Deferred Payment Scheme. For people opting out of the scheme, the Council does not/cannot hold any security against their property and has to proactively seek information about an individual's property. Additional resources were therefore required to undertake this work. When the post commenced there were 59 people that had not joined the Deferred Payment Scheme, with an associated £739,000 of contributions towards the cost of their care requiring work to recover.
17. As at 31st December 2018, 110 people have not joined the Deferred Payment scheme which means that £1.68m of contributions require additional monitoring and recovery resources. The Debt Recovery Officer checks land registries and other records to determine the ownership of properties and then liaises with service users' families, social workers, and

legal representatives to obtain outstanding funds. They also instigate legal proceedings when required to recover the debt if necessary. This proactive approach was not necessary prior to the implementation of the Care Act so has therefore had to be resourced each year since then, in addition to existing staff in the Council's Debt Recovery team. Funding of the post from the Improved Better Care Fund was agreed until March 2019 and it is now proposed to continue this arrangement until 31st March 2020: 1 FTE Debt Recovery Finance Officer (Grade 4) post for 12 months to 31 March 2020 at a cost of £28,449).

Other Options Considered

18. Extensions to existing temporary posts and the establishment of new temporary positions are subject to rigorous review within the department. Those brought to Committee for approval are required for the department to meet its statutory duties and to effect the necessary transformation of service and achievement of planned savings.

Reason/s for Recommendation/s

19. The posts and the proposed changes to the staffing structure set out for approval in **paragraphs 3 to 17** are required to meet the operational needs of the department, and to support the implementation of transformation and achievement of savings across the health and social care system.

Statutory and Policy Implications

20. 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

21. The following post extensions and establishment will be funded by departmental reserves:
 - establishment of 3 FTE Promoting Independence Worker (PIW) posts (Grade 3, £24,595 per person p.a) to work within the countywide Short Term Assessment and Re-ablement Team (START) to the end of March 2020
 - extension of 2 FTE Co-production Development Worker posts (Band A, £40,818) for a period of 12 months from March 2019 to March 2020
 - establishment of 1 FTE Direct Payments (DP) Auditor post (Grade 4, £28,449) to the end of March 2020
 - establishment of 0.5 FTE Business Support Officer post (Grade 3, £12,297) to the end of March 2020 to support the DP auditor team

- extension of 1 FTE Debt Recovery Finance Officer post (Grade 4, £28,449) to the end of March 2020.
22. The cost of extension of the Strategic Development Assistant (Grade 5, £16,797) post can be met from the Transformation Team staffing budget.

Human Resources Implications

23. Any specific HR implications are identified in the body of the report.

Implications for Service Users

24. The Promoting Independence Worker posts will be focussed on increased confidence and wellbeing where the service user has experienced a period of ill health or injury which has meant that independence has been affected. The Co-production Worker posts support people to access existing groups and develop new groups and activities with a view to improving wellbeing and reducing loneliness. The posts set out in **paragraphs 10 to 17** will support the Council to undertake its statutory duties in a cost effective way and will contribute to the achievement of savings required by the Council.

RECOMMENDATION/S

- 1) That Committee approves the following changes to the staffing establishment in Adult Social Care and Health:

| Post and grade | Number of posts | Extension/ establishment of posts | Type of post | End date |
|--|-----------------|-----------------------------------|-------------------------|----------------|
| Promoting Independence Workers (Grade 3) in START | 3 FTE | Establishment | Operational/ savings | March 2020 |
| Co-production Workers (Band A) | 2 FTE | Extension | Operational | March 2020 |
| Strategic Development Assistant (Grade 5) | 1 FTE | Extension | Transformation/ savings | September 2019 |
| Direct Payments Auditor (Grade 4) | 1 FTE | Establishment | Operational/ Savings | March 2020 |
| Business Support Officer (DP audit team) (Grade 3) | 0.5 FTE | Establishment | Operational/ Savings | March 2020 |
| Debt Recovery Officer (Grade 4) | 1 FTE | Extension | Operational | March 2020 |

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LW 22/01/19)

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

Financial Comments (OC 22/01/19)

26. The financial comments are contained within paragraphs 21 and 22 of the report.

HR Comments (SJJ 10/01/19)

27. Current temporary fixed term contracts will be extended where appropriate. New posts will be recruited to in line with the County Council's recruitment procedure. Any other HR implications are implicit 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.

Adult Social Care and Health – changes to the staffing establishment – report to Adult Social Care and Public Health Committee on 12th November 2018

Better Care Fund: 2017/18 progress update and approval for the use of the BCF Care Act allocation and the improved BCF 2018/19 – report to Adult Social Care and Public Health Committee on 12th March 2018

Progress and Next Steps with the Transformation of the Council's Reablement Service - report to Adult Social Care and Public Health Committee on 10th December 2018

Progress Report on Budget, Savings and Improving Lives Portfolio – report to Adult Social Care and Public Health Committee on 10th December 2018

Electoral Division(s) and Member(s) Affected

All.

ASCPH623 final

4 February 2019**Agenda Item: 9****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-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of 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@nottsc.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 2019-20

| Report Title | Brief Summary of Agenda Item | Lead Officer | Report Author |
|--|--|--|-----------------------------------|
| 4 March 2019 | | | |
| Performance Update for Adult Social Care and Health | Quarterly update report on the performance of Adult Social Care and Public Health. | Corporate Director | Matthew Garrard |
| Progress report on budget, savings and efficiencies | Regular update report to committee on progress with savings projects within the department | Transformation Programme Director | Ellie Davies |
| Adult Social Care and Health – use of temporary funding for 2019/20 | | Service Director, South Nottinghamshire | Sue Batty/Kath Sargent |
| Mid Notts Better Together Alliance | | Service Director, Mid-Nottinghamshire | Wendy Lippmann |
| REACH project (Routine Enquiry into Childhood Adversity) | To seek approval for establishment of temporary post to implement REACH activity, as approved as a use of Public Health reserves in December 2018. | Consultant in Public Health | Sarah Quilty |
| NHS Long Term Plan – impact for Adult Social Care | | Corporate Director | Wendy Lippmann/ Louise Hemment |
| Autism JSNA and self-assessment framework actions | | Service Director, Strategic Commissioning, Access and Safeguarding | Anna Oliver |
| 1 April 2019 | | | |
| Public Health Services Performance and Quality Report for Funded Contracts | Regular performance report on services funded with ring fenced Public Health Grant (quarterly) | Consultant in Public Health | Nathalie Birkett |
| Quality auditing and monitoring activity - care | Regular report on contract suspensions and auditing activity. | Service Director, Strategic Commissioning, Access and | Cherry Dunk |

| Report Title | Brief Summary of Agenda Item | Lead Officer | Report Author |
|--|---|--|----------------------------------|
| home and community provider contract suspensions | | Safeguarding | |
| Progress on self-assessment and support planning | Update on the introduction and implementation of self-assessment and support planning for people who need services. | Transformation Programme Director | Asche Jacobs/Suzanne Kerwin |
| Recommissioning of Domestic Violence and Abuse Services | To seek approval to proposed commissioning intentions for this service | Consultant in Public Health | Gill Oliver |
| Fees for independent sector care providers and charges – annual report | | Service Director, Strategic Commissioning, Access and Safeguarding | Paul Johnson/Cherry Dunk |
| Novel Psychoactive Substances (NPS) update | | Director of Public Health | Amanda Fletcher |
| 13 May 2019 | | | |
| Adult Social Care and Public Health Departmental Strategy - Performance report | Update on performance relating to the department's contribution to commitments in the Council's Strategic Plan | Transformation Programme Director/Director of Public Health | Jennie Kennington/Kay Massingham |
| Outcome of review of I-Work service | Report requested by Committee in January 2019 on outcome of review of I-Work service. | Service Director, North Notts and Direct Services | Jane McKay |
| 10 June 2019 | | | |
| Single Homelessness support service - procurement | To seek approval to tender for the single homelessness support service | Consultant in Public Health | Dawn Jenkin / Susan March |
| Performance Update for Adult Social Care and Health | Quarterly update report on the performance of Adult Social Care and Public Health. | Corporate Director | Matthew Garrard |
| Progress report on savings and efficiencies | Regular update report to committee on progress with savings projects within the department | Transformation Programme Director | Ellie Davies |

| Report Title | Brief Summary of Agenda Item | Lead Officer | Report Author |
|--|--|--|------------------|
| 8 July 2019 | | | |
| Public Health Services Performance and Quality Report for Funded Contracts | Regular performance report on services funded with ring fenced Public Health Grant (quarterly) | Consultant in Public Health | Nathalie Birkett |
| Quality auditing and monitoring activity - care home and community provider contract suspensions | Regular report on contract suspensions and auditing activity. | Service Director, Strategic Commissioning, Access and Safeguarding | Cherry Dunk |

