

Adult Social Care and Health Committee

Monday, 11 January 2016 at 10:30

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

AGENDA

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Apologies for Absence	
Declarations of Interests by Members and Officers:- (see note below)	
(a) Disclosable Pecuniary Interests	
(b) Private Interests (pecuniary and non-pecuniary)	
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Exclusion of the Public

The Committee will be invited to resolve:-

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

Note

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

Exempt Appendix to Item 6: Adult Social Care and Health: Overview of Current Developments

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

Exempt Appendix to Item 10: Care Home Provider Contract Suspensions

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

Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the

exception of those which contain Exempt or Confidential Information, may be recycled.

- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 30 November 2015 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Muriel Weisz (Chair)

Alan Bell (Vice-Chair)

John Cottee

Jim Creamer

Kay Cutts

Sybil Fielding

Mike Pringle

Pam Skelding

Stuart Wallace

Jacky Williams

Jason Zadrozny

ALSO IN ATTENDANCE

Councillor David Martin

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, ASCH&PP

Sue Batty, Service Director, ASCH&PP

Paul Davies, Advanced Democratic Services Officer, Resources

Peter Davis, Service Director, ASCH&PP

Ainsley McDonnell, Service Director, ASCH&PP

Paul McKay, Service Director, ASCH&PP

Jane North, Transformation Programme Director, ASCH&PP

David Pearson, Corporate Director, ASCH&PP

Sorriya Richeux, Team Manager, Corporate and Environmental Law

MINUTES OF THE LAST MEETING

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

MEMBERSHIP

It was reported that following a re-allocation of seats to political groups, Councillor Sissons was no longer a member of the committee, and Councillor Zadrozny had been appointed to the committee.

It was also reported that Councillors Creamer and Cutts had been appointed in place of Councillors Woodhead and Yates, for this meeting only.

CARE ACT TRAINING VIDEOS: TRAINING FOR THE WIDER SOCIAL CARE WORKFORCE

The committee viewed on the training videos prepared by the Adult Social Care, Health and Public Protection Department. A web link to the videos would be circulated.

NEW WAYS OF WORKING FOR SOCIAL CARE IN NOTTINGHAMSHIRE

RESOLVED 2015/081

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

DEVELOPMENT OF A SINGLE INTEGRATED MEALS PRODUCTION AND DELIVERY SERVICE

RESOLVED 2015/082

That the progress with the work and savings of County Enterprise Foods that falls within the scope of the Direct Services Delivery Group be noted.

PERSONAL OUTCOMES EVALUATION TOOL (POET) SURVEY OUTCOMES 2015

RESOLVED 2015/083

- (1) That the outcomes of the Personal Outcomes Evaluation Tool (POET) work conducted via the national framework to assess the effectiveness of the Department’s Personal Budgets process be noted.
- (2) That the actions requiring further work on personal budgets, including the Phase iii POET work, in collaboration with Lancaster University and “In Control”, to embed the POET’s good practice findings, and develop an outcomes focus to personal budget activity be noted.
- (3) That the committee receive a report in six months on implementation of the outcomes.

PROPOSALS TO RESTRUCTURE THE SAFEGUARDING ADULTS STRATEGIC TEAM

RESOLVED 2015/084

- (1) That the proposed Safeguarding Adults Strategic Team re-structure be approved, includes the following proposals:

The disestablishment of:

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

The establishment of:

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

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

PROPOSAL FOR ADDITIONAL EXTRA CARE ACCOMMODATION FOR MANSFIELD

RESOLVED: 2015/085

- (1) That approval be given for work with Mansfield District Council to develop proposals for additional Extra Care accommodation on the former Mansfield general Hospital site.
- (2) That a further report be brought to committee in early 2016 to confirm and seek approval for the exact amount of Extra Care capital funding required.

REVIEW OF POST OF PRINCIPAL SOCIAL WORKER/SERVICE MANAGER FOR DEPRIVATION OF LIBERTY SAFEGUARDS AND APPROVED MENTAL HEALTH PRACTITIONER TEAM

RESOLVED: 2015/086

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

WORK PROGRAMME

RESOLVED 2015/087

That the work programme be noted, subject to the inclusion of the following:

- An update on County Enterprise Foods as part of the report on 11 January 2016 on a local authority trading company
- A progress report on implementing the POET outcomes, after six months
- A further report on Mansfield Extra Care early in 2016

SOCIAL CARE MARKET: PROVIDER COST PRESSURES AND SUSTAINABILITY

After the report had been introduced and officers had responded to members' questions, the committee agreed to take the decision on this item after the public had been excluded from the meeting, in order to take account of information in the exempt appendix to the report.

EXCLUSION OF THE PUBLIC

RESOLVED 2015/088

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

EXEMPT INFORMATION ITEM

SOCIAL CARE MARKET: PROVIDER COST PRESSURES AND SUSTAINABILITY

RESOLVED 2015/089

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

The meeting closed at 1.10 pm.

CHAIR

11 January 2016

Agenda Item: 4

REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE & DIRECT SERVICES

UPDATE ON THE PROPOSAL TO ESTABLISH A LOCAL AUTHORITY TRADING COMPANY FOR THE DELIVERY OF ADULT SOCIAL CARE SERVICES

Purpose of the Report

1. The purpose of the report is to provide an update regarding work to date to progress the proposal to establish a Local Authority Trading Company to deliver adult social care services and to provide an overview of next steps.

Information and Advice

2. As part of the Redefining Your Council programme, a preliminary options appraisal was undertaken to identify if there is a more sustainable way to deliver some of the Council's directly provided adult social care services.
3. The services in scope for inclusion in the proposal are as follows:
 - Church Street, a residential home for people with learning disabilities
 - Shared Lives, a service that provides care and support to vulnerable adults in a paid carer's own home
 - County Enterprise Foods, the Meals at Home Service
 - Day Services
 - Short Breaks units for people with learning disabilities
 - I-Work, a team that helps people with a learning disability into employment.
4. The appraisal considered a number of potential models of service delivery, as follows:
 - continue to manage the services under direct council control
 - establish a Council owned social care company to deliver the services listed above
 - establish a larger Council owned social care company with a wider range of services
 - an alternative service delivery model independent from the Council e.g. a social enterprise
 - outsourcing of the services to an external service provider in the independent sector.

5. Based on the conclusions of this preliminary appraisal work, a Council owned social care company (Local Authority Trading Company) was recommended as the preferred model for further exploration.

Development of the Business Case

6. In order to test the conclusions of the preliminary appraisal, the Council is undertaking further work to develop a detailed business case to support future decision making. This work includes consideration of the financial viability and sustainability of the services, potential savings and efficiencies that could be delivered through a move to an alternative way of working, as well as activity to identify potential new income generating opportunities that may be open to a new company.
7. At the last Committee meeting Members asked about the business model for County Enterprise Foods and its ability to reduce the subsidy or raise more income in future. The work under this programme involves evaluating the potential for all individual services in the scope of the Alternative Service Delivery Model proposal. In the past there have been a number of initiatives which have reduced the subsidy and raised additional income. These include:
 - development of contracts outside of Nottinghamshire in order to increase economies of scale and generate income to offset the subsidy, e.g. Nottingham City, Warwickshire
 - changing the balance of provision between frozen meals and hot meals – this involved increasing the percentage of frozen meals sold, which is a more cost effective way of delivering the service
 - increasing meal charges to move closer to full cost recovery but balancing this with the potential for loss of sales arising from competition in the market, and
 - improving the methods and processes in making meals and their distribution in order to make the service as cost effective as possible.
8. These initiatives have all been pursued in the context of the Council's statutory responsibilities to people who are unable to make a meal for themselves and are eligible for social care services, and the fact that County Enterprise Foods provides employment opportunities for a substantial number of disabled people. All these matters are subject to further review as this programme of work is progressed.
9. Project work streams have been established in order to progress the work, the aim of which will be to produce an outline financial business case for the proposal. The business case will form the basis of a further report to the Adult Social Care & Health Committee.
10. Consideration will also need to be given to staff competencies and skills required, particularly in terms of supporting staff and managers to develop commercial skills including an understanding of marketing and business development.
11. An assessment of the degree and nature of external consultancy support required to test the robustness of the business case and to act as a critical friend is currently being undertaken.

Initial Consultation

12. Approval was sought to engage with staff, service users, their carers and the public on the proposal at this early stage, in order to gauge initial views and ensure that stakeholders have an opportunity to influence any subsequent development of a new delivery model. Consequently, approval to consult was granted by the Adult Social Care & Health Committee meeting on 5 October 2015.
13. The initial consultation process seeks to understand:
 - to what extent people agree or disagree with the Council's preferred option to establish a Council owned social care company
 - whether people would prefer the Council to consider a different way of working – either setting up a social enterprise or asking a company outside the Council to provide the services
 - whether people would like to say anything else about the proposal.
14. The consultation commenced on 20 November 2015 and will close on 31 January 2016.
15. The consultation has been advertised via news stories on line, promoted via social media and discussed at staff, trades union, service user and carer meetings within the service areas that are included in the scope of the proposal.
16. The consultation information and questions are available online on the Council's internet site, in a paper version and in an Easy Read paper version. Other formats, for example, Braille, will be made available to people on request.
17. People are able to submit their answers to the consultation questions in a number of different ways:
 - via an online survey at www.nottinghamshire.gov.uk/socialcarecompany
 - by handing their answers to a member of staff at the service they attend
 - by phoning the Customer Service Centre on 0300 500 80 80
 - by e-mailing their answers to direct.services@nottsccl.gov.uk
 - by sending their answers to a freepost address.
18. Although the initial consultation will run until the end of January 2016, there will still be opportunities after this time for staff, service users, carers and the public to tell the Council what they think about the proposal. It is anticipated that as work to develop the business case progresses that more detailed questions will form the basis of a further consultation exercise.

Governance

19. Update reports will be presented to the Adult Social Care and Health (ASCH) Committee as requested but it is anticipated that the business case will be presented to ASCH Committee in May 2016, subject to a review of project timescales.

Timescales

20. The indicative timescales for the project are shown below. This timetable is considered to be ambitious and is likely to require further revision.

Description	Date
<ul style="list-style-type: none">Consult with key stakeholdersDevelop a full business case	November to April 2016
Member consideration of full business case and decision making	May 2016
Transition to the new company	May 2016 to December 2016
New company established	January to April 2017

21. To date, approval to proceed has been sought from the Adult Social Care and Health Committee. To ensure compliance with our Constitution, legal advice is that approval of the Business Case and the potential establishment of a Local Authority Trading Company is obtained from Policy Committee. Time will need to be factored into the project timeline to ensure such approvals can be obtained when required. In addition, if further formal consultation is required, this would also add additional time to the project.

Project Resources

22. The current project resource is:
- 0.5 FTE of a Strategic Development Manager at Band E – funding already agreed by ASCH Committee until 31st March 2017
 - 1 FTE Project Manager at Band D – funding already agreed by ASCH Committee until 31st March 2017
 - 1 FTE Programme Officer vacancy at Band B – funding already agreed by ASCH Committee until 31st March 2017
 - 0.5 FTE Programme Officer at Band B – time limited to end March 2016 0.5 FTE Programme Officer at Band B – existing resource in the Transformation Team (funding already agreed by ASCH Committee)
 - time limited (estimate) to end Jan 2016, 1.0 FTE support from a Team Manager at Band D – supernumerary from Performance & Planning
 - time limited to March 2016, 0.2 FTE support from a NMT Graduate – funded by the Graduate Programme
 - time limited to mid-January 2016, 0.2 FTE support from a Programme Officer at Band B – borrowed from existing resources in the Projects and Programmes Team.
23. Group and Team Managers of the services included in the scope of the proposal are also closely involved in the project work, as are colleagues in other relevant departments.
24. However, if the proposal to establish a Council owned social care company is subsequently approved by Members, it is anticipated that additional or specialist temporary resources will be required to assist with the transition activity involved in establishing the new company.

Other Options Considered

25. The other options considered are described in **paragraph 4** of this report. Subject to the outcome of the consultation exercise and following further development of the business case the Council may wish to re-explore one of more of the options again.

Reasons for Recommendation

26. This report is for information only.

Statutory and Policy Implications

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

Financial Implications

28. The full financial costs of establishing a new company are being explored as part of the development of the outline financial business case for the proposal.

Human Resources Implications

29. This proposal will affect 567 staff members and throughout the consultation period the proposals will be discussed with the recognised trade unions and staff in accordance with the Council's agreed protocols. Any decision to proceed with a Council owned company will take place in line with legislative requirements and will draw on existing good practice and experience of setting up other arm's length organisations and TUPE transfers of staff.

Public Sector Equality Duty Implications

30. An initial equality impact assessment has been undertaken. This will be reviewed in the light of the responses received to the initial consultation with staff, service users, their carers' and the public.

Safeguarding of Children and Adults at Risk Implications

31. Any new company will be subject to the same level of scrutiny in respect of identifying and managing safeguarding issues as any other provider service.

Implications for Service Users

32. Service users currently in receipt of care and support from the services in scope for inclusion in this proposal will continue to have their outcomes met.

33. Service users and their families will have the opportunity through the formal consultation and engagement processes to provide their views on the proposal and to be involved in the design of any new company.

Implications for Sustainability and the Environment

34. The preferred option, to establish a Council owned social care company, is perceived to be the best option to provide a sustainable way of meeting the financial challenges facing the Council's directly provided adult social care services, allowing new income streams and business opportunities to develop whilst retaining a good level of service.

Ways of Working Implications

35. Initial discussions with colleagues in the Property Strategy and Development Team have been based on the premise that the buildings based services (Day Services, Short Breaks, County Enterprise Foods and Church Street) will continue to be delivered from the same location as now. Consideration is being given to three main options:
- the Council could retain ownership of the buildings but allow a new company a licence to occupy them
 - the Council could transfer ownership of the buildings to a new company on a leasehold basis
 - the Council could transfer ownership of the buildings to a new company on a freehold basis.
36. The costs and legal implications of each option are being explored with the Property Strategy and Development Team and the Legal Services Team.
37. The Shared Lives and I-Works Team are based at shared County Council administrative sites and no decision has been taken yet on their future work base.

RECOMMENDATION

- 1) That the Committee notes the progress to date, initial consultation responses and next steps in developing a business case to establish a Local Authority Trading Company to deliver adult social care services.

Ainsley Macdonnell
Service Director, North Nottinghamshire & Direct Services

For any enquiries about this report please contact:

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Constitutional Comments

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

Financial Comments (PF 21/12/15)

39. Financial Implications are as per paragraph 28.

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.

Proposal to establish a local authority trading company for the delivery of Adult Social Care Direct Services – report to Adults Social Care & Health Committee on 5 October 2015

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3539/Committee/480/SelectedTab/Documents/Default.aspx>

Consultation on the proposal to establish a council owned care company:

www.nottinghamshire.gov.uk/socialcarecompany

Electoral Division(s) and Member(s) Affected

All.

ASCH358

11 January 2016**Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE****OVERVIEW OF DELAYED TRANSFERS OF CARE AND 7-DAY WORKING****Purpose of the Report**

1. The purpose of this report is to outline key changes to the Delayed Transfer of Care (DTOC) guidance and provide Committee with a performance update. The report also outlines progress with assessing the requirements for social care of seven day access to services as part of local plans to avoid hospital admission and to speed up hospital discharge processes.

Information and Advice**Delayed Transfers of Care (DTOCs)**

2. The value of integrated working between health and social care is well recognised and the Clinical Commissioning Groups (CCGs) are all working closely together with Nottinghamshire County Council in the three Transformation Planning Units (Bassetlaw, Mid Notts Better Together and South Notts) to transform discharge processes, pathways and community services. The value that involving District Councils can bring to this work is increasingly being evidenced. Reducing the time that people spend in hospital care does mean supporting more people with more complex needs, potentially for longer in the community. This can result in increased pace and demand for packages of social care support, for example, homecare and community equipment, which has not been sufficiently recognised in national funding settlements to Local Government. Future ways to sustainably manage a shift of funding from hospital based acute services into community based services form part of local discussions with partners.
3. If discharge takes too long, people's physical and mental wellbeing can deteriorate far beyond the impact of the originating ill-health condition. The pathway for many people admitted to hospital is therefore to end up in institutional care, rather than back home. For example, when people aged over 80 remain in bed their muscles, particularly leg muscles, can deteriorate very quickly. In as short a time as 10 days, this can result in the equivalent of 10 year ageing in loss of muscle tone and sometimes total loss of mobility. This is very difficult to fully regain and often people are no longer able to return home. This is not the outcome the individual wants and is costly to social care. Swift discharge is usually in the person's best interest and helps to ensure hospitals have capacity for new people with urgent care needs.

4. Although the three Transformation areas are working to different scale and pace, the emerging models of service delivery have common themes:
- increasingly integrated and swifter discharge processes
 - local multi-agency integrated teams working to clusters of GP practice to proactively identify and work with people at risk of admission to hospital or residential care
 - a move to key services being accessible seven days a week where this will help to achieve the above two objectives
 - systematic profiling of the local population and targeting of services at people most in risk
 - new models for community services
 - a focus on prevention, early intervention, information and advice services that can evidence that they support independence
 - voluntary sector support to encourage people to become more self-reliant by developing skills to manage their own health and care.

Legislative changes

5. The Delayed Discharge Act of 2003 was replaced by the Care Act 2014. One of the aims of the Care Act is to ensure that people do not remain in hospital when they no longer require care that can only be provided in this setting. The arrangements set out in the guidance for discharging patients who are likely to have on-going care and support needs have been designed to encourage joint approaches across health, social care and housing with early, person centred discharge planning. The current requirements are described in Annex G of the 'Care and Support Statutory Guidance – Care Act 2014' with revised supporting definitions and detailed guidance being issued by NHS England in 'Monthly Delayed Transfer of Care Situation Reports'. The key changes are:
- every day of the week now counts in all time-scales, including weekends and all Bank Holidays
 - the terms 'Assessment Notice' and 'Discharge Notice' are used instead of Sections 2 and 5 notices
 - Local Authorities paying re-imbursement fees for delays is no longer mandatory
 - the patient's NHS number must be included in Notifications, as must the name and contact details of the person at the hospital liaising with the local authority.

Notifications and time-scales for services to be put in place

6. Acute trusts are required to make two notifications to social service departments:
- the first is an assessment notice, giving notice of a patient's possible need for services on discharge and a prediction of the expected date of discharge. A notification sent after 14.00 is counted from the next day
 - the second requirement is a discharge notification, giving the date the person will definitely be ready for discharge.

7. If the hospital is proactive in sending the notifications, the person will go home on the day they no longer require acute care. There will be a small number of cases where there are safety concerns linked to safeguarding issues when the multi-disciplinary team (MDT) agree that it is not safe for them to go. The aim of the MDT is to have everything in place for the day when the person no longer requires acute medical or nursing care.
8. Social care are required to have made arrangements for services to be put in place on the day after the proposed discharge date. The minimum timescale that services can be required to be in place is therefore three days from the day the assessment notification is sent (including weekends and Bank Holidays). If the care and support package is not ready after these timescales have lapsed, the person is regarded as a validated delayed discharge attributable to social care and the days of delay are counted from this point. Delayed discharges are also counted nationally in non-acute hospitals, however, there are no requirements regarding assessment and discharge notices.

DTOCS local performance and national benchmarking

9. Two pieces of information are monitored nationally on a monthly basis:
 - the **number of people** delayed on the last Thursday of the month (snapshot)
 - the total **number of delayed days** for each month.
10. The **number of people** delayed on the snapshot shows how many people may be experiencing a delay on any given day of the month. Both Nottinghamshire's overall numbers of people delayed and the proportion of these attributable to social care, are showing a positive trend. For each month they are substantially lower this year than last year, with the exception of September (see **Appendix A, Table 1** for further details). The overall increase in September is due to an increase in health, rather than social care delays.
11. The total **number of days** delayed is the actual number of all delayed days recorded each calendar month. Both Nottinghamshire's overall numbers of days delayed and the proportion of these attributable to social care, are showing positive trends. For each month they are again substantially lower this year than last year, with the exception of September (see **Appendix A, Table 3** for further details). The overall increase in days in September is again due to an increase in health, rather than social care delays.
12. It is extremely positive that there were no delays attributable to social care at either Sherwood Forest Hospital NHS Foundation Trust or Nottingham University Hospital NHS Trust (**Appendix A, Tables 2 and 4**). This reflects the strong focus of the joint Transformation programme being aimed at managing the increasing pressures in the large acute hospitals.
13. Social care reported delays are increasingly due to length of stay in non-acute hospitals, rather than volume of people. This reflects the fact that there has not been as much work undertaken in this area and the difficulties in finding appropriate community based supported living options for people who are ready to leave hospital, particularly for people with learning disabilities and mental ill-health. For people with learning disabilities, this is being addressed through the Transforming Care work programme.

14. Over the past two years, mental health services have been changing. The Council has increased its community care budget in response to new pressures and as health rehabilitation services have reduced in some areas. However, the Council's expenditure on mental health services is amongst the lowest in the country and more appropriate care and support will result in some additional cost to the Council. It has now been agreed to review and assess what is needed to avoid people spending longer in hospital than necessary and develop a plan to address this. The availability of appropriate housing in a timely way will be key to this.
15. Nationally and locally, there are concerns about the accuracy of the reporting of overall DTOC data. The data is broken down into nine categories. Whilst aiming to minimise administration and the time spent quality checking, it is essential that everyone takes responsibility for ensuring that the data is both relevant and accurate as agencies are held to account on their performance and it also informs future planning. Figures on DTOCS attributable to social care must be agreed with the Directors of Social Services, or their delegated representative. Local processes for this are in place with written protocols being developed to reflect the new guidance. National support with improving DTOCs has been provided by the Emergency Care Improvement Team (www.ecip.nhs.net), regional roadshows held to share the new guidance and an East Midlands network of Local Authority DTOC leads established in order to share good practice.
16. As part of planning and managing the Council's local DTOC strategy across Nottinghamshire, the Corporate Director for Adult Social Care, Health and Public Protection has chaired sessions over the past few months with the lead Service Director, Group Managers and Team Managers. This has enabled emerging issues arising from the new guidance to be identified and addressed, with consistent approaches being applied across the three planning areas with the aim of maintaining the Council's improving performance.

How Nottinghamshire's performance compares with other local authorities

17. Two national DTOC indicators based on **numbers of people** delayed are included in the Adult Social Care Outcomes Framework (ASCOF 2C1 and 2C2). The national indicators enable comparison of performance regionally, nationally and (through CIPFA benchmarking) with a group of local authorities identified as having similar characteristics to Nottinghamshire (two tier, similar population size, geography etc).
18. Nottinghamshire's trend with performance on the overall rate of delays (attributable to both health and social care) is comparing increasingly positively with other local authorities. The majority of authorities in the East Midlands and CIPFA benchmark authorities saw an increase in the rate of DTOC between 2013/14 and 2014/15. The measure of the rate of delays is calculated by taking the average of the number of delays on the monthly snapshots and then dividing this figure by the Nottinghamshire population. In this period the England average increased from 9.6 to 11.1 (**Appendix A, Table 5**) and Nottinghamshire experienced a slight increase to just above this from 11.1 to 11.2. This was still, however, lower than the average for the East Midlands and also the average for our CIPFA benchmark authorities. Halfway through 2015/16 Nottinghamshire's local rate is a positive 6.79 which is lower than the September 2014 rate of 11.01.

19. In Nottinghamshire, between 2013/14 and 2014/15 the proportion of delays attributable to social care (2C2) reduced from a rate of 3.6 to 2.6 (**Appendix A, Table 6**), whilst the England average increased from 3.1 to 3.7. In 2014/15 Nottinghamshire's social care rate of DTOC was lower than the England average, the East Midlands average and the average for our CIPFA benchmark authorities. This extremely positive trend has continued so far halfway into 2015/16, with Nottinghamshire's current rate of 1.79 (September 2015).

Seven-day access to services

20. The need to consider seven day access to key health and social care services is outlined in the Care Act and is one of the key criteria of the Better Care Fund. The aim is to support early discharge home, avoid admissions and deliver parity of outcomes to people requiring services outside of traditional nine to five office hours.
21. Local plans for seven day access to services across health and social care are a requirement of the Better Care Fund, however, there is no nationally required model, with the detail being left to local determination. To simply have all services accessible at all times would be extremely resource intensive and there is no evidence to suggest that there is a need for this. Locally, key services are being identified that have a vital and interdependent role to play in achieving the objectives. These are being implemented on an incremental basis and their impact monitored.
22. Two social workers are funded on a permanent basis by the local Clinical Commissioning Groups and based at King's Mill Hospital and two funded by the Better Care Fund at Queen's Medical Centre. Workers are paid enhancements for working at weekends and whilst an expectation of seven day working is now being included in adverts and in contracts for new staff, for current staff there is no contractual obligation. As long as these funding arrangements continue, the system works well with sufficient volunteers.
23. Feedback from staff at King's Mill and Queen's Medical Centre Hospitals is that weekend working has been positive and whilst not many people are currently discharged home with packages of social care at the weekend, it enables plans to be made ready for Monday. Bassetlaw and Newark are much smaller hospitals with lower patient numbers, therefore additional capacity on a regular basis is not required. At Bassetlaw, cover is provided for long Bank Holiday weekends in order to maintain the flow of discharges.

Admission avoidance and access to services

24. Across all three planning areas there are presently no social work arrangements for staff working within integrated community teams over seven days. The current emergency care arrangements are handled through the Emergency Duty Teams. In Mid Notts, it is planned to trial access to the social worker posts based at King's Mill Hospital, if the local integrated care teams require social care input to avert an admission.
25. Social workers need to be able to access and put in place services at the weekend. Priority services that hospital social workers have identified are: Homecare, START Re-ablement and the short-term assessment beds in the Council's Care and Support Centres. The current homecare contract expects packages to be started 48 hours from referral. Issues of staff recruitment and retention mean that this is not yet achieved. The Council is working in partnership with homecare providers on this and initiatives are being put in place over

the winter to improve the availability of packages. Mears homecare, for example, will be working alongside the King's Mill integrated discharge team and ASSIST housing support team with the aim of earlier planning of joint packages of care and support that will enable people to go home sooner.

26. Whilst continuing to visit their existing service users, START Re-ablement is not resourced to be able to pick up new referrals at the weekend. The service provides short term support to people in their own homes, to regain their confidence and independent living skills and reduces the need for ongoing homecare. The service is fully deployed during the week in order to meet the needs of everyone who can benefit from it and it is not possible to stretch the current resources more thinly to cover the weekend. Work is being done to assess the level of likely take up and benefits of START taking new referrals as weekends and any resource requirements will be fed into the Better Care Fund decision making process for 2016/2017.
27. A plan is being developed that will enable new people to be admitted at weekends into the short term beds in the Council's Care and Support Centres. Current estimates show that this will be possible within existing staffing budgets.

Other Options Considered

28. The option of having more staff and services accessible at weekends has been considered, however, it is felt that there is little evidence that this would be of significant benefit at the current time. This will need to be reviewed as health services expand their access times, for example, to evening and weekend working in the local integrated teams.

Reason/s for Recommendation/s

29. The report is for noting only.

Statutory and Policy Implications

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

Financial Implications

31. Two social work posts in the south are currently funded through the Better Care Fund at a cost of £89,722 p.a. In addition a START Re-ablement Support Co-ordinator is funded in the south to enable referrals directly into START from the hospital staff at a cost of £26,322 per annum. Additional Homecare capacity has also been funded in the south to enable quick pick up of referrals at a cost of £5,000. These resources are all needed as part of seven day access to services and their continuation will be considered as part of the 2016/17 Better Care Fund negotiations.

Implications for Service Users

32. People benefit from avoiding a hospital stay where possible and from able to return home more quickly once medically fit. The work to improve discharge planning and access to key services on weekends will support this.

Human Resources Implications

33. Whilst the current voluntary arrangements for working over the weekend works well with sufficient volunteers, going forward it is intended that advertisements where appropriate and where there is a recognised need will state that there may be a requirement to work weekends and it will be included in the employee statement of particulars (contract of employment). Any changes to current staff working arrangements and contractual obligation would be the subject of negotiation with the recognised Trade Unions.

RECOMMENDATION/S

- 1) That Committee notes the key changes to the Delayed Transfer of Care (DTCOC) guidance, the Council's improving performance and progress with seven day access to services.

Sue Batty
Service Director, Mid Nottinghamshire

For any enquiries about this report please contact:

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Constitutional Comments

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

Financial Comments (NDR 22/12/15)

35. There are no financial implications arising directly from this report.

Background Papers and Published Documents

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

NHS England: 'Monthly Delayed Transfer of Care Situation Reports: Definitions and Guidance' V1.09 published 5th October 2015.

<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/10/mnth-Sitreps-def-dtoc-v1.09.pdf>

Department of Health: 'Care and Support Statutory Guidance': October 2014. Annexe G cited here in summary.

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

Electoral Division(s) and Member(s) Affected

All.

ASCH363

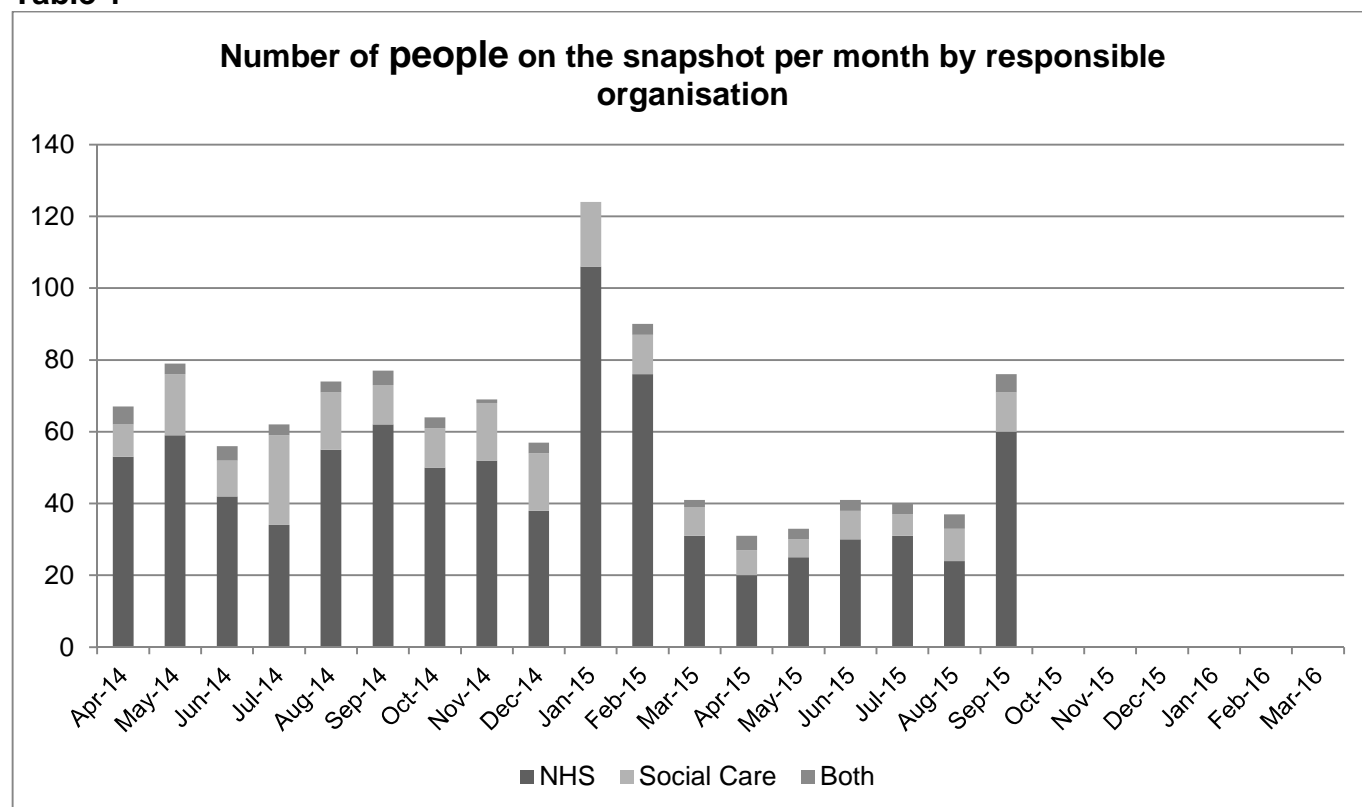
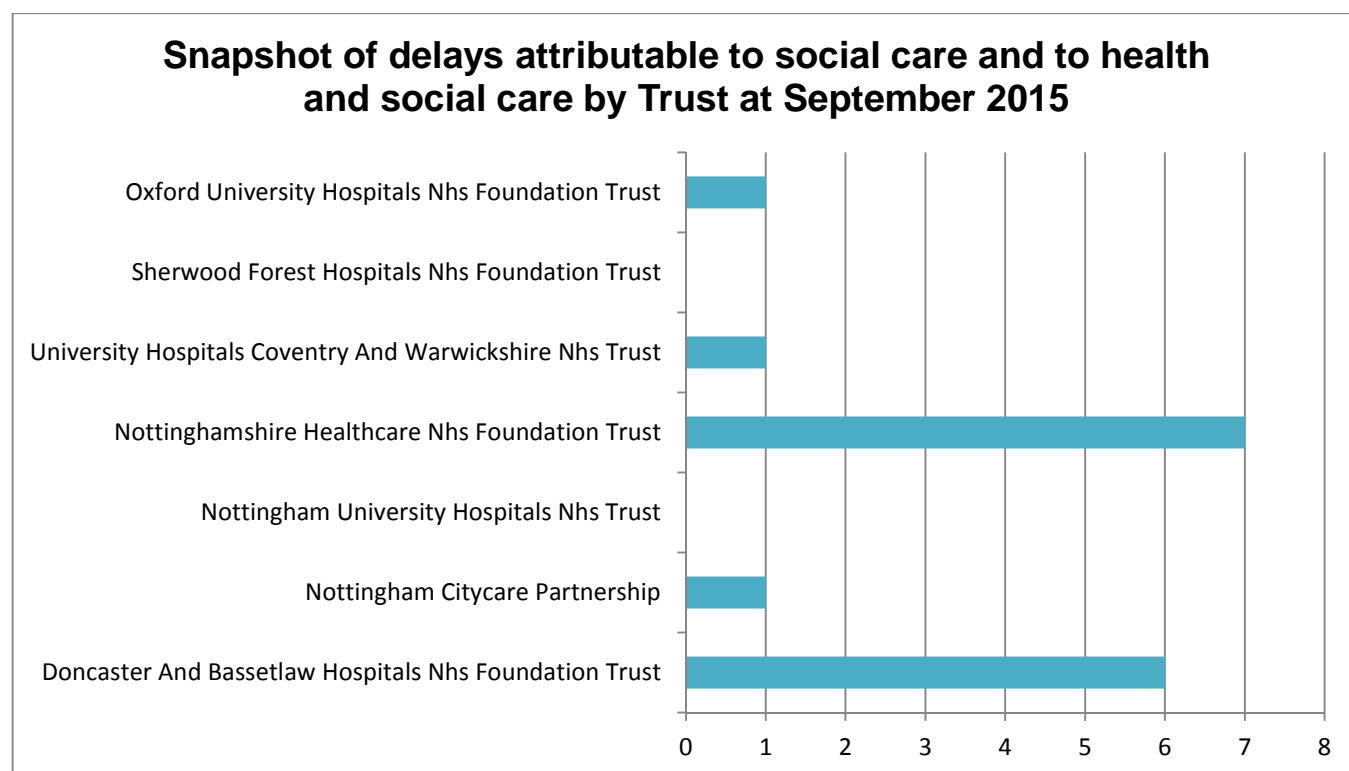
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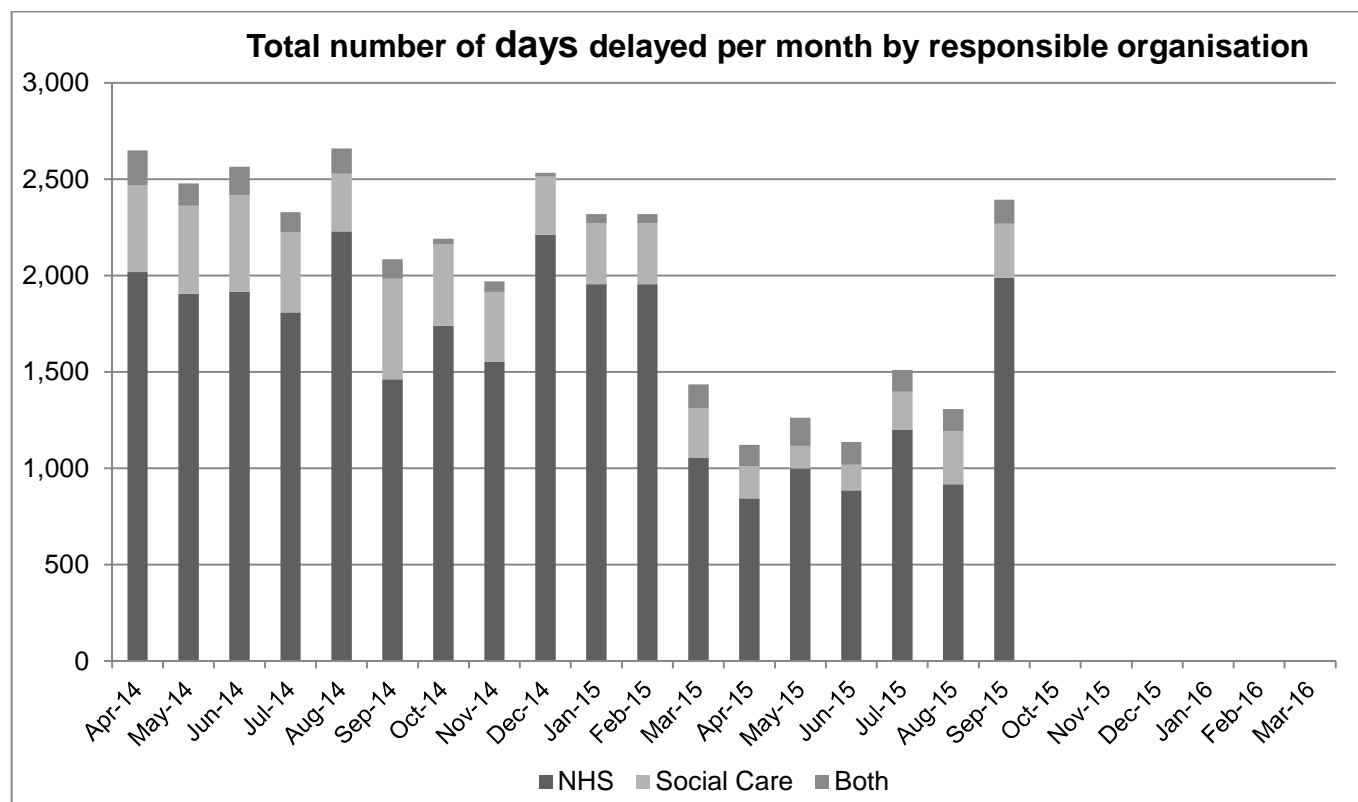


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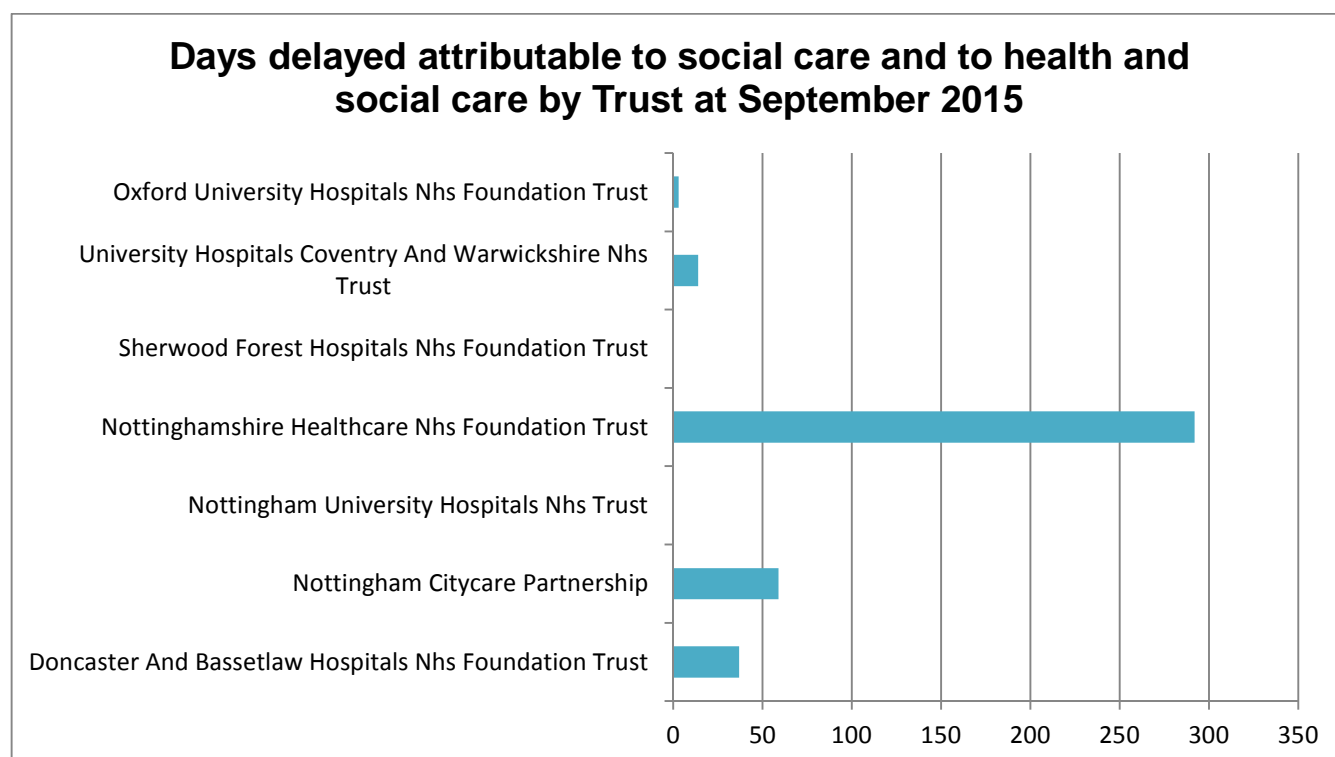


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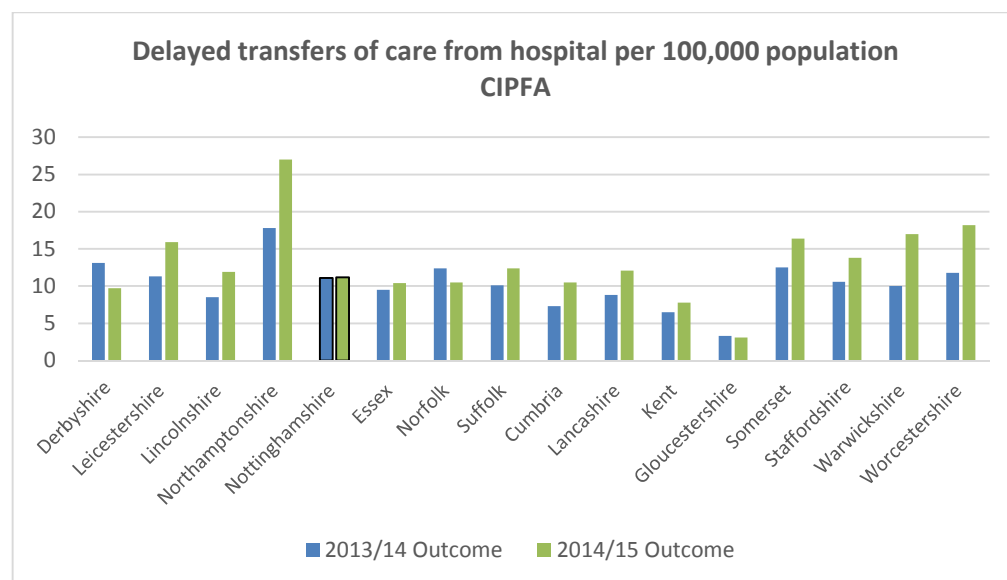
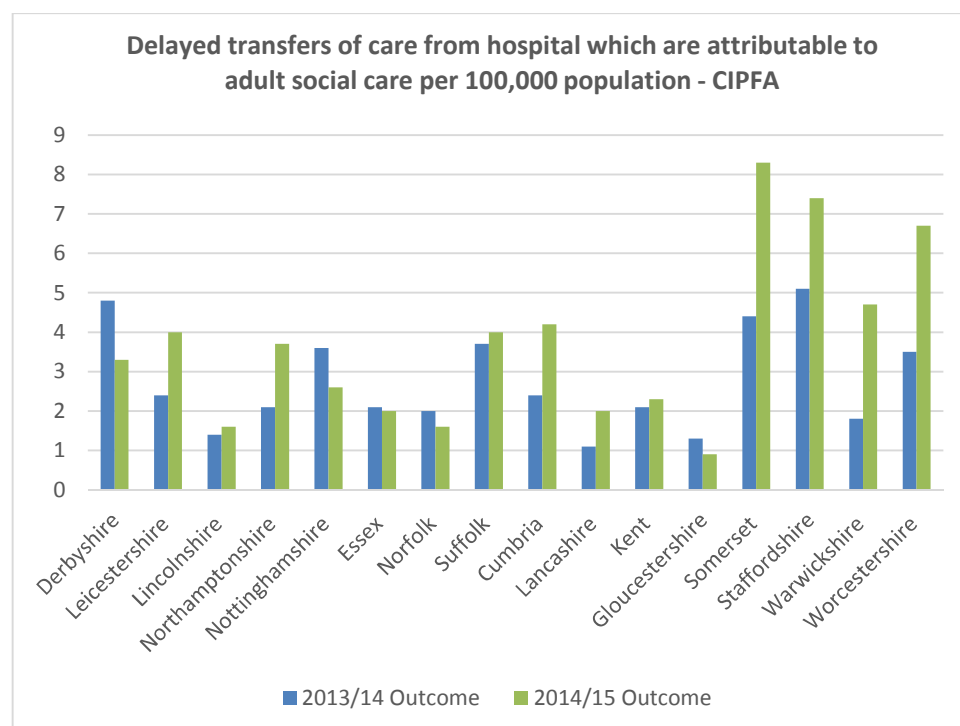


Table 6



11 January 2016**Agenda Item: 6****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND
PUBLIC PROTECTION****ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF CURRENT
DEVELOPMENTS****Purpose of the Report**

1. The report updates the Committee on a number of developments and activities that have been, and are, taking place across the department.
2. The report also seeks approval to recruit:
 - a 1 FTE temporary Team Manager for an initial period of six months to cover the Gedling older adults Team Manager post, to allow this role to oversee Countywide recruitment (at a cost of £26,430 to be funded from the Care Act funding)
 - a 1 FTE Business Support Officer for an initial period of six months to cover the release of a post to support the Countywide recruitment work (at a cost of £11,210 to be funded from the Care Act funding).

Information and Advice

3. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972, this covers information relating to the financial or business affairs of any particular person (including the Council). Having regard to all the circumstances, on balance, the public interest in disclosing the information does not outweigh the reason for exemption because of the risk to the Council's commercial position disclosure is likely to pose. The exempt information is set out in the Exempt Appendix.
4. This report covers: an update on the work of the Commissioning and Market Management Delivery Group, and a change to the name of the Market Development and Care Standards Team; an update on the current situation with Deprivation of Liberty Safeguards assessments; and a request for approval for temporary posts to support Countywide recruitment of assessment and care management staff.

Commissioning and Market Management Delivery Group Update

5. This delivery group has recently been reconstituted with a new project brief and membership. The work of the previous working group has transferred to the Younger

Adults Project Group. The group is now sponsored by the Service Director, Strategic Commissioning, Access and Safeguarding. The group will focus on a number of areas related to delivering the requirements of the Care Act and savings proposals which are part of the current budget consultation.

6. There are a number of current work streams and progress to date on these is identified in this report.
7. The Market Position Statement (MPS) for Nottinghamshire County Council has been reviewed and refreshed. Links have been made with MPS lead officers in neighbouring local authorities to discuss developing a standard template across the region. This will make it easier for stakeholders to understand the different commissioning intentions and population needs of multiple geographical areas but also for local authorities to align any common priorities and commissioning intentions. The revised version of the Market Position Statement will be shared with Members for information.
8. The Notts Help Yourself website is currently being re-tendered and the contract is due to be awarded on 5th December. The successful provider will implement a range of new features to the website and ensure that it is ready to go-live on 1st April 2016. The site is being commissioned in partnership with Children, Families and Cultural Services, Public Health and Mid-Nottinghamshire Clinical Commissioning Group and discussions are underway with Nottingham City Council for them to join the partnership.
9. Awareness training on the website has been delivered to the Customer Service Centre staff and to third sector providers commissioned to deliver information and advice across Nottinghamshire. One of the new features is the creation of a dedicated area for current and potential providers. It will provide useful information and market intelligence that will support them in their commercial ventures. For example, 'How to write a good tender' guide; examples of policies that companies can download and personalise to their business; links to local and regional Market Position Statements; local commissioning plans for younger and older adults; and a comprehensive calendar collating training and networking events taking place throughout Nottinghamshire. These will include events run by Optimum; Corporate Procurement; Adult Social Care and Health engagement events; and the Chambers of Commerce.
10. The Council's Strategic Commissioning and Corporate Procurement Teams are working jointly to develop resources and deliver training to help providers become more effective in securing funding and submitting successful tenders.
11. The Care Act states that prisoners need to be able to access the same opportunities as someone in the community to prevent, reduce and/or delay their reliance on social care. Initial steps have been taken to develop information and advice opportunities for prisoners in Nottinghamshire. This is likely to entail educating prison staff about what different social care and health organisations and third sector organisations can offer; identifying potential self-funders and providing them with access to suitable information and advice; and training officers to be Notts Help Yourself website 'champions', for example to help prisoners to access information on self-managing long term health conditions.

12. With regard to financial advice for self-funders, Age UK secured the tender to signpost younger and older adults, who are self-funders, to independent financial advice. The aim is to encourage people to take pro-active steps to use their resources in the most cost effective way, avoid financial abuse and ensure they remain independent for as long as possible. 40 referrals were received in the first three months of the contract, with an additional 17 referrals being received in the fourth month, indicating that this service is being well received.
13. An open book accounting exercise has been undertaken with the current home based care core providers to better understand the financial pressures across the sector and to inform work on developing and supporting a sustainable service. An initial internal workshop has taken place involving operational, procurement, market management and strategic commissioning staff in looking at the current arrangements and starting to plan for the next home care tender process.
14. The Council is currently collaborating with Oxford Brookes University's Institute of Public Care (IPC) to develop a Prevention Investment Plan that will help in the effective targeting of resources at preventative interventions that will have the greatest impact in safely delaying or diverting potential service users from requiring Council services.
15. As part of the Community Resilience and Empowerment programme, a joint internal workshop is planned to look at what we can practically do with the voluntary and community sector to develop stronger communities that can support local solutions for people who are in need of preventative services. Also linked to this programme is work to better utilise capacity in the voluntary sector. Progress has been made by linking providers to voluntary organisations to consider ways of working and also linking with Notts Help Yourself.
16. Work has been undertaken to identify gaps in knowledge and skills in the market and plan how Optimum, the workforce leadership partnership that supports local care providers to provide good quality care, can support the increase in skills for care providers to develop and maintain a high quality social care workforce. Optimum has received analysis on the themes and trends identified in the 2014/15 annual quality audits. Additional information has also been provided about recurrent issues that have led to contract suspensions, and Optimum has planned their offer of support based on this information. Work has also been done on engagement with providers identified as needing support and there are plans to engage with the Nottinghamshire Care Association to support the learning offers available to providers. A draft dementia learning pathway has been created to support delivery of high quality dementia care.
17. There is also work taking place to engage with services that are not subject to a contract with the Council but are registered with the Care Quality Commission, and low level providers. There are discussions at present with over 20 non-contracted services to understand their market positions.
18. With regard to promoting good terms and conditions for the social care workforce, the Market Management team is looking at what care providers offer for their staff. Work is being undertaken to try to improve alignment of terms and conditions in order to reduce the incidence of staff moving between providers, and to look at the possibility of sharing Council benefits with contracted partners.

19. Reviews of care providers' emergency plans have been completed with the involvement of the Council's Emergency Planning team, and there is work in progress in relation to dealing with market failure. The Local Government Information Unit's guidance on market failure has been shared with providers. The Council has engaged with two corporate providers to explore contractual barriers to the Council 'task force' option of taking over services of concern in times of failure.

Change to name of Market Development and Care Standards Team

20. The Market Development and Care Standards (MD&CST) team monitor the quality of care and support delivered by care providers in Nottinghamshire in line with the contractual requirements. Quality Development Officers complete approximately 400 annual quality audits on the directly contracted providers for residential/nursing care, home care, supported living, day care and housing related support. These staff also follow up improvement actions required arising from these, signposting providers to advice and support, and also respond to approximately 300 annual referrals of concern, which either come through the Multi-Agency Safeguarding Hub, district staff or direct from people, their families, and staff from a range of agencies.
21. The Quality and Market Management team are subject to a budget proposal in the current budget consultation (reference number B02). The proposal is to reduce the number of Quality Development Officers from 11 fte to 8 fte posts.
22. The market development function within the Council has now been incorporated within the Strategic Commissioning team. This means that the MD&CST are now required to manage rather than develop the market through quality monitoring and auditing. Managing the market involves holding care providers, whose delivery of care and support requires improvement, to account. As a result of this, it is proposed to rename the team to better reflect the work undertaken and offer clarity to both internal staff and external partners alike.
23. The proposed new name is Quality and Market Management Team, which also reflects the Group Manager title. This would mean that Quality Development Officers and Market Development Officers also need to have a change in their designation title to become Quality Monitoring Officers and Market Management Officers.

Deprivation of Liberty Safeguards update

24. In December 2014 and June 2015 reports were presented to Committee which highlighted the impact for the Council of changes to Deprivation of Liberty Safeguards (DoLS). These arose from the publication of the Supreme Court judgment in the case of P v Cheshire West and Chester Council, and P and Q v Surrey County Council, which further defined the meaning of Deprivation of Liberty and significantly expanded the number of people to whom it applies. These previous reports set out the predicted national and local increase in demand for assessments, and resources were approved in order to meet these new pressures in Nottinghamshire. This included an increase in the capacity of the central DoLS team from 6.8 FTE (full-time equivalent) to 20 permanent FTE Best Interests Assessors (BIAs) and an increase from 5 FTE to 8 FTE Business Support posts to manage the additional administration of referrals and assessments.

Progress with implementing additional resources

25. Nationally Best Interests Assessors (BIAs) are in high demand and short supply. However, the team has now successfully recruited 16.2 FTE permanent BIA staff with 6.6 FTE BIA vacancies remaining. A rolling advert is on the Nottinghamshire County Council website to attract applications for the remaining posts and agency cover is being sought whilst the posts are recruited to.
26. A successful arrangement has been put in place with the Council's staffing agency, Reed. In addition to any full time staff that are available to work within the team, Reed has identified a number of staff who were able to offer part time hours and be paid on a per assessment basis. The current average number of assessments completed in this way by Reed BIAs is 11 per week.
27. All sources of bringing in additional capacity continue to be explored, including for example, offering additional paid hours to existing BIAs employed by the Council. Projections of work completed against work coming in is adjusted and increased for when any new BIA capacity is available and progress against this target monitored. Activity against these projections is monitored on a fortnightly basis.
28. The predicted significant upward trend in DoLS referrals in Nottinghamshire over the previous 18 months has been evidenced in actual referrals received. The projected numbers of DoLS referrals from April to 6 December 2015 has been accurate, with 1,858 received, against a predicted 1,826 to date. This is already higher than the total number of referrals for the full year 2014-15.
29. Referrals made by hospitals receive priority due to people's fluctuating needs, care and treatment plans. These assessments are completed within the required two weeks with very few exceptions. Current referral levels are in line with comparator local authorities. Nationally, other local authorities are under similar pressures and are also developing plans to address this.
30. Various assumptions underpin the modelling of the highest number that predicted DoLS referrals are likely to reach. This is largely dependent on hospitals and residential care homes being aware of the need to make referrals. The resources approved in December 2015 were based on the assumption that increasing demand would plateau at a lower number of referrals than modelling of the implications if referrals continued to rise at the anticipated rate. Assessment of the potential resource implications of this for the Council has been identified as a budget pressure for separate consideration by Members.

Wider stakeholders and resources

31. For 42% of referrals (based on last year's referral figures), a Mental Health Assessor is required to complete the necessary assessments. Mental Health Assessors are doctors who have completed the Royal College of Psychiatry approved training. Negotiations are taking place to ensure that there is sufficient capacity to meet demand as there have been some recent delays to allocation. This includes liaison with the Nottinghamshire Healthcare NHS Foundation Trust regarding training provision, refresher training and appropriate remuneration.

32. Following recent case law, which clarified the needs for paid advocates (Relevant Persons Representative), additional resources have been made available to recruit a further three representatives from the current provider, POHWER. The Council has assessed future DoLS requirements both in terms of Independent Mental Capacity Advocates (IMCA) and Relevant Persons Representatives and these have been identified as a budget pressure for separate consideration by Members.

Streamlining processes

33. A Lean plus review of business processes identified that the time required to undertake administrative tasks associated with receiving and managing DoLS referrals and assessments could be reduced with the application of advanced technical solutions. This includes, for example, the development of an app-based interface through which agency staff can directly complete and submit assessments, and the development of a portal through which care homes and hospitals can submit referrals. These are expected to go live in early 2016.

Prevention

34. Approximately 8% of DoLS assessments are ceased due to inaccurate referrals being made, for example, where the Council is not the correct supervisory body. This work still takes up staff time to address. A piece of work is therefore underway to educate managing authorities (care homes and hospital trusts) in order to reduce the level of inappropriate referrals. This will have a particularly beneficial impact on the capacity of business support staff.

Monitoring progress

35. Regular fortnightly meetings are held with the Corporate Director, Service Director and relevant senior staff to monitor the progress of the DoLS corporate plan which co-ordinates actions strategically across the authority.

Approval of temporary posts to support countywide recruitment of assessment and care management staff

36. There have been previous reports to Committee about the pressures on completing assessments in a timely manner and the additional responsibilities arising from the Care Act over this financial year. It has also become more difficult to recruit sufficient staff to vacant posts and this is fundamental to fulfilling the Council's statutory responsibilities within appropriate timescales as well as ensuring effective management of risk, without deploying more resources than are necessary.
37. There is considerable activity associated with recruiting, interviewing and appointing large numbers of staff and matching the skills of staff to the right teams and services. It is important that this is done in a way that does not distract managers from dealing with urgent operational issues within their local teams and services.
38. It is therefore recommended that an existing Team Manager (1 FTE, Hay Band D) is seconded to lead on workforce recruitment for a six month period, and that a temporary Team Manager is recruited to backfill the gap that arises as a result, at a cost of £26,430

to be funded from the Care Act funding. In addition to this the secondment of a Business Support Officer (1 FTE, Grade 5) for a period of six months and the recruitment of cover for this post, at a cost of £11,210 to be funded from the Care Act funding, is also requested.

Other Options Considered

39. With regard to resources requested to support recruitment, this work could be undertaken as part of business as usual by a number of operational managers across the County but the suggested approach is seen to be a better use of resources in order to co-ordinate the recruitment campaign and the work generated by this.

Reason/s for Recommendation/s

40. The progress updates in relation to the Commissioning and Market Management Delivery Group and the management of the Deprivation of Liberty Safeguards situation are for noting. The Committee is asked to approve the resources required to support the Countywide recruitment of assessment and care management staff.

Statutory and Policy Implications

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

Financial Implications

42. The financial implications are set out in **paragraph 38**.

Human Resources Implications

43. The Commissioning and Market Management Delivery Group update highlights the need to change the name of the Market Development and Care Standards team in line with current roles and responsibilities.
44. The update in relation to Deprivation of Liberty Safeguards identifies the steps being taken to recruit and retain Best Interests Assessors in order to deal with the waiting list.
45. In relation to the posts to support Countywide recruitment of assessment and care management staff, these implications are set out in **paragraph 38**.

RECOMMENDATION/S

That the Committee:

- 1) notes the work and progress of the Commissioning and Market Management Delivery Group
- 2) notes the current situation and progress in relation to Deprivation of Liberty Safeguards

- 3) approves the recruitment of a 1 FTE temporary Team Manager for an initial period of six months to cover the Gedling older adults Team Manager post, to allow this role to oversee countywide recruitment (at a cost of £26,430 to be funded from the Care Act funding)
- 4) approves the recruitment of a 1 FTE Business Support Officer for an initial period of six months to cover the release of a post to support the countywide recruitment work (at a cost of £11,210 to be funded from the Care Act funding).

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (SLB 15/12/15)

46. Adult Social Care and Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require reports to contain HR advice and for consultation to be undertaken with the recognised trade unions.

Financial Comments (KAS 10/12/15)

47. The financial implications are contained within paragraph 38 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.

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 1 December 2014

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 1 June 2015

Organisational redesign & resources required for Care Act implementation– report to Adult Social Care & Health Committee on 2 February 2015

New ways of working for social care in Nottinghamshire– report to Adult Social Care & Health Committee on 30 November 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH362

11 January 2016**Agenda Item: 6****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND
PUBLIC PROTECTION****ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF CURRENT
DEVELOPMENTS****Purpose of the Report**

1. The report updates the Committee on a number of developments and activities that have been, and are, taking place across the department.
2. The report also seeks approval to recruit:
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Adults Project Group. The group is now sponsored by the Service Director, Strategic Commissioning, Access and Safeguarding. The group will focus on a number of areas related to delivering the requirements of the Care Act and savings proposals which are part of the current budget consultation.

6. There are a number of current work streams and progress to date on these is identified in this report.
7. The Market Position Statement (MPS) for Nottinghamshire County Council has been reviewed and refreshed. Links have been made with MPS lead officers in neighbouring local authorities to discuss developing a standard template across the region. This will make it easier for stakeholders to understand the different commissioning intentions and population needs of multiple geographical areas but also for local authorities to align any common priorities and commissioning intentions. The revised version of the Market Position Statement will be shared with Members for information.
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15. As part of the Community Resilience and Empowerment programme, a joint internal workshop is planned to look at what we can practically do with the voluntary and community sector to develop stronger communities that can support local solutions for people who are in need of preventative services. Also linked to this programme is work to better utilise capacity in the voluntary sector. Progress has been made by linking providers to voluntary organisations to consider ways of working and also linking with Notts Help Yourself.
16. Work has been undertaken to identify gaps in knowledge and skills in the market and plan how Optimum, the workforce leadership partnership that supports local care providers to provide good quality care, can support the increase in skills for care providers to develop and maintain a high quality social care workforce. Optimum has received analysis on the themes and trends identified in the 2014/15 annual quality audits. Additional information has also been provided about recurrent issues that have led to contract suspensions, and Optimum has planned their offer of support based on this information. Work has also been done on engagement with providers identified as needing support and there are plans to engage with the Nottinghamshire Care Association to support the learning offers available to providers. A draft dementia learning pathway has been created to support delivery of high quality dementia care.
17. There is also work taking place to engage with services that are not subject to a contract with the Council but are registered with the Care Quality Commission, and low level providers. There are discussions at present with over 20 non-contracted services to understand their market positions.
18. With regard to promoting good terms and conditions for the social care workforce, the Market Management team is looking at what care providers offer for their staff. Work is being undertaken to try to improve alignment of terms and conditions in order to reduce the incidence of staff moving between providers, and to look at the possibility of sharing Council benefits with contracted partners.

19. Reviews of care providers' emergency plans have been completed with the involvement of the Council's Emergency Planning team, and there is work in progress in relation to dealing with market failure. The Local Government Information Unit's guidance on market failure has been shared with providers. The Council has engaged with two corporate providers to explore contractual barriers to the Council 'task force' option of taking over services of concern in times of failure.

Change to name of Market Development and Care Standards Team

20. The Market Development and Care Standards (MD&CST) team monitor the quality of care and support delivered by care providers in Nottinghamshire in line with the contractual requirements. Quality Development Officers complete approximately 400 annual quality audits on the directly contracted providers for residential/nursing care, home care, supported living, day care and housing related support. These staff also follow up improvement actions required arising from these, signposting providers to advice and support, and also respond to approximately 300 annual referrals of concern, which either come through the Multi-Agency Safeguarding Hub, district staff or direct from people, their families, and staff from a range of agencies.
21. The Quality and Market Management team are subject to a budget proposal in the current budget consultation (reference number B02). The proposal is to reduce the number of Quality Development Officers from 11 fte to 8 fte posts.
22. The market development function within the Council has now been incorporated within the Strategic Commissioning team. This means that the MD&CST are now required to manage rather than develop the market through quality monitoring and auditing. Managing the market involves holding care providers, whose delivery of care and support requires improvement, to account. As a result of this, it is proposed to rename the team to better reflect the work undertaken and offer clarity to both internal staff and external partners alike.
23. The proposed new name is Quality and Market Management Team, which also reflects the Group Manager title. This would mean that Quality Development Officers and Market Development Officers also need to have a change in their designation title to become Quality Monitoring Officers and Market Management Officers.

Deprivation of Liberty Safeguards update

24. In December 2014 and June 2015 reports were presented to Committee which highlighted the impact for the Council of changes to Deprivation of Liberty Safeguards (DoLS). These arose from the publication of the Supreme Court judgment in the case of P v Cheshire West and Chester Council, and P and Q v Surrey County Council, which further defined the meaning of Deprivation of Liberty and significantly expanded the number of people to whom it applies. These previous reports set out the predicted national and local increase in demand for assessments, and resources were approved in order to meet these new pressures in Nottinghamshire. This included an increase in the capacity of the central DoLS team from 6.8 FTE (full-time equivalent) to 20 permanent FTE Best Interests Assessors (BIAs) and an increase from 5 FTE to 8 FTE Business Support posts to manage the additional administration of referrals and assessments.

Progress with implementing additional resources

25. Nationally Best Interests Assessors (BIAs) are in high demand and short supply. However, the team has now successfully recruited 16.2 FTE permanent BIA staff with 6.6 FTE BIA vacancies remaining. A rolling advert is on the Nottinghamshire County Council website to attract applications for the remaining posts and agency cover is being sought whilst the posts are recruited to.
26. A successful arrangement has been put in place with the Council's staffing agency, Reed. In addition to any full time staff that are available to work within the team, Reed has identified a number of staff who were able to offer part time hours and be paid on a per assessment basis. The current average number of assessments completed in this way by Reed BIAs is 11 per week.
27. All sources of bringing in additional capacity continue to be explored, including for example, offering additional paid hours to existing BIAs employed by the Council. Projections of work completed against work coming in is adjusted and increased for when any new BIA capacity is available and progress against this target monitored. Activity against these projections is monitored on a fortnightly basis.
28. The predicted significant upward trend in DoLS referrals in Nottinghamshire over the previous 18 months has been evidenced in actual referrals received. The projected numbers of DoLS referrals from April to 6 December 2015 has been accurate, with 1,858 received, against a predicted 1,826 to date. This is already higher than the total number of referrals for the full year 2014-15.
29. Referrals made by hospitals receive priority due to people's fluctuating needs, care and treatment plans. These assessments are completed within the required two weeks with very few exceptions. Current referral levels are in line with comparator local authorities. Nationally, other local authorities are under similar pressures and are also developing plans to address this.
30. Various assumptions underpin the modelling of the highest number that predicted DoLS referrals are likely to reach. This is largely dependent on hospitals and residential care homes being aware of the need to make referrals. The resources approved in December 2015 were based on the assumption that increasing demand would plateau at a lower number of referrals than modelling of the implications if referrals continued to rise at the anticipated rate. Assessment of the potential resource implications of this for the Council has been identified as a budget pressure for separate consideration by Members.

Wider stakeholders and resources

31. For 42% of referrals (based on last year's referral figures), a Mental Health Assessor is required to complete the necessary assessments. Mental Health Assessors are doctors who have completed the Royal College of Psychiatry approved training. Negotiations are taking place to ensure that there is sufficient capacity to meet demand as there have been some recent delays to allocation. This includes liaison with the Nottinghamshire Healthcare NHS Foundation Trust regarding training provision, refresher training and appropriate remuneration.

32. Following recent case law, which clarified the needs for paid advocates (Relevant Persons Representative), additional resources have been made available to recruit a further three representatives from the current provider, POHWER. The Council has assessed future DoLS requirements both in terms of Independent Mental Capacity Advocates (IMCA) and Relevant Persons Representatives and these have been identified as a budget pressure for separate consideration by Members.

Streamlining processes

33. A Lean plus review of business processes identified that the time required to undertake administrative tasks associated with receiving and managing DoLS referrals and assessments could be reduced with the application of advanced technical solutions. This includes, for example, the development of an app-based interface through which agency staff can directly complete and submit assessments, and the development of a portal through which care homes and hospitals can submit referrals. These are expected to go live in early 2016.

Prevention

34. Approximately 8% of DoLS assessments are ceased due to inaccurate referrals being made, for example, where the Council is not the correct supervisory body. This work still takes up staff time to address. A piece of work is therefore underway to educate managing authorities (care homes and hospital trusts) in order to reduce the level of inappropriate referrals. This will have a particularly beneficial impact on the capacity of business support staff.

Monitoring progress

35. Regular fortnightly meetings are held with the Corporate Director, Service Director and relevant senior staff to monitor the progress of the DoLS corporate plan which co-ordinates actions strategically across the authority.

Approval of temporary posts to support countywide recruitment of assessment and care management staff

36. There have been previous reports to Committee about the pressures on completing assessments in a timely manner and the additional responsibilities arising from the Care Act over this financial year. It has also become more difficult to recruit sufficient staff to vacant posts and this is fundamental to fulfilling the Council's statutory responsibilities within appropriate timescales as well as ensuring effective management of risk, without deploying more resources than are necessary.
37. There is considerable activity associated with recruiting, interviewing and appointing large numbers of staff and matching the skills of staff to the right teams and services. It is important that this is done in a way that does not distract managers from dealing with urgent operational issues within their local teams and services.
38. It is therefore recommended that an existing Team Manager (1 FTE, Hay Band D) is seconded to lead on workforce recruitment for a six month period, and that a temporary Team Manager is recruited to backfill the gap that arises as a result, at a cost of £26,430

to be funded from the Care Act funding. In addition to this the secondment of a Business Support Officer (1 FTE, Grade 5) for a period of six months and the recruitment of cover for this post, at a cost of £11,210 to be funded from the Care Act funding, is also requested.

Other Options Considered

39. With regard to resources requested to support recruitment, this work could be undertaken as part of business as usual by a number of operational managers across the County but the suggested approach is seen to be a better use of resources in order to co-ordinate the recruitment campaign and the work generated by this.

Reason/s for Recommendation/s

40. The progress updates in relation to the Commissioning and Market Management Delivery Group and the management of the Deprivation of Liberty Safeguards situation are for noting. The Committee is asked to approve the resources required to support the Countywide recruitment of assessment and care management staff.

Statutory and Policy Implications

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

Financial Implications

42. The financial implications are set out in **paragraph 38**.

Human Resources Implications

43. The Commissioning and Market Management Delivery Group update highlights the need to change the name of the Market Development and Care Standards team in line with current roles and responsibilities.
44. The update in relation to Deprivation of Liberty Safeguards identifies the steps being taken to recruit and retain Best Interests Assessors in order to deal with the waiting list.
45. In relation to the posts to support Countywide recruitment of assessment and care management staff, these implications are set out in **paragraph 38**.

RECOMMENDATION/S

That the Committee:

- 1) notes the work and progress of the Commissioning and Market Management Delivery Group
- 2) notes the current situation and progress in relation to Deprivation of Liberty Safeguards

- 3) approves the recruitment of a 1 FTE temporary Team Manager for an initial period of six months to cover the Gedling older adults Team Manager post, to allow this role to oversee countywide recruitment (at a cost of £26,430 to be funded from the Care Act funding)
- 4) approves the recruitment of a 1 FTE Business Support Officer for an initial period of six months to cover the release of a post to support the countywide recruitment work (at a cost of £11,210 to be funded from the Care Act funding).

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection

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Constitutional Comments (SLB 15/12/15)

46. Adult Social Care and Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require reports to contain HR advice and for consultation to be undertaken with the recognised trade unions.

Financial Comments (KAS 10/12/15)

47. The financial implications are contained within paragraph 38 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.

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 1 December 2014

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 1 June 2015

Organisational redesign & resources required for Care Act implementation– report to Adult Social Care & Health Committee on 2 February 2015

New ways of working for social care in Nottinghamshire– report to Adult Social Care & Health Committee on 30 November 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH362

11 January 2016**Agenda Item: 7****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND
PUBLIC PROTECTION****REPORT ON NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE,
14-16 OCTOBER 2015****Purpose of the Report**

1. The report informs the Committee about Member and officer attendance at the National Children and Adult Services Conference which took place in Bournemouth between 14th and 16th October 2015.

Information and Advice

2. The County Council's representatives attending the conference were Councillor Muriel Weisz, Chair of the Adult Social Care and Health Committee, Councillor Liz Plant, Vice-Chair of the Children and Young People's Committee, Colin Pettigrew, Corporate Director of Children, Families and Cultural Services and David Pearson, Corporate Director of Adult Social Care, Health and Public Protection.
3. The report is supported by the speeches and presentations which are available on the [conference website](#), hosted by the Local Government Association (LGA).
4. A range of issues and priorities in adult social care were reflected in the conference agenda including some joint issues with children's services. Major topics covered were: implementation of the Care Act; integration with health including the interface with devolution; financial sustainability; and transforming care for people with learning disabilities. In relation to the latter, David Pearson, Corporate Director, Adult Social Care, Health and Public Protection, made a presentation to the conference as part of a sub-plenary on Transforming Care for people with learning disabilities. This focused on explaining the work of the Nottingham and Nottinghamshire health and social care community as one of 5 'fast track' areas in the country. David Pearson also chaired a workshop on the social care workforce.
5. Various speakers referred to the challenge of rising need in the population for social care services, in the context of increasing pressures on the National Health Service (NHS). This included reference to the Association of Directors of Adult Social Services (ADASS) budget survey which demonstrated a 31% (£4.6bn) saving across adult social care services.
6. Examples of work that has been taking place across the country to make savings whilst ensuring quality were profiled. There were numerous references to the current challenges

in the social care market and ensuring that there is an appropriately skilled and trained workforce, compared with the current issues of very high levels of turnover and lack of capacity in many areas.

7. There was a strong service user contribution to the conference this year, helping to root many of the presentations in the reality of people's experience of and aspirations for social care services. This emphasised how crucial good quality social care services that help people to remain independent and provide choice and control are.
8. In relation to integration the conference included a plenary drawn from people across local government and the NHS, profiling the work of vanguards and integration pioneers. Whilst devolution is at an early stage there was a session which included a review of the interface between integration and devolution, and reflected on the plans and ambitions of areas such as Greater Manchester.
9. In his opening speech to the conference ADASS President Ray James recognised the performance of the Care Quality Commission (CQC), promoted and celebrated the role of co-production in social care and acknowledged frontline staff for their dedicated work. At the time of the lead-up to the 2015 Spending Review he reminded central government that ADASS had joined leading representatives of major charities, care providers and the NHS to publish a joint submission on the unquestionable need for a fair and sustainable funding settlement for adult social care.
10. He challenged colleagues to follow on with the successes of Making Safeguarding Personal, which he described as a 'national best practice model with independent evaluation and accreditation (which) has been co-produced and championed by leading experts and those who have experienced abuse'; and to ensure that everything that could be done to transform the opportunities available for people with learning disabilities in the aftermath of Winterbourne View was being done.
11. He also stressed the importance of integration, devolution and personalisation as three of the key developments which will dominate social care in the coming five years.
12. Unlike previous events the conference was not well-attended by leading politicians in the field, but the conference ended with a speech by Alistair Burt, Minister of State for Community and Social Care. He acknowledged the current challenges regarding the financial situation, stating that 'care is expensive, numbers are rising and there are limits to what can be achieved'. Since the autumn spending review statement was still awaited, he explained he was unable to say much more about social care funding. In the meantime, he encouraged authorities to share examples of best practice. He emphasised that adult social care is important not just because of its impact on the National Health Service but in its own right, because of what it can achieve for citizens.
13. Mr Burt spent some time talking about the importance of the social care workforce and the need to gain greater support from a wide range of people, including MPs, in championing these staff. He also has a particular responsibility for mental health services and talked about the need to raise the profile and standards of response in mental health across the country, as well as the additional government investment in this area.

Other Options Considered

14. The report is for noting only.

Reason/s for Recommendation/s

15. The report is for noting only

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATION/S

- 1) That the Committee notes the report on attendance at the National Children and Adult Services Conference which took place in Bournemouth in October 2015.

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments

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

Financial Comments (KAS 08/12/15)

19. The financial implications are contained within paragraph 17 of the report.

Background Papers and Published Documents

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

Report to Policy Committee, 17th June 2015 – National Children and Adult Services Conference 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH360

11 January 2016**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING****TRANSFORMING CARE UPDATE****Purpose of the Report**

1. To inform Committee members of the progress of the Nottingham and Nottinghamshire Fast Track Programme. The programme aims to reduce the reliance on in-patient facilities for people with a learning disability or autism with behaviour that challenges and to provide alternative services within the community. It is an extension of the Transforming Care programme initiated by the Winterbourne case which concentrated on moving existing people out of long stay hospitals.

Information and Advice**Background**

2. Following the publication of the Department of Health's report '*Transforming Care: A national response to Winterbourne View Hospital*' in December 2012, and subsequent reports including the *Bubb Report* in November 2014, and '*Transforming Care for People with Learning Disabilities – Next Steps*' in January 2015, a significant amount of work has been undertaken to make improvements in the care and services available for people with learning disabilities and/or autism spectrum disorders. However, nationally there is a view that more needs to be done. Simon Stevens, Chief Executive of NHS England, said on 3 June 2015: "We have not finished the job. We need a closure programme for long stay institutions, with more power in the hands of families."
3. NHS England, the Local Government Association and Association of Directors of Adult Social Services announced on 12 June 2015 that five 'fast track' areas were being established that would be the forerunners of transformation of services for people with a learning disability and/or autism and challenging behaviours, or a mental health condition. The fast track areas were asked to submit a transformation plan by 7 September 2015 which described how they would strengthen community services, reduce reliance on in-patient beds (non-secure, low and medium secure) and close some in-patient facilities.
4. The areas were chosen based on the numbers of in-patient beds and it was felt that they had the potential to bring together a large number of local authority and Clinical Commissioning Group (CCG) commissioners and specialised commissioning, each with

different challenges, to test different approaches and effect the biggest change. The areas chosen were as follows:

- Arden, Herefordshire and Worcestershire
 - Cumbria and the North East
 - Greater Manchester and Lancashire
 - Hertfordshire
 - Nottinghamshire.
5. As part of transformation plans, fast track areas were invited to bid for a share of a £10 million transformation fund to help accelerate service redesign and shape the new national approach to transforming learning disability services and services for those with autism spectrum disorders more widely across England to embed more sustainable change. Obtaining a share of the national monies was conditional on CCGs match funding the contribution.
6. A national service model for those with learning disabilities and/or autism spectrum disorders was published at the end of October 2015 which includes national planning assumptions for re-designing services. Following this all areas of the country will be expected to undertake transformation within learning disability services in line with the new service model. It is understood that this will be reflected in the planning guidance for 2016 / 2017.

Process and Arrangements for the Nottinghamshire Fast Track Site Plan Submission

7. Upon notification in mid-June 2015 that Nottinghamshire had been identified as a fast track site, Sally Seeley (NHS Nottingham City CCG) was nominated and agreed as the Senior Responsible Office (SRO) for the project with Caroline Baria (Nottinghamshire County Council) as the Deputy SRO. A Transforming Care Board and a Working Group were established to enable organisations to work together and create a plan to transform services for people with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging who reside in Nottinghamshire. This includes people of all ages and those with autism (including Asperger's syndrome) who do not also have a learning disability, as well as those people with a learning disability and/or autism whose behaviour can lead to contact with the criminal justice system.
8. The Nottinghamshire plan was submitted on 7 September, detailing the ambitions of the two local authorities and the seven CCGs and how the partners intend to work with the local population, key stakeholders and the proposed governance arrangements and bidding for £1.68 million from the national monies.
9. On 5 October, NHS England provided feedback to the Nottinghamshire partners on the plan and at the same time it was confirmed that £1.21 million had been allocated from the available transformation fund.

Nottinghamshire Transformation Plan

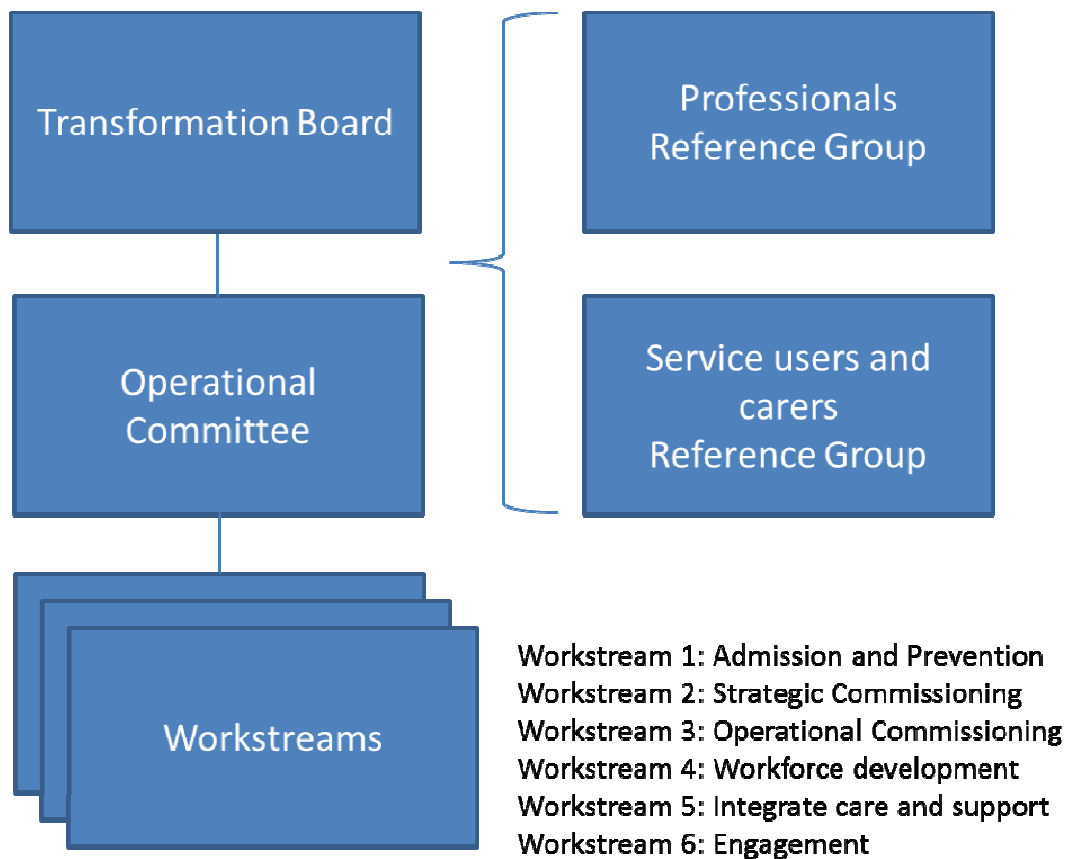
10. The plan aims to transform care and support for individuals with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging so that their care is focused on keeping them

healthy, well and supported in the community. Achieving this will minimise the need for inpatient care with the objective of reducing the number of beds in Nottinghamshire over a period of time as the redesign of services and implementation of more community based provision takes effect, for example, better provision around addressing crises as they occur including accommodation options.

11. The plan provides detail on the following:
 - the Nottinghamshire area
 - the services currently commissioned and provided across our area
 - our vision for how future services will be commissioned and provided
 - what we need to change to achieve our vision and how we intend to do this.
12. The plan recognises that to successfully deliver it, significant changes in the way that services are currently commissioned and provided will be required and that this will need the full support of adults with a learning disability and/or autism spectrum disorder, their families, friends and carers as well as from providers of services and the health and social care workforce. The partners have committed to working together to make these changes happen through the design and provision of effective social and health care services. The published version of the plan is available as a background paper.
13. The local authorities and the CCGs will also work through recommendations from Future in Mind, the national plan for improving the mental health and wellbeing of children and young people. The partners have developed local Future in Mind transformation plans for Nottingham and Nottinghamshire and will ensure alignment with this plan.

Process and Arrangements for the Nottinghamshire Fast Track Site Plan Consultation and Implementation

14. Now that feedback has been received and NHS England has provided notification of the financial allocation, the partners are moving into the implementation phase of the project. One of the first things that will be undertaken will be a formal public consultation about the proposed new service model as due to the timescales required nationally it was not possible for this to be completed prior to the plan being submitted in September. Further details of this will be circulated in the near future. This paper is also being submitted to all CCG Governing Bodies, relevant local authority Committees and will be presented to the Joint Overview and Scrutiny Committee.
15. The Transformation Board is continuing to meet and a robust governance structure has been established which will oversee process and delivery of the plan which is shown overleaf:



Workstreams

16. Details of each of the workstreams are as follows:

- Admission and prevention - design, develop and implement the pathways of care and support to deliver joined up and integrated care and support around the Person-centred Plan and a supporting single overview plan across health and social care.
- Strategic Commissioning - use the case for change to decide what joint commissioning arrangements need to be in place to deliver the good quality of care and support that is required to be delivered from the new model of care for those with a learning disability and/or autism.
- Operational Commissioning - oversee all the actions required at various stages of the commissioning cycle to adapt and deliver the services required for the model of care, and in line with the joint commissioning strategy developed by the Strategic Commissioning work stream.
- Workforce development - implement a workforce development programme to ensure that all relevant staff within health, social care and provider organisations as well as families and carers, have the skills and knowledge to work effectively with this client group to deliver the model of care.
- Integrate Care and Support systems – ensure mechanisms to develop pooled and aligned budgets with specific reference to the integration of personal health budgets and social care personal budgets.
- Engagement - will deliver the extensive engagement with individuals, families and carers as well as the wider public and providers of care and support, both NHS and independent, and also clinical engagement. This engagement will be based on an engagement strategy, and plans will be developed for public, provider and clinical engagement based on this strategy.

Other Options Considered

17. This is a national programme and all health and social care systems are required to develop local plans to reduce the numbers of people admitted into long stay hospital provision and to develop appropriate services in the community.

Reason/s for Recommendation/s

18. The report seeks to ensure that Members are informed of the work currently being undertaken to develop and implement a plan to transform services for people with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging who reside in Nottinghamshire.

Statutory and Policy Implications

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

Financial implications

20. The CCGs are required to make match funding against the amount awarded by the Department of Health. The Nottinghamshire plan also assumes that current funding invested in hospital care for this user group will be recycled into community support, including money currently invested by local CCGs and also specialised commissioning, a section of NHS England who commission secure hospital placements.
21. "Building the Right Support" recently published by LGA, ADASS and NHS England, reinforces the idea of pooled or aligned budgets around this service user group and introduces the concept of "dowries" which will be paid to local authorities for anyone who has been in hospital for more than five years.
22. Any Adult Social Care and Health (ASCH) spend to date for people leaving hospital and going into the community and the additional specific staff resource has come from a CCG funded 'Winterbourne pot'. This was £2.7million and this funding has now run out. Therefore the cost is being incurred during this year which will be £1.2m for 2014/15. Discussions are being held with the CCGs around continuation of the funding in the short term whilst savings are released from the closure of long stay hospital provision. The development of a pooled budget for this provision is also being explored.

RECOMMENDATION/S

- 1) That Committee notes the progress of the Nottingham and Nottinghamshire Fast Track Programme and the plan for transformation of services for individuals with a learning disability and/or autism spectrum disorder.

Caroline Baria

Service Director, Strategic Commissioning, Access and Safeguarding

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Constitutional Comments (SMG 19/11/15)

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

Financial Comments (KAS 19/11/15)

24. The financial implications are contained within paragraphs 19-21 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.

Transforming Care for People with Learning Disabilities in Nottinghamshire – September 2015

Electoral Division(s) and Member(s) Affected

All.

ASCH357

11 January 2016**Agenda Item: 9**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

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

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such

implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE AND HEALTH COMMITTEE – WORK PROGRAMME

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
8th February 2016			
Proposed Changes to the First Contact Scheme: Outcome of Consultation	Report on the outcomes of the consultation and the recommendations for action	Service Director, Strategic Commissioning, Access and Safeguarding	Lyn Farrow / Josephine Yousaf
Carers' Information and Advice Hub and Support Service Progress Report	Update and evaluation on the service being provided following the contract awarded in 2015	Service Director, Mid Nottinghamshire	Penny Spice
Direct Services Delivery Group Update	Report on progress with savings programmes within this delivery group.	Programme Director, Transformation	Ian Haines / Jennifer Allen
Progress with Personal Health Budgets across Nottinghamshire	Update on the Personal Health Budget work taking place with health across the county.	Service Director, Mid Nottinghamshire	Cherry Dunk / Nigel Walker
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard
Integrated Community Equipment Loan Store (ICELS) progress report	Update on the current position and progress of the service.	Service Director, Strategic Commissioning, Access and Safeguarding	Jane Cashmore
Additional Extra Care accommodation for Mansfield	To seek approval for the exact amount of Extra Care capital funding required	Service Director, Mid Nottinghamshire	Cherry Dunk
Future Advocacy Services proposals	To agree the new model	Service Director, Strategic Commissioning, Access and Safeguarding	Gill Vasilevskis
7th March 2016			
Organisational Health Check for Adult Social Care Assessment and Care Management Team	Feedback on the 'Health Check' appraisal of how a section of the department's workforce is coping at a time of significant change. It identifies the relevant issues and the plans that need to be put in place to ensure that staff are supported to work safely and effectively in the future. Page 57 of 64	Service Director, Strategic Commissioning, Access and Safeguarding	Tina Morley-Ramage/ Sarah Hampton

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Transforming Care: Response to the Winterbourne View Report	Six-monthly update to include finance information as detailed in report of 2 March 2015	Service Director, Strategic Commissioning, Access and Safeguarding	Cath Cameron-Jones
Update on the Future of the County Horticulture Service	Update on the proposed revised staffing structure for the new service following consultation	Service Director, North Nottinghamshire	Jane McKay
Savings and Efficiencies Delivery Group Update	Report on progress with savings programmes within this delivery group	Programme Director, Transformation	Ellie Davies
Development of the Mid Nottinghamshire Better Together Programme – commissioner provider alliance agreement	Progress report	Service Director, Mid Nottinghamshire	Wendy Lippmann
18th April 2016			
Update on future funding of temporary posts	Update on the situation with regard to temporary posts across the department	Programme Director, Transformation	Jane North
16th May 2016			
Outcome of the Sector Led Improvement Peer Review 2016	Report of the sector led improvement peer review of ASCH&PP in March 2016.	Corporate Director, Adult Social Care, Health and Public protection	Jennie Kennington
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
Personal Outcomes Evaluation Tool (POET) survey – implementation of outcomes	Report on implementation of outcomes	Service Director, Strategic Commissioning, Access and Safeguarding	Penny Spice
Progress report on the actions from the Peer Review March 2015	Report on progress against actions identified as a result of the peer review on commissioning for better outcomes which took place in March 2015	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/Laura Chambers

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
(Commissioning for Better Outcomes)			
13th June 2016			
11th July 2016			
Update on Integrating Health and Social Care: Two Schemes to Reduce the Length of Stay in Hospital	Progress report since June 2015 on two schemes (SCOPES and EOSS) to reduce the length of stay in hospital	Service Director, Access and Public Protection	Steve Jennings-Hough / Yasmin Raza
Update on the Transfer of the Independent Living Fund	Progress report since June 2015 on the transfer of the Independent Living Fund	Service Director, South Nottinghamshire	Paul Johnson
To be placed			
Appropriate Adults Service			Gill Vasilevskis
Care Home and Home Care Provider Contract Suspensions Update	Overview of live suspensions of care home and home care provider contracts in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Rosamunde Willis-Read
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Louise Chaplin / Matthew Garrard

11 January 2016

Agenda Item: 10

**REPORT OF THE SERVICE DIRECTOR FOR STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING****CARE HOME PROVIDER CONTRACT SUSPENSIONS****Purpose of the Report**

1. The purpose of the report is to give an overview of live suspensions of care home provider contracts in Nottinghamshire.

Information and Advice

2. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).
3. Nottinghamshire County Council places significant emphasis on monitoring the standard of the care which it commissions through independent sector providers, and supporting providers to make improvements. The authority undertakes this monitoring work in partnership with other agencies, including the relevant Clinical Commissioning Groups (CCG), Healthwatch, and on occasion, the Care Quality Commission (CQC), and shares information routinely with these organisations to build up a picture of risk levels and impact on outcomes for people accommodated at the services.
4. Quality Development Officers undertake annual quality audits for older people's care homes within Nottinghamshire that the authority contract with to inform the allocation of a 'banding' to which a fee level is attributed. The same staff also undertake audits for younger adult's care homes and both work programmes are determined and managed through a risk based approach. Since April 2014, these work programmes have been conducted in partnership, where possible, with quality monitoring staff from the appropriate Clinical Commissioning Group (CCG), which enables both health and social care commissioners to identify and act on shortfalls in outcomes for people in partnership.
5. Concerns expressed by people accommodated at a service, care workers, professionals and other agencies, safeguarding referrals, and inspections by CQC result in additional responsive visits by our Quality Development Officers and CCGs. The authority and health partners might at this point issue an improvement notice, which is warranted where a breach of contract has been evidenced. If subsequent improvement is not forthcoming, is

protracted, or there is a significant potential of or actually evidenced poor outcomes for people accommodated at the service, then the authority and health partners jointly might move to a position of suspending the contract with the provider. This means that no further authority and CCG-funded users would be placed in that facility to enable the provider to focus on making improvements. A voluntary undertaking not to admit people who fund their own care and support to the service might also be sought from the provider. Whilst this is not legally binding, it does signal a more positive approach to partnership working and commitment to improve from the provider. It does not exclude the formal contract suspension being evoked at a later point.

6. The authority's Care & Support Services Directory, Notts Help Yourself, provides the following information on and explanation of suspensions to people researching services:

While all care homes/care homes with nursing are required to be registered with the Care Quality Commission, if we are contributing to your care fees, then we will have a separate agreement in place with the care home/care home with nursing. This is done to ensure that the Council and the care home/care home with nursing know exactly what is required from the service.

Occasionally it may be necessary to temporarily suspend placements into a care home/care home with nursing.

This may be done for a variety of reasons:

- *to investigate a concern*
- *to allow time for improvements to be made*
- *to take the pressure off a care home/care home with nursing if they are experiencing a problem.*

Sometimes a care home/care home with nursing itself may request a temporary suspension of placements so that it can make changes.

While a placement suspension is in place no further local authority placements will be made to the care home/care home with nursing and alternative placements should be sought.

If there are serious concerns about a care home/care home with nursing, residents and/or their relatives will be informed of the situation.

7. If, despite the intervention of a suspension and further support, improvements are not forthcoming, are exceptionally slow, or if poor quality care continues to be evidenced, the authority would consider a move to terminate the contract with that provider.
8. Currently the contracts for four care homes are suspended by the authority. Further detail is given in the **Exempt Appendix** to this report.
9. The authority makes a range of agencies and internal stakeholders, including operational staff and ward Councillors, aware of a suspension. If a service is suspended then people accommodated and their relatives are notified by the Council in partnership with the

provider, the CCG and CQC, where relevant via a relatives meeting, along with the reason for suspension, prior to more general public information release.

10. The lifting of a suspension is undertaken once the authority and partner agencies are satisfied that improvements can be sustained and in discussion with the provider.

Other Options Considered

11. The methodology for the authority's risk escalation procedure and its relationship with other relevant agencies has been developed through a partnership approach over many years. No other options have therefore been considered.

Reason/s for Recommendation/s

12. The report is for noting.

Statutory and Policy Implications

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

Financial Implications

14. There are no financial implications.

Implications for Service Users

15. Some of the most vulnerable adults are in care home placements. It is imperative that the services that they receive are of good quality and are delivered with dignity and respect. Suspensions of services seek to reduce and wherever possible eliminate poor quality care home provision and enable providers to consolidate and improve the care and support to people accommodated.

RECOMMENDATION/S

- 1) That the overview of live suspensions of care home provider contracts in Nottinghamshire be noted.

Caroline Baria

Service Director - Strategic Commissioning, Access & Safeguarding

For any enquiries about this report please contact:

Rosamunde Willis-Read
Group Manager, Quality & Market Management
Adult Social Care, Health & Public Protection

Constitutional Comments

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

Financial Comments (KAS 10/12/15)

17. There are no financial implications contained within the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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