

Adult Social Care and Public Health Committee

Monday, 16 April 2018 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

1	Minutes of the last meeting held on 12 March 2018	5 - 10
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
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5	Performance Update for Adult Social Care and Health	25 - 36
6	Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant September to December 2017	37 - 48
7	Nottinghamshire County Council's Strategy for Housing with Care 2018-2025	49 - 76
8	Adult Social Care and Commercial Development - Outcome of Consultation	77 - 86
9	Quality and Market Management Team Quality Auditing and Monitoring Activity - Care Home and Community Provider Contract Suspensions	87 - 92
10	Health and Social Care Integration in Bassetlaw	93 - 112

11	Deprivation of Liberty Safeguards Policy	113 - 128
12	Commissioning and Procurement Plan for Assistive Technology and Related Services	129 - 136
13	Adult Social Care and Public Health - Events, Activities and Communications	137 - 144
14	Work Programme	145 - 150
15	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 INFORMATION ITEMS

- | | |
|----|--|
| 16 | Exempt Appendix to Item 5 - Performance Update for Adult Social Care and Health |
| | <ul style="list-style-type: none"> Information relating to the financial or business affairs of any particular person (including the authority holding that information); |
| 17 | Exempt Appendix to Item 9 - Quality and Market Management Team Quality Auditing and Monitoring Activity |
| | <ul style="list-style-type: none"> 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 PUBLIC HEALTH COMMITTEE
Date	12 March 2018 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Boyd Elliott
Sybil Fielding
David Martin

Francis Purdue-Horan
Andy Sissons
Muriel Weisz
Yvonne Woodhead

OTHER MEMBERS IN ATTENDANCE

Councillor Liz Plant

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Resources
Sue Batty, Service Director, Adult Social Care and Health
Phil Dent, Audit Team Leader, Resources
Jonathan Gribbin, Interim Director of Public Health, Adult Social Care and Health
Paul Johnson, Service Director, Adult Social Care and Health
Jennie Kennington, Senior Executive Officer, Adult Social Care and Health
Ainsley MacDonnell, Service Director, Adult Social Care and Health
Jane North, Programme Director Transformation, Adult Social Care and Health

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 5 February 2018 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

None

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

4. FUNDING FOR FRIARY DROP IN FROM THE RING-FENCED GRANT

Jonathan Gribbin introduced the report and responded to questions.

RESOLVED 2018/014

That approval be given to a final extension of the contract with the Friary Drop In for up to one year, with break clauses, to assist it in identifying alternative funding to secure its future for the benefit of service users and the local system.

5. OUTCOME OF THE ADULT SOCIAL CARE AND HEALTH CONSULTATION

Sue Batty introduced the report and responded to questions.

RESOLVED 2018/015

- 1) That the proposed changes to the Adult Social Care Charging policy be recommended to Policy Committee for approval, with effect from April 2018 and June 2018, as stated in paragraphs 32 and 33 of the report.
- 2) That the Council reviews its contractual processes to recover waived charges for poor service from independent sector care providers, as stated in paragraph 34 of the report.
- 3) That permission be granted for further exploration of the proposals to take the full benefit amount paid to a person into account and to review, as stated in paragraphs 13 and 15 of the report, the minimum income levels used to calculate the amount a person can afford to contribute towards their care and support and for the outcome to be brought back to a future meeting of the Committee for consideration.

6. BETTER CARE FUND 2017/18 PROGRESS UPDATE AND APPROVAL FOR THE USE OF THE BCF CARE ACT ALLOCATION AND THE IMPROVEMENT BCF 2018/19

Sue Batty introduced the report and responded to questions.

RESOLVED 2018/016

- 1) That the extension of the following posts be approved:

BCF Care Act – Notts Enabling Service:	
1 FTE Team Manager (Band D), 6 months to 31/3/19	£28,598
5.5 FTE Community Independence Workers (Grade 4), 6 months to 31/3/19	£78,181
2 FTE Co-Production Workers (Band A), 6 months to 31/3/19	£40,776
1 FTE Team Leader (Band A), 6 months to 31/3/19	£20,388
8 FTE Promoting Independence Workers (Grade 3), 6 months to 31/3/19	£95,941
2 FTE Business Support Officers (Grade 3), 6 months to 31/3/19	£23,985

BCF Care Act – Community Empowerment Project:	
3 FTE Neighbourhood Co-ordinators (Band A), 6 months to 31/12/18	£30,582
BCF Care Act – STP/BCF Programme Manager:	
0.14 FTE BCF Programme Manager, NCC contribution, 12 months to 31/3/19	£9,015
BCF Care Act – Reviewing Officers	
3 FTE Reviewing Officers (Grade 5), 3 months to 31/3/19	£25,174
	£352,190
Improved BCF	
1 FTE Programme Co-ordinator (Band A), 10 months to 31/3/19	£33,980
1 FTE Debt Recovery Officer (Grade 4), 12 months to 31/3/19	£28,430
1 FTE Social Worker (Band B), 2 months to 31/5/18	£7,812
1 FTE Community Care Officer (Grade 5), 2 months to 31/5/18	£5,594
	£75,816

- 2) That the establishment of the following new posts from the Improved BCF be approved:

Integrated Care Teams:	
1 FTE Social Worker (Band B), 12 months to 31/3/19 (plus funding for 3 Social Worker posts already permanently established)	£187,484
1 FTE Project Manager (Band D), 12 months to 31/3/19	£57,195
Mansfield & Ashfield OT:	
1 FTE Occupational Therapist (Band B), 12 months to 31/3/19	£46,871
	£291,550

7. EVALUATION OF THE IMPACT OF SOCIAL CARE STAFF EMBEDDED WITHIN INTEGRATED CARE TEAMS

Jane North introduced the report and responded to questions.

RESOLVED 2018/017

- 1) To approve the development of a vision and plans with health colleagues so that integrated working across all the community teams can deliver the 'embedded' level of joint working for all Nottinghamshire residents who have a range of complex health and social care needs. This model is already in place for people who have a learning disability (i.e. Community Learning Disability Teams) but is not applied generally for people who have a physical disability or older adults, other than through Integrated Care Teams currently in operation.
- 2) To approve Adult Social Care and Health officers and Nottingham Trent University (NTU) to circulate the evaluation report to national contacts

(including the Local Government Association and Chief Social Worker), publish the report on the Council's and NTU's websites, use the evidence to submit articles for publication in conjunction with Council (including the International Journal of Social Work, Health Service Journal and Local Government Chronicle) and submit an application to share the work at the National Children and Adult Services Conference 2018.

8. PROPOSED INCREASE IN FEES FOR INDEPENDENT SECTOR ADULT SOCIAL CARE PROVIDERS AND CHARGES FOR MEALS AND TRANSPORT

Paul Johnson introduced the report and responded to questions.

RESOLVED 2018/018

- 1) That the proposed distribution of £6.5m of fee increases to independent sector care and support providers across the different adult social care services related to the further increase in the National Living Wage from April 2018 be approved.
- 2) That the increase in Older Adults' Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation, as detailed in paragraph 36 of the report be approved.
- 3) That the fee increases be approved with effect from 1 April 2018 to align with the payment cycle for the new financial year.
- 4) That the increase in charges for meals and transport be approved with effect from 1 April 2018.

9. ASSESSMENT AND ADVICE PROVIDED BY EXTERNAL SAVINGS PARTNER NEWTON TO SUPPORT SAVINGS PROGRAMME

Jane North introduced the report and responded to questions.

RESOLVED 2018/019

- 1) That delivery of the new change programme be approved
- 2) That the principles of the approach to continuous improvement and the new approach to the monitoring of savings from 1st April 2018 be approved.
- 3) That the establishment of the additional 14.4 full time equivalent (FTE) temporary posts to deliver the transformation programme as detailed in paragraph 29 of the report, be approved.

10. EXTENSION OF CONTRACTS FOR SUPPORT TO THE EAST MIDLANDS IMPROVEMENT PROGRAMME IN ADULT SOCIAL CARE

Jane North introduced the report and responded to questions.

RESOLVED: 2018/020

That the posts of the East Midlands Improvement Programme Manager (Care and Health) (Band F, 22 hours per week) and Business Support Administrator (Grade 4, 37 hours per week) be extended until 31st March 2019.

11. UPDATE ON TENDER FOR HOME BASED CARE AND SUPPORT SERVICES

Paul Johnson introduced the report and responded to questions.

RESOLVED: 2018/021

That no further actions were required.

12. RE-COMMISSIONING OF PREVENTATIVE MENTAL HEALTH SUPPORT AND SUPPORTED ACCOMMODATION SERVICES

Paul Johnson introduced the report and responded to questions.

RESOLVED: 2018/022

- 1) That approval be given for the re-commissioning process for supported accommodation services to proceed to tender on the basis set out in this report in paragraphs 6-9
- 2) That approval be given for the re-commissioning process for a mental health support service to proceed to tender on the basis set out in this report in paragraphs 10-13
- 3) That approval be given for the award of contracts with the regard to the above, following compliant tender processes.

13. ESTABLISHMENT OF TEMPORARY DAY SERVICE SUPPORT ASSISTANT POSTS AT BROXTOWE DAY SERVICE

Ainsley McDonnell introduced the report and responded to questions.

RESOLVED: 2018/023

That the establishment of two temporary (35 hours) Day Service Support Assistant (Grade 3) posts at Broxtowe Day Service, for a period of two years, be approved.

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

RESOLVED: 2018/024

That Committee approves the plan of events, activities and publicity set out in the report.

15. WORK PROGRAMME

RESOLVED 2018/025

That the work programme be updated to include:

- Outcome of the further exploration into the proposals to review contributions to the cost of care.

The meeting closed at 11.51 am.

CHAIR

16 April 2018**Agenda Item: 4****REPORT OF THE PROGRAMME DIRECTOR OF TRANSFORMATION, ADULT
SOCIAL CARE AND HEALTH****PROGRESS REPORT ON SAVINGS AND EFFICIENCIES****Purpose of the Report**

1. To provide a progress report to the Committee on budget savings projects being delivered by the Adult Social Care and Health (ASC&H) department over the period 2017/18 to 2020/21.
2. To seek Committee approval to disestablish 1.0 FTE permanent Occupational Therapist (OT) post (Band B) and instead establish 1.0 FTE permanent Senior OT / Practitioner post (Band C).

Information**ASC&H Department's Savings and Efficiency Programme 2017/18 to 2020/21**

3. The ASC&H department has already delivered efficiency savings of £82m over the period 2011/12 to 2016/17 through the delivery of savings and efficiency projects relating to Adult Social Care. The department's remaining approved savings targets are profiled as follows:

2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m	Total
10.345	8.200	5.245	3.152	26.942

NB: this excludes £0.991m additional savings, agreed by the Committee on 12 March 2018, to be delivered through Phase II of the Early Resolution project, through the adoption of the Three Tier Model.

4. There are 10 high governance savings projects remaining and 21 low governance projects. A list of these projects and their current status as at Period 11 2017/18 is provided in **Appendix 1**. This also shows any projects reporting exceptions and savings at risk of either slippage into future financial years and / or at risk of non-delivery.
5. In summary, the current position regarding the achievement of the remaining £10.345m savings in 2017/18 is that savings of £12.917m are projected by the end March 2018 (including £0.060m savings that are to be delivered in a different way to that originally intended), i.e. £2.572m above target. The difference is broken down as follows:

- a) an over-achievement of savings against its total savings target is anticipated from the *Improving Collection of Continuing Health Care Funding* project (£2.380m).
- b) an over-achievement of savings against its 2017/18 savings target is anticipated from the *Targeted Reviews* project (£0.279m).
- c) the *Reducing the Costs of Residential Placements - Younger Adults* project is also projected to deliver £0.452m savings this year, although no savings are profiled, but this is required to make up for under-achievement of target savings during 2018/19 (see **paragraph 6ai** below).
- d) delivery of £0.419 savings is currently anticipated to be at risk of under-achievement during 2017/18, but this is anticipated to be made up by 2019/20. This relates to the *Reduction in Long-Term Care Placements* project (£0.150m), *ASCH Strategy Phase II* project (£0.189m), and *Increase in Transport Charge* project (£0.080m).
- e) £0.120m savings are at risk of under-achievement during 2017/18, associated with the *Integrated Community Equipment Loan Scheme* project (ICELS).

6. Looking ahead to future years:

- a) For 2018/19, the combined impact of anticipated over-achievement of savings against some projects, and under-achievement of savings against others suggests that £0.285m is at risk of under-achievement against a target of £8.200m. This is made up of:
 - i. £0.733m at risk of under-achievement against the *Reducing the Costs of Residential Placements - Younger Adults* project (£0.413m), the *Promoting Independence in Supported Living and Outreach Services* project (£0.250m), and the *Maximise the Income available to Direct Services* project (£0.070m).
 - ii. £0.448m over-achievement against the *ASCH Strategy Phase II* project (£0.189m), *Living at Home* project (£0.114m), *Reduction in Long-Term Care Placements* project (£0.065m), and *Increase in Transport Charge* project (£0.080m), though this is all slippage from either 2016/17 or 2017/18.
- b) However, looking ahead across all years to 2020/21, overall the savings programme is currently projected to meet its £26.942m savings target.

- 7. Within a portfolio(s) of programmes and projects of the scale of that being undertaken by the Department, it is to be expected that some projects will experience obstacles, which ultimately may result in difficulty in meeting some of the savings. This is particularly the case where change has been overlaid on change and where projects are more transformational. For those projects reporting exceptions in **Appendix 1**, further detail on the reasons for these, and mitigating action, is provided in **Appendix 2**.
- 8. The overall departmental position in terms of agreed budget savings, including savings at risk, is contained within the body of the financial monitoring report that is considered by the Finance and Major Contracts Management Committee, and its associated appendix. Any change requests approved by the Improvement and Change Sub-Committee to amend projects' savings targets and / or their profile of savings are also reported to Finance and Major Contracts Management Committee, as are requests for base budget adjustments. Most recently, the following two change requests were approved by the Improvement and Change Sub-Committee, at its March 2018 meeting:

- i. *Care and Support Centres* project: slippage of £2.464m from 2018/19 into 2019/20 (£1.633m) and 2020/21 (£0.831m).
 - ii. *Targeted Reviews* project: slippage of £1.000m from 2018/19 into 2020/21.
9. These approvals are reflected in **Appendix 1** of this document, and have been reflected in the Medium Term Financial Strategy.
10. Any relevant reports taken to these Committees in the current financial year are available as background papers.

Approval to disestablish 1.0 FTE Occupational Therapist (OT) post and establish instead 1.0 FTE Senior OT / Practitioner post for a new *Commissioning Hospital Discharge Packages* project

11. On 9th October 2017 the Adult Social Care and Public Health Committee approved the establishment of 1 FTE Occupational Therapist (Band B). The post is to support delivery of the 'Hospital Discharge Project' through working within multi-disciplinary discharge arrangements across the County to increase an approach that maximises planning for the independence of people with multiple complex conditions being discharged from hospital, to ensure they are on the correct health or social care discharge pathway. There is national and local research to support the evidence base for this.
12. The Occupational Therapist (OT) role was established to work with health and social care staff in the hospital discharge teams across the three local planning areas on complex cases to promote the therapy and short-term rehabilitation opportunities for individuals. As well as peer review of complex cases, the role will also need to train health and social care hospital based staff to shape therapy led discharge support plans and supervise the OTs to use equipment that enables people to reduce from two care staff to one.
13. The Hospital Discharge project has an associated recurrent savings target of £130,000 per annum. The Occupational Therapist post is required permanently to deliver the savings and the cost of the post was therefore netted off the gross recurrent savings target.
14. To date, three unsuccessful attempts have been made to recruit to the post. A review of the role has shown that the complexity of the roles and responsibilities are better reflected by a Senior Practitioner OT post (Band C). The difference between a full time OT post at Band B and a full time Senior Practitioner post at Band C for the year is £6,447, including on-costs.
15. Approval is therefore requested to disestablish 1 FTE Occupational Therapist (Band B) at an annual salary cost of £46,871 including on-costs and establish 1 FTE Senior Practitioner post (Band C) at an annual cost of £53,318 per annum including on-costs.
16. There is confidence that the additional cost of £6,447 pa of the post change can be accommodated by increasing the recurrent gross savings target of the *Commissioning Hospital Discharge Packages* project. The nett savings target of the project (£0.130m) will remain the same.

Other Options Considered

17. If the Occupational Therapy (OT) post is not converted to the more appropriate Senior Practitioner OT role there is a risk to delivering the savings associated with the Hospital Discharge project.

Reason/s for Recommendation/s

18. A review of the role has shown that the complexity of the roles and responsibilities are better reflected by a Senior Practitioner OT post (Band C).

Statutory and Policy Implications

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

Data Protection and Information Governance

20. The data protection and information governance requirements for each of the savings projects is being considered on a case by case basis and Data Protection Impact Assessments will be completed wherever necessary.

Financial Implications

21. Progress in achieving the 2017/18 to 2020/21 savings targets for each existing project is detailed in **Appendices 1 and 2**.
22. The additional annual cost of amending the 1.0 FTE OT (Band B) post approval to 1.0 FTE Senior OT / Practitioner (Band C) post will be £6,447 pa. This will be accommodated by increasing the recurrent gross savings target of the *Commissioning Hospital Discharge Packages* project from £130,000 to £136,447 per annum.

Human Resources Implications

23. The Senior Practitioner OT job description has been used to reflect the role responsibility and performance capability required for this Hospital Discharge project OT role.

Public Sector Equality Duty implications

24. The equality implications of the ASC&H savings and efficiency projects have been considered during their development and, where required, Equality Impact Assessments undertaken.

Smarter Working Implications

25. The new Senior OT / Practitioner post will have equipment to enable mobile working and flexible use of office accommodation.

Implications for Service Users

26. As above, the implications of the savings projects on service users have been considered during their development.

RECOMMENDATION/S

That Committee:

- 1) agrees to receive an update report in the next three to six months, and that this be included in the Committee work programme.
- 2) approves the disestablishment of 1.0 FTE permanent Occupational Therapist (OT) post (Band B) and the establishment of 1.0 FTE permanent Senior Occupational Therapist / Practitioner post (Band C).

Jane North
Programme Director of Transformation
Adult Social Care and Health

For any enquiries about this report please contact:

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Project Manager, Programmes and Projects Team
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E: ellie.davies@nottscg.gov.uk

Constitutional Comments (LM 20/03/18)

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

Financial Comments (OC 26/03/18)

28. The financial implications are contained in paragraphs 21 and 22 of the report.

HR Comments (SJJ 19/03/18)

29. Any HR implications are included in 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.

- Progress Report on Savings and Efficiencies - report to Adult Social Care and Public Health Committee on 10 July 2017
- Progress Report on Delivery of Programmes, Projects and Savings - report to the Improvement and Change Sub-Committee on 26 September 2017
- Supporting Best Practice in Care and Support Planning for Adult Care Services - report to Adult Social Care and Public Health Committee on 9 October 2017
- Planning for Discharge from Hospital - report to Adult Social Care and Public Health Committee on 9 October 2017
- Financial Monitoring Report: Period 5 2017/2018 - report to Finance and Major Contracts Management Committee on 16 October 2017
- Programmes, Projects and Savings – Quarter 2 - report to the Improvement and Change Sub-Committee on 11 December 2017
- Progress Report on Savings and Efficiencies - report to Adult Social Care and Public Health Committee on 11 December 2017
- Progress Report on Delivery of Programmes, Projects and Savings - report to the Improvement and Change Sub-Committee on 12 March 2018
- Assessment and Advice Provided by External Savings Partner Newton to Support Savings Programme - report to Adult Social Care and Public Health Committee on 12 March 2018
- Job Description for Senior Practitioner OT
- Equality Impact Assessments.

Electoral Division(s) and Member(s) Affected

All.

ASCPH547 final

Appendix 1: Project Statuses at at February 2018 Highlight Reports and Period 11 Budget Monitoring Information - ASCH															
Project Name	Project Status Jan 2018	Project Status Feb 2018	Cashable Benefits					Projected At Risk / Slippage & Over Achievement						Savings delivered in an	Net at risk amount
			2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	Total (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	Total (£000)s		
Living at Home Phase II	Closed or Completed	Closed or Completed						52		-114			-62		-62
Reduction in long-term care placements	At Risk	At Risk	300	435	35		770	95	150	-65	-180				
Reducing the Costs of residential Placements - Younger Adults	Experiencing Obstacles	Experiencing Obstacles		500			500	-132	-452	413			-171		-171
Care and Support Centres	At Risk	On Target	292	804	1,927	831	3,854								
Direct Payments	On Target	On Target	580	1,280			1,860								
Promoting Independence in supported living and outreach services	At Risk	At Risk	1,000	1,250	625	100	2,975	-111		250			139		139
Early Resolution (Consulted on as - C05 New operating model for the Social Care Pathway)	On Target	On Target	176	176			352								
Targeted Reviews	On Target	On Target	2,010	2,010	2,000	2,000	8,020	-692	-279				-971		-971
Further Expansion of Assistive Technology to Promote Independence	Experiencing Obstacles	Experiencing Obstacles	543	174	154	-28	843								
ASCH Strategy Phase II	Experiencing Obstacles	Experiencing Obstacles	750	375			1,125		189	-189					
Various options to reduce the cost of the intermediate care service	On Target	On Target	800				800								
Gain alternative paid employment for remaining Sherwood Industries staff	Closed or Completed	Closed or Completed	35				35								
Partnership Homes	On Target	On Target	292				292								
Investment in Shared lives	On Target	On Target	60	60			120								
Improving Collection of Continuing Healthcare funding	Closed or Completed	Closed or Completed	2,550	500			3,050		-2,380				-2,380		-2,380
Increase in transport charge	Experiencing Obstacles	Experiencing Obstacles	80				80	-99	80	-80			-99		-99
Charge for Money Management service	Experiencing Obstacles	Experiencing Obstacles	134				134								
Integrated Community Equipment Loan Scheme (ICELS)	At Risk	At Risk	350				350		120				120		120
Review of partnership expenditure in Mid-Notts	On Target	On Target	67				67								
Maximise the income available to the Council's directly provided adult social care services	Experiencing Obstacles	Experiencing Obstacles	60	70			130		60	70			130	60	70
Cessation of First Contact	On Target	On Target	21				21								
Brokerage for Self-Funders - full cost recovery	Experiencing Obstacles	On Target	12	28			40								
START scheduling service users visits	On Target	On Target	6	33			39								
HPAS	Closed or Completed	Closed or Completed	167				167								
Transitions (Preparing for Adulthood)	On Target	On Target	60	60	50	50	220								
Hospital discharge	No Status	No Status		5	125		130								
Supporting the use of best practice in the commissioning of Older Adults' care services	No Status	No Status		130	130	199	459								
Ensuring cost-effective services for younger adults through alternative accommodation	No Status	No Status			124		124								
Merger of Commissioned Crisis Prevention Service for Carers and Rapid Response Service (now called Home First Response Service)	No Status	No Status		50			50								
New ways of working for carers	No Status	No Status		75	75		150								
Reabling more older people to regain their independence by increasing capacity in the START Service	No Status	No Status		185			185								
TOTALS			10,345	8,200	5,245	3,152	26,942	-887	-2,512	285	-180		-3,294	60	-3,354

Key for Status	
On Target	Successful delivery of the project to time, cost and quality is achievable and there are no major outstanding issues at this stage that threaten delivery.
Experiencing Obstacles	Successful delivery is probable, however, there are minor issues which need resolving to ensure they do not materialise into major issues threatening delivery. This is an early warning category, if the minor issues are resolved in a timely manner, it is unlikely that project savings will be put / remain at risk.
At Risk	Based on available evidence, successful delivery still appears feasible but significant issues exist with scope, timescales, cost, assumptions and/or benefits. Issues appear resolvable, but action is required.
Compromised	Based on available evidence, successful delivery of the project appears to be at significant risk. There are major issues with project scope, timescales, cost, assumptions and/or benefits. Immediate action required to resolve issues.
Closed or Completed	Project benefits have been achieved, or there has been an official change to the benefits profile (through change control) so the project is complete or declared undeliverable.
No Status	Awaiting major points of clarification / decision-making to enable PID and plan to be completed.

Project exceptions for 2017/18 – reasons and mitigating action

Reduction in Long-term Care Placements Project: Although the project exceeded its 2016/17 savings target, overall, there is still a short-fall against target savings over 2014/15 to 2016/17 of £0.095m. In addition, there is a risk of under-achievement of up to £0.150m of the 2017/18 savings target. However, it is anticipated that slippage across all years will be made up by 2019/20.

Reason for Exception	Mitigating Action
<p>The project has been working to reduce the number of adults living in long term care by developing more alternative services. However, a lack of supply of suitable housing in Nottinghamshire, compounded by the previously reported uncertainty in the market over central government's proposals over housing benefit, has meant that less people have been able to move out of residential care and into supported living than planned. For 2017/18, a total of 27 moves have taken place, against a target of 40.</p> <p>In addition, some moves have been required to meet business priorities but has resulted in increased costs.</p>	<p>As previously reported, the Council has played an active part in the consultation about funding arrangements from 2019 and has offered support to providers to offset risks. There has also been a continued focus on filling existing vacancies in supported living settings. Such dialogue with developers has helped to provide improved confidence in the market.</p> <p>Over 25 moves are anticipated to take place in the first quarter of 2018/19, and these are expected to deliver higher savings. Hence, the project is profiled to exceed its savings target next year by £0.065m.</p> <p>Over the longer-term, separate but related work is taking place to identify the most suitable accommodation and support package for younger adults living in all current residential, nursing and supported living services, with a view to enabling people to move, where appropriate, to ensure more cost effective services which best promote the independence of the individual. It is envisaged that there could be a number of moves from residential into supported living and from supported living into general needs accommodation, as well as the potential rationalisation of existing supported living where larger schemes with individual properties may be more cost effective and better suited to meeting longer term needs of individuals than smaller shared or isolated services. This work should help to free up supported living placements, in order to facilitate moves from residential care.</p>

Reducing the Costs of residential Placements - Younger Adults Project: whilst the project is anticipating that it will fall short of its 2018/19 savings target by £0.413m, across all years the project is expecting to exceed its overall savings target by £0.171m. The status therefore remains as *Experiencing Obstacles*, not in relation to the delivery of savings, but due to further work required to complete outstanding negotiations with providers.

Reason for Exception	Mitigating Action
<p>Whilst fee increases have been given to account for National Living Wage increases, inflationary pressures remain for providers. Therefore, the ongoing negotiations with providers on the costs of residential care placements for younger adults is having to take account of these wider cost pressures.</p> <p>In some cases, the current market provision does not support an enablement approach. Homes rely on 1:1 support which makes moving to a shared model challenging, especially where the Council are not the only commissioning authority.</p> <p>Some providers face issues around sustainability as they have a number of empty beds and are not able to offer a service to the more complex service user cohort that is now requiring residential care. Overall, viability has to be taken into account when looking at individual reductions and may limit opportunities for savings.</p>	<p>It has been agreed that the £0.868m savings made through Commissioning Officers negotiations can go towards the project's saving target. This was savings made against the £2.20m 2016 inflationary fund as Commissioning Officers actively worked with providers to reduce claims against this. This has improved the project's overall savings position, though this should not mask the wider cost, quality and sustainability issues on the younger adult residential care market.</p> <p>The project's review work provides the opportunity to talk to providers about the direction of travel and services required in the future. This should mean that over time the market can respond to the need for high quality services which aim to move people on, promoting independence and offering good value for money.</p> <p>All possible areas for savings will continue to be explored and negotiated with providers over the remainder of the project. Work continues to be undertaken to manage increase requests.</p> <p>Work also continues with key providers to consider a changing model of care and sharing support across service users where possible. This can take a long time, however, and requires the provider to work with us to make significant service delivery changes.</p> <p>Key messages are being shared with providers around future need in residential care, and providers are being asked to consider how they can transform their services to meet the changing needs of the service user group being placed in residential care.</p>

Promoting Independence in Supported Living and Outreach Services Project: whilst the project exceeded its savings target in 2016/17 and is on track to achieve it's 2017/18 savings target, savings of £0.250m are at risk of being compromised for 2018/19.

Reason for Exception	Mitigating Action
<p>The project involves a team of Community Care Officers (CCOs), supported by an Advanced Social Work Practitioner (ASWP), reviewing supported living and outreach services (care, support and enablement) with a view to reducing day hours and/or replacing sleep in night provision.</p> <p>Building on the success of the project to date, an extension to the project was approved at 9 October 2017 ASCH Committee, resulting in the project's savings target increasing by a further £2.225m over 2017/18 to 2020/21. For 2018/19, this had the effect of increasing the savings target from £0.250m to £1.250m.</p> <p>Savings to date have been made through reviewing and identifying people who no longer need the level of support they initially did. Work has started on a more proactive form of review which is identifying where provider intervention may enable a person to be more independent with a view to reducing packages, especially sleep-in nights, further down the line once mitigating actions have been put in place to manage risks. However, the pace and success of the work relating to sleep-ins has been slow, due to the time taken with providers and families to undertake the necessary work regarding risk assessments and planning. The slow pace has been compounded by project staff vacancies, which are still not fully resolved.</p> <p>As achieving the additional £1.000m savings target set for 2018/19 (in addition to the existing £0.250m) will be challenging within the timescales set, £0.250m has been flagged as at risk of being compromised. This will be kept under close review.</p>	<p>Whilst the £0.250m is likely to remain compromised, the project is undertaking mitigating activity to try and increase the pace and success of the work relating to sleep-ins, and identify other sources of savings.</p> <p>The extended project means that the work of the CCOs will develop to include helping people within supported living settings to move on into general needs accommodation.</p>

Further Expansion of Assistive Technology (AT) to Promote Independence Project: no savings at risk. However, there are issues evidencing that the project has achieved cost avoidance savings of £0.543m during 2017/18. Hence, its status is 'Experiencing Obstacles' until this is resolved.

Reason for Exception	Mitigating Action
Since migration onto a new reporting system, there has been issues with the automated report required to evidence the cost avoidance / cashable savings from the use of AT. However, it has been demonstrated that the report is under and not over-estimating project benefits.	The reporting issues are being resolved with Performance Team, ICT and Finance and are anticipated to be resolved ready for the new financial year.

ASCH Strategy Phase II Project: slippage of £0.189m savings from 2017/18 into 2018/19.

Reason for Exception	Mitigating Action
<p>This project is made up of four different workstreams:</p> <ul style="list-style-type: none"> • Care and support planning. • Nottinghamshire Enabling Service (NES). • Improving Lives in Learning Disability (LD). • Community Empowerment and Resilience. <p>It is the NES and Improving Lives in LD workstreams that are experiencing obstacles.</p> <p>There continues to be difficulties attracting the required number of applicants to posts in NES and there is on-going work required to increase the number of referrals to the Community Independence Workers (CIWs) to the level required to achieve associated savings targets.</p> <p>There is also the need to increase the number of progression reviews being undertaken by Community Learning Disability Teams (CLDTs).</p>	<p>Recruitment to all posts has progressed, and currently there are only vacancies for 2.0 FTE Promoting Independence Workers and 0.5 FTE Community Independence Workers. All remaining posts are out to advert.</p> <p>Various ways of increasing the number of referrals has been tested with different teams.</p> <p>Development work is underway to create new referral pathways in Mosaic which is intended to streamline the workflow within the Notts Enabling Service and create more efficient ways for staff to refer to teams.</p> <p>Workshops have been held with staff, to provide an opportunity for staff to discuss and reflect on their progression cases. A new Younger Adults Reviewing Team will create additional capacity in the CLDTs.</p> <p>The work of NES, and the support it offers, is to be promoted to service users and their families, and communication tools such as leaflets and a video are being considered.</p> <p>CIWs are spending regular amounts of time in Older Adults operational teams across the county and sometimes attend social care clinics with social care staff across the districts. One of the CIWs is working closely with the reablement service for Older Adults in mid Nottinghamshire to identify community resources for people following a period of reablement. Based on the success of this work, the use of CIWs in the reablement service is to be extended to other START teams.</p> <p>Cost avoidance savings delivered by the support planning workstream of the project are currently being calculated by Finance, and once verified will help mitigate some of the in-year slippage.</p>

Project	Reason for Exception	Mitigating Action
Increase in transport charge	The price increase has been delayed, and as a result the 2017/18 income will be lower than anticipated.	The under-achievement against the target is currently projected to be £80,000, and this is projected to be delivered in 2018/19.
Charge for Money Management Service	Implementation of a fee increase of £6 to the weekly charge for money management services for the appointeeship and deputyship functions which are provided to service users who are unable to manage their own finances was delayed from April to October 2017. However, despite the delay, the savings target of £0.134m is being achieved as there are more people coming through the service.	The position will be kept under review. If this position is sustained, then the savings will be indicated as being achieved in another way.
Integrated Community Equipment Loan Scheme (ICELS)	This project intended to achieve its savings target by negotiating with partners to reduce the Council's contribution to the ICELS pooled budget, in line with a reduction in the Council's prescribing activities and the loaning of community equipment. However, it has since been agreed with partners that there will be no changes to the split of funding, and so alternative methods to deliver the savings are being utilised, such as underspends against the separate minor adaptations budget. However, this is being offset by overspends on the specials equipment.	The position will be kept under review, pending end of year results. Moving forward, the specials budget will be adjusted to give a more proportionate budget across both this allocation and the minor adaptations budget allocation.
Maximise the income available to the Council's directly provided adult social care services	<p>In order to progress the income maximisation work, the Council's Direct Services have been engaging with the Commercial Development Unit, in order to deliver additional income targets of £0.060m in 2017/18 and £0.070m in 2018/19.</p> <p>However, the commencement of this work has been delayed due to a lengthy decision making process in respect of proposals developed and lack of capacity to take a further service through the CDU process until 2018.</p>	2017-18 savings have been delivered in an alternative way. The method of delivery for 2018/19 savings is being assessed by the relevant Service Director.

16 April 2018**Agenda Item: 5****REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH****Purpose of the Report**

1. To provide the Committee with a summary of performance for Adult Social Care and Health for quarter 3 2017/18 (1 April 2017 to 31 December 2017) and seek comments on any actions required.

Information

2. 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**.
3. This report provides the Committee with an overview of the quarter 3 position for the key performance measures for Adult Social Care and Health (ASCH) for 2017-18. The performance measures include information provided to the Department of Health as part of statutory returns.
4. The measures monitored on a monthly basis by the Senior Leadership Team were reviewed in April/May when targets for 2017/18 were set and this report reflects those changes.
5. A summary of these performance measures is set out below and a performance dashboard, including target and performance data up to and including 31 December 2017 (Quarter 3), is attached as **Appendix A**.

National Key Performance Indicators**Long term residential and nursing care (younger adults aged 18 – 64 years)**

6. The Council monitors admissions per 100,000 population, as part of a national Adult Social Care Outcomes Framework (ASCOF) definition, which allows for comparison (benchmarking) with other Councils. The Council has an ambitious annual target of 12.5 which is better than the national average of 13.3. The narrative provided below also gives the actual number of service users in order to make this meaningful to service delivery.

7. Admissions of younger adults presently stands at 57 against a year to date target of 45. There is a monthly target of 5 new admissions per month and in April, May, August and October, due to increased demand, admissions of younger adults were over this target and although other months have been below target it does not appear likely that this indicator will be on target at year end.
8. Each new admission to long term care continues to be scrutinised at panel and an admission to long term care is only made where there is no suitable alternative accommodation available.
9. The overall number of younger adults being supported by the Council in long term residential or nursing care placements is currently over target by 7, at 642 against a year-end target of 635. However it is possible that this will reduce further to be on or closer to target at year-end.

Long term residential and nursing care (older adults aged 65 years and over)

10. Admissions for older adults are also monitored per 100,000 population, and the report also includes the actual number of service users in order to make this meaningful in operational terms.
11. Admissions into long-term care are being avoided where possible through scrutiny of all cases at accommodation panels and the provision of alternatives within the community including Extra Care, telecare and short-term assessment beds for those older people leaving hospital.
12. The number of admissions for older adults presently stands at 691 against a year to date target of 711; current performance is positive and it is predicted that this indicator will be on or very close to target at year end.
13. The overall number of older adults being supported by the Council in long term residential or nursing care placements has reduced but is currently 49 over target at 2,324 against a year-end target of 2,275. However it is possible that this will reduce further to be on or closer to target at year-end.

Delayed Transfers of Care

14. A Delayed Transfer of Care (DToC) from an acute or non-acute hospital setting occurs when “a patient is ready to depart from such care and is still occupying a bed”. Any patients falling within this definition are classified as a reportable delay and the information collected includes patients in all NHS settings.
15. As part of measuring DToC, the total number of days delayed per month per 100,000 population is monitored and this is a key national indicator. Despite continued demand on the Council’s services, Nottinghamshire was ranked 17th best performing council nationally (out of 151) for delays attributed to social care in November 2017.
16. As part of the improved Better Care Fund measures a rate of DToC bed days is now being monitored on a monthly basis and delays attributed to social care is performing consistently well and continues to be better than target in November.

Older people at home 91 days after discharge from hospital into reablement type services

17. Reablement type services seek to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. It captures the joint work of social services and health staff, as well as adult social care reablement. This indicator monitors the effectiveness of the services delivered.
18. Included in this indicator are reablement type services such as:
 - a) START – short term assessment and reablement service provided in a service user's own home, for example to help them regain their independence following a stay in hospital
 - b) intermediate care – may be provided in a service user's own home or in a residential care home and can be used either as a short term intensive service to avoid a hospital admission, for example where a service user is suffering from a temporary illness or can also be used to help a service user regain their independence following a stay in hospital
 - c) assessment beds – assessment and reablement service delivered in a residential setting following a stay in hospital.
19. This indicator is produced on a rolling three month snapshot basis. This month the indicator includes people discharged from hospital into reablement services in June, July and August and checks if people were still at home during the months of September, October and November.
20. This indicator has improved and is currently on target. In this period 318 people were still at home out of 374 who received a reablement type service on discharge from hospital.

Adults with a Learning Disability in paid employment and settled accommodation

21. These measures are intended to improve the quality of life for adults with a Learning Disability, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life and the nature of accommodation for people with a Learning Disability has a strong impact on their safety and overall quality of life.
22. Performance for service users in paid employment is off target at 2.10% against the target of 2.8%, however following a recent case audit there is evidence to suggest that the actual figure could be closer to this target once records have been updated on Mosaic (the case management system). A broader piece of strategic work is planned to identify what more the Council can do to support people into employment.
23. The figure for service users in settled accommodation has increased slightly to 71% against a target of 76% and in order to achieve this target an additional 102 people would need to be recorded as living in settled accommodation.
24. Further investigation has shown that improvements in recording will ensure better results in these indicators.

Service users and carers receiving a Direct Payment

25. Research has indicated that personal budgets provided to service users impact positively on wellbeing, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services.
26. The percentage of service users receiving a direct payment is almost on target and benchmarking shows that the Council remains a high performer in this area. The Council currently supports 3,074 service users with a direct payment.
27. Carers are provided with a range of support, including respite and information, advice and support services. A recent Nottinghamshire public consultation suggested that carers valued these highly. Some carers are assessed as eligible for local authority support, and these are offered a direct payment to support their wellbeing, usually a small payment of £150 or £200. This is reported as 100% of carers receiving a direct payment. Following the consultation, the Council is exploring how carers' needs can be best met, through individual support plans including a combination of support services and direct payments if appropriate.

Adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment

28. This indicator supports the Nottinghamshire Safeguarding Adults Board's objectives to Make Safeguarding Personal and could help to prevent repeat safeguarding enquiries for such adults.
29. The proportion of adults supported to give their views is performing better than the target (80% against a target of 73%) and this good performance is expected to continue for the rest of the year.

Adults where the outcome of a safeguarding assessment is that the risk is reduced or removed

30. This is a measure of the effectiveness of the safeguarding process and could help to prevent repeat enquiries for individuals.
31. The percentage of completed safeguarding assessments where the risk was reduced or removed is currently 67% against a target of 70%. In both November and December the percentage of cases where the risk was reduced or removed was over 70% and if this positive trend continues the indicator may move even closer to target by year end.
32. As the cultural shift towards Making Safeguarding Personal focused work continues, staff are supporting people to manage existing risks where this is in line with people's 'desired outcomes'. Therefore, this indicator is expected to fluctuate as people are supported to take risks. When looked at in line with the other indicators, satisfaction levels remain high.

Local Key Performance Indicators

New assessments completed within 28 days

33. The Council has a local target to complete 80% of all new assessments for social care within 28 days. The target of 80% is seen as challenging and reflects that it is not possible

to complete an assessment in 28 days in all cases due to the complexity of the case or someone's changing circumstances. This percentage is currently off target at 70%.

34. As working practices continue to change within the Adult Social Care department, for example further implementation of the three tier approach, this indicator will be reviewed and redefined as it may no longer accurately reflect the needs of the business in terms of measuring assessments and timeliness.
35. Each month a list of cases that were completed outside of the 28 day timescale is circulated to Team Managers for checking and, if applicable, for amendments. This quality assurance process ensures that the data held within systems is as accurate as possible and helps to identify and correct any operational process issues.

Reviews of Long Term Services completed in year

36. It is important that people who receive support are reviewed in a timely manner. This maximises people's independence and ensures people only receive the services and support they need.
37. The percentage of service users reviewed is currently 53% and is expected to increase each month to reach around 70% at year end. This means that performance will be similar to the previous year. The numbers of people reviewed so far this year are much higher compared to the same months last year, at least double in most cases.

Percentage of older adults admissions direct from hospital

38. This year a more challenging target of 18% has been set and currently the indicator is performing just slightly off target at 19%. Performance on this indicator has improved in recent months and the challenge will be to maintain this positive practice throughout the winter period.

Safeguarding service user outcomes

39. When an adult is the subject of a safeguarding assessment they are asked what outcomes they want as a result of the assessment. This is part of 'Making Safeguarding Personal', a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice. An example of an outcome may be 'I want to be able to safely collect my pension'.
40. Positively, of the 76% of service users who were asked 75% said that their outcomes were fully met. This is better than the target and the national average of 67%.

Percentage of completed Deprivation of Liberty Safeguards assessments

41. Of all referrals received to date since the Cheshire West judgement in March 2014, 89% are complete. Achieving this level of performance, which reflects a long term trend of continuous improvement in this measure over the last two years, is the result of investment of additional resources, new processes and continued monitoring. A further update on performance in relation to Deprivation of Liberty Safeguards is contained in the attached **Exempt Appendix**.

Other Options Considered

42. This report is provided as part of the Committee's constitutional requirement to consider performance of areas within its terms of reference on a quarterly basis. Due to the nature of the report no other options were considered appropriate.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Financial Implications

45. There are no financial implications arising from the report.

RECOMMENDATION

- 1) That Committee considers whether there are any actions it requires in relation to the performance information for Adult Social Care and Health for the period 1 April to 31 December 2017.

Paul McKay

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Constitutional Comments (LM 19/03/18)

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

Financial Comments (CT 04/04/18)

47. The financial implications are contained within paragraph 45 of the report.

Background Papers and Published Documents

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

Adult Social Care Outcomes Framework and Making Safeguarding Personal

Electoral Division(s) and Member(s) Affected

All.

ASCH537 final

Adult Social Care and Health Performance Update - Quarter Three

The most recent data for national average is reported, where available. Where Nottinghamshire performance meets or exceeds the latest national performance information, this is highlighted by the emboldened boxes. Key: (p) = provisional data; (+) = better than previous value; (-) = worse than previous value; (=) = same as previous value; (n/a) = not comparable to previous value

National Key Performance Indicator		Nottinghamshire								Comparator Data	
		Current Value	Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value (Q2)	Previous Annual	National Average	
1	Admissions of Younger Adults per 100,000 popn (ASCOF 2A)	11.8	(n/a)	Low	12.5	Dec 2017	57	479,962	6.4	15.2	13.3
2	Admissions of Older Adults per 100,000 popn (ASCOF 2A)	413.9	(n/a)	Low	598	Dec 2017	681	158,350	252.0	606	628
3	Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	7.0	(+)	Low	5.5	Nov 2017	n/a	n/a	6.5	n/a	n/a
4	Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)	0.50	(+)	Low	0.7	Nov 2017	n/a	n/a	0.25	n/a	n/a
5	Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)	0.00	(+)	Low	0.55	Nov 2017	n/a	n/a	0.11	n/a	n/a
6	Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)	85.0%	(+)	High	85%	Nov 2017	318	374	84.6%	78.9%	82.7%
7	Percentage of adults with Learning Disability in paid employment (ASCOF 1E)	2.10%	(-)	High	2.80%	Dec 2017	43	2035	2.1%	2.7%	5.8%
8	Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)	71.0%	(-)	High	76%	Dec 2017	1,445	2,035	70.2%	75.8%	75.4%
9	Proportion of service users receiving a direct payment (ASCOF 1C part 2a)	45.2%	(-)	High	46%	Dec 2017	3,074	6,802	45.5%	46.5%	18.10%
10	Proportion of carers receiving a direct payment (ASCOF 1C part 2b)	100%	(=)	High	90%	Dec 2017	2,567	2567	100%	100%	67.40%
11	Number of Younger Adults supported in residential or nursing placements (Stat return)	642	(-)	Low	635	Dec 2017	642	N/A	636	636	n/a
12	Number of Older Adults supported in residential or nursing placements (Stat return)	2324	(+)	Low	2275	Dec 2017	2324	N/A	2342	2326	n/a
13	Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return)	80.3%	(+)	High	73%	Dec 2017	576	717	80.1%	72.4%	62%
14	Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	66.7%	(-)	High	70%	Dec 2017	1,227	1839	64.9%	67.8%	67%
Local Key Performance Indicator		Nottinghamshire								Comparator Data	
		Current Value	Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value (Q2)	Previous Annual Performance	National Average	
15	Percentage of new assessments completed within 28 days	69.9%	(-)	High	80%	Dec 2017	3,737	5,335	66.2%	71.7%	n/a
16	Percentage of reviews of Long Term Service Users completed in year	53.0%	(n/a)	High	80%	Dec 2017	4,022	7,566	36.0%	71.0%	n/a
17	Percentage of older adults admissions direct from hospital	19.0%	(+)	Low	18%	Dec 2017	129	681	23.2%	22.0%	n/a
18	Percentage of safeguarding service users who were asked what outcomes they wanted	75.4%	(+)	High	75%	Dec 2017	1387	1839	74.0%	70.8%	n/a
19	Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved	74.4%	(+)	High	72%	Dec 2017	1032	1387	74.6%	71.8%	67% (P)
20	Percentage of completed DoLS assessments	89.3%	(+)	High	90%	Dec 2017	N/A	N/A	87.5%	87.0%	n/a

National Key Performance Indicator	Monitoring rationale	Target rationale
1 Admissions of Younger Adults per 100,000 popn (ASCOF 2A)	This is a national ASCOF indicator. Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.	Target increased from previous year as not realistically achievable. Given that the Council continues to experience difficulties with developing support living, we are restricted in terms of having alternatives to residential and nursing care.
2 Admissions of Older Adults per 100,000 popn (ASCOF 2A)		Target from previous year maintained as this was not achieved and the target is challenging given the population pressures
3 Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	These indicators are the Improved Better care Fund indicators for Delayed Transfers of Care. This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.	Targets for the Improved Better care Fund indicators have been set as part of the national programme.
4 Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)		
5 Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)		
6 Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)	This is a national ASCOF indicator and forms part of our BCF submission. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement.	This percentage decreased over 2016/17 due to the inclusion of additional services which support people with more critical needs to be discharged from hospital. The target has been set to increase the percentage back to its previous level of 90% over 3 years.
7 Percentage of adults with Learning Disability in paid employment (ASCOF 1E)	This is a national ASCOF indicator. The measure is intended to improve the employment outcomes and quality of life for adults with a LD, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life.	Target set at 2.8% to bring us closer in line with the East Midlands average and closer to the national average which is higher.
8 Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)	This is a national ASCOF indicator. The measure is intended to improve the outcomes and quality of life for adults with a LD. The nature of accommodation for people with a LD has a strong impact on their safety and overall quality of life and the risk of social exclusion.	Target set to maintain current performance, which benchmarking shows is positive
9 Proportion of service users receiving a direct payment (ASCOF 1C part 2a)	This is a national ASCOF indicator. Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services.	Target set to maintain current performance, which benchmarking shows is positive
10 Proportion of carers receiving a direct payment (ASCOF 1C part 2b)		
11 Number of Younger Adults supported in residential or nursing placements	The overall number of adults supported in long term care is important for the department not only because this is a key area of spend but also because along with admissions monitoring it is an indicator of the effective development of available alternatives to residential care. This information is collected on the SALT return.	The target has been set at 636 (last year's outturn) which will mean that we are operating on a one in/ one out basis. Given that the Council continues to experience difficulties with developing support living, we are restricted in terms of having alternatives to residential and nursing care.
12 Number of Older Adults supported in residential or nursing placements		
13 Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return)	This information is collected on the annual SAC return. Achieving this will support the Nottinghamshire Safeguarding Adult's Board's objectives to make safeguarding personal and could help to prevent repeat safeguarding enquiries for such adults.	The NSAB would like to achieve 80%, however given the current level of performance this is probably unrealistic for year one, so a target of 73% has been set for 2017/18 with a target of 80% the following year. The 73% target will put us ahead of the national average.

14	Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	This information is collected on the annual SAC return. This is a measure of the effectiveness of the safeguarding process and could help prevent repeat enquiries for individuals.	This target has been set to improve and achievement will put the department ahead of the national average. It will not be possible to achieve 100% here as there may be reasons why a risk remains in place following the assessment.
Local Key Performance Indicator		Monitoring rationale	Target rationale
15	Percentage of new assessments completed within 28 days	These indicators are a signpost to pressures in the system, timeliness of assessment/review highlights areas for discussion around resources	Targets from 16/17 not achieved so maintained for 17/18. Excellent progress towards target was achieved and if this level of improvement is maintained it is possible the targets will be achieved.
16	Percentage of reviews of Long Term Service Users completed in year		
17	Percentage Older Adults admissions direct from hospital	This indicator forms part of our BCF submission. It is accepted that hospital is not the best place to make an assessment or decision about a persons long term care needs and wherever possible people should be given the opportunity to regain their independence following a hospital stay. It is also an indicator of effective joint working with health colleagues.	This target was set to reduce as part of the BCF submission.
18	Percentage of safeguarding service users who were asked what outcomes they wanted	These indicators are key to the 'Making Safeguarding Personal' agenda, a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice.	Target of 75% was not achieved in 16/17 and is being maintained for 17/18. Performance in later months showed improvement as a result of guidance provided to staff by the strategic team so the target of 75% should be realistic for 17/18.
19	Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved		Target set to maintain current performance, which benchmarking shows is positive
20	Percentage of completed DoLS assessments	There has been an increase in the number of DoLS referrals received and this indicator monitors how effectively resources allocated are at dealing with the increased demand	Target set to improve the percentage completed to 90%. This will show a continued decrease in the backlog of work (now minimal) and that demand in terms of new referrals is being managed.

REPORT OF DIRECTOR OF PUBLIC HEALTH**PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR
CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT
SEPTEMBER TO DECEMBER 2017****Purpose of the Report**

1. To enable Members to scrutinise the performance and quality of services commissioned by Public Health (PH)

Information

2. The Health and Social Care Act 2012 confers general duties on local authorities to improve and to protect the health of their local populations, including specific statutory duties to commission certain mandatory services for residents^[1], the provision of specialist advice to the local NHS, and health protection advice to organisations across the local system.
3. In discharging these duties, the authority is currently supported by a ring-fenced grant which must be deployed to secure significant improvements in health, giving regard to the need to reduce health inequalities and to improving uptake and outcomes from drug and alcohol treatment services.
4. Services commissioned by public health contribute to a number of Council commitments (in particular, Commitment 6 – People are Healthier) and are critical for securing improved healthy life expectancy for our residents.
5. Working with public health colleagues, the Public Health Contract & Performance Team manages the performance of providers to ensure the Authority and the residents of Nottinghamshire are receiving valuable outcomes and value for money across the lifetime of the contract term for each individual service.
6. Contract management is undertaken in a variety of ways including regular contract review meetings, quality assurance visits to the service and ongoing communication.

^[1] These mandatory services include: local implementation of the National Child Measurement Programme, assessment and conduct of health checks, open access sexual health and contraception services

7. The intended results are that we achieve positive outcomes, value for money, quality services and good supplier relationships.
8. This report provides the Committee with an overview of performance for Public Health directly commissioned services and services funded either in whole or in part by PH grant, in September to December 2017 against key performance indicators related to Public Health priorities, outcomes and actions within:
 - i) the Public Health Service Plan 2017-2018;
 - ii) the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and
 - iii) the Authority's Commitments 2017-21.
9. A summary of the performance measures is set out on the first page of **Appendix A**. Key performance indicators for activity are rated green where performance is at 80% or greater of the target. Performance measures for quality standards are rated green where the standard has been met or exceeded.
10. Appendix A provides the detail regarding provider performance as well as a description of each of the services and examples of the return on investment achievable from commissioning public health services. The majority of Public Health commissioned services are on track and the providers together with the Authority are meeting the key performance indicators and outcomes set. For those contracts where performance against plan is below target or actual performance is not fully explained in Appendix A, more detail is provided below:

Healthchecks

11. The number of eligible patients being offered and receiving Health Checks is slightly lower than this time last year, but uptake has remained steady through 2017/18.
12. GP practices in Nottinghamshire have been incentivised to target patients with a higher risk of cardiovascular disease in order to identify and treat those most likely to have a stroke, coronary heart disease or heart failure. In addition, work has been undertaken by the Public Health Team to ensure that the Health Checks that practices undertake are fully compliant with Public Health England national guidance

Sexual Health- HIV testing

13. Nottingham University Hospital Trust and Doncaster and Bassetlaw Hospital Trust are meeting their targets for HIV testing. Sherwood Forest Hospital Foundation Trust is not on target to meet the quality standard of 60% of new service users accepting a HIV test by the end of the year. The provider is working on this, however, a lot of new service users do not want or feel they require a HIV test. All partners of service users who are HIV positive are notified and these discussions and outcomes for HIV remain excellent at 100%.

Sexual Health- Chlamydia testing

14. Whilst the quality standard of 75% of service users accepting a chlamydia test has not been met for 16-24 year olds, more service users have accepted a test than last year.
15. There is a national move to reduce the 75% quality standard. The national chlamydia screening programme is also being reviewed and the Authority is awaiting the national integrated sexual health service specification.
16. Public health is advocating more targeted testing of service users considered to be at higher risk and opportunistic testing. Our providers promote testing, but people can refuse.
17. There have been a number of positive improvements in service outcomes, despite the quality standard not having been achieved. This reflects a more effective and targeted approach to chlamydia testing. There has been an increase in numbers tested, as well as an increase in the proportion of those tested whose result is positive for chlamydia (the positivity rate). Our providers are on track to deliver an increase in the detection rate to somewhere near the east midlands average by the end of the year.

Smoking Cessation

18. As reported previously, the Smoking Cessation service is not delivering on supporting the health outcome for the population in the county as not enough service users are being attracted into the service. The provider is however, sustaining the Authority's contract out of their own funds as the payment they receive from the Authority is not enough to sustain the workforce and resources required to provide the service.
19. The public health team has gone back to basics with the provider and is investing intensive support to ensure the numbers of quitters increases including more specific targeting at the identified groups in the contract (routine and manual workers/pregnant women).
20. A new outreach team structure aims to improve service delivery by going out to target smokers in the community.
21. Furthermore, resources are being moved to 'in-reach' teams targeting the hospital population. The provider will be working closely with the secondary care trusts.
22. The provider continues to achieve good outcomes for those service users in the service who stop smoking with 87% of those accessing the service achieving a quit at four weeks in quarter three with a cumulative proportion of 59% achieving a quit at four weeks across the year so far.

Obesity Prevention and Weight Management

23. The service is currently on track to achieve 12 month weight management outcome targets.
24. The Provider of OPWM has had a change of management which has been very positive and improved working with the County Council. The Provider is delivering a wide range of targeted

obesity prevention activities with groups including new parents, school children, older people and vulnerable adults. With regard to weight management the service is achieving well on adult participants with additional choice provided to clients to access local Slimming World or Weight Watchers groups.

25. Whilst the figures remain poor for both maternity and children, the public health team and provider have plans in place to ensure outcomes improve.
26. Members will receive a full report in May in respect of the OPWM service.

0-19

27. The reported KPIs for this service have changed to reflect more meaningful work done by the provider. A shortage of staff is causing the underperformance, including staff on maternity leave, sick leave and a failure to recruit as the Trust was only advertising fixed short term appointments. A recruitment drive for permanent staff is to be launched aimed to be completed by September.
28. In areas of the county where there is close to full staffing, the outcomes are very good, therefore, once there are enough staff, performance should increase and meet the KPIs.

Illicit Tobacco

29. Public Health have a service level agreement with Trading Standards and fund both a police officer and an officer. In October 2017, following intelligence received, Trading Standards Officers from the Illicit Tobacco Team attended a premise within the county which Nottinghamshire Police had secured. Inside the premise tobacco manufacturing was taking place and 3 tonnes of tobacco leaf, with a street value of £1.2 million was seized. Trading Standards Officers continue to investigate the matter.

Academic Resilience

30. Academic resilience is a jointly commissioned programme across the county which is not captured in Appendix A. Each Amazing Breath are providers in the north of the county and Young Minds in the south. They provide quite different programmes but both aim to help children improve wellbeing and become more resilient.
31. Each Amazing Breath has recently launched: A '*Celebration in Film of Children Growing Stronger and More Resilient at Misterton Primary and Nursery School, Nottinghamshire*' <http://www.eachamazingbreath.org/portfolio/report/misterton-2017> . The report celebrates the integrated partnership working across Nottinghamshire and how, together, 46 schools in the north of the county have been facilitated to bring *Take Five at School* alive. By Easter 2018, over 8000 children in North and West Nottinghamshire will have a daily resilience building practice, and over 500 children will be trained to lead their peers in practices to help build their sense of resilience and capacity. [Please click the following link to view the new 4-minute film of the children sharing their insights <https://vimeo.com/248344492>]

Statutory and Policy Implications

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

Financial Implications

33. Robust performance and quality reporting ensures that financial implications are monitored and reviewed effectively to minimise financial risk to the council.

Implications in relation to the NHS Constitution

Public Sector Equality Duty implications

34. Monitoring of the contracts ensures providers of services comply with their equality duty. Equality performance is a standing agenda item of review meetings and providers are asked to provide case studies celebrating success and showing how complaints, if applicable, are resolved.

Safeguarding of Children and Adults at Risk Implications

35. Safeguarding is a standing item on contract review meeting agendas and providers are expected to report any areas of concern allowing the Authority to ensure children and adults at risk are safe.

Implications for Service Users

36. The management and quality monitoring of contracts are mechanisms by which commissioners secure assurance about the safety and quality of services using the public health grant for service users.

RECOMMENDATION/S

- 1) For Committee to scrutinise the performance of services commissioned using the public health grant

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Group Manager Contracts and Performance

For any enquiries about this report please contact:
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Constitutional Comments

37.No Constitutional comments are required

Financial Comments

38. No Financial comments are required

HR Comments

39.No HR Comments are required

Background Papers and Published Documents

- 'None'

Electoral Division(s) and Member(s) Affected

- 'All'

Nottinghamshire County Public Health Services

Performance Report



Number	Quality standard
YTD 80% or higher of expected	Standard met or exceeded
YTD less than 80% of expected	Standard not met

Quarter 3 2017/18										
Service Name	Indicator or Quality Standard	2016/17 Q1, Q2 & Q3 figures for comparison	2016/17 final figures for comparison	Annual plan 2017/18	Plan to date	Q1	Q2	Q3	Actual YTD	Forecasted out turn year end
NHS Health Checks	No. of eligible patients who have been offered health checks	25,571	33,140	32,874	24,656	7,705	9,160	5,926	22,791	30,388
	No. of patients offered who have received health checks	15,692	20,727	21,697	16,273	4,076	4,956	4,992	14,024	18,698
	No. of patients who have been identified as high risk and referred to other services as a result of a health check	689	904			160	335	577	1,072	
Integrated Sexual Health Services	Total number of filled appointments									
	Sherwood Forest Hospital NHS Trust	17,342	23,543	23,543	17,657	6,111	5,906	5,650	17,667	24,034
	Nottingham University Hospital NHS Trust	19,212	23,185	23,185	17,389	3,854	4,352	4,114	12,320	23,185
	Doncaster and Bassetlaw Hospitals NHS Trust	7,288	9,486	9,486	7,115	2,062	1,976	1,958	5,996	9,486
	Total	43,842	56,214	56,214	42,161	12,027	12,234	11,722	35,983	56,705
	Quality Standard 60 % of new service users accepting a HIV test									
	Sherwood Forest Hospital NHS Trust	32%	52%	>60%	>60%	37%	81%	53%	51%	<60%
	Nottingham University Hospital NHS Trust	77%	82%	>60%	>60%	62%	68%	68%	65%	>60%
	Doncaster and Bassetlaw Hospitals NHS Trust	41%	43%	>60%	>60%	62%	55%	55%	59%	>60%
	Quality Standard At least 75% of 16-24 year olds in contact with the service accepting a chlamydia test									
	Sherwood Forest Hospital NHS Trust	48%	47%	>75%	>75%	49%	67%	71%	68%	<75%
	Nottingham University Hospital NHS Trust	59%	61%	>75%	>75%	72%	69%	67%	71%	<75%
	Doncaster and Bassetlaw Hospitals NHS Trust	75%	76%	>75%	>75%	69%	69%	64%	67%	<75%
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC									
	Sherwood Forest Hospital NHS Trust	47%	46%	>30%	>30%	49%	48%	48%	49%	>30%
	Nottingham University Hospital NHS Trust	36%	35%	>30%	>30%	38%	41%	41%	40%	>30%
	Doncaster and Bassetlaw Hospitals NHS Trust	43%	45%	>30%	>30%	52%	48%	48%	50%	>30%

Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,894	2,498	1,000	750	273	304	370	947	1,092
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	22	25	2,000	1,500	512	425	533	1470	2,000
Alcohol and Drug Misuse Services	Number of successful exits (i.e. planned)	769	998	–	Year commences October	231	237	196	664	924
	Number of unplanned exits	545	748	-		160	286	157	603	-
	Number of service users in the service (last day of quarter) Including transferred in	12,438	16,277	10,394	Rolling	13,830	15,884	10,382	Rolling	10,647
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	No data available	No data available	300	225	85	65	84	234	344
	Quality standard 80% Planned exit from treatment	97%	98%	80%	80%	74%	99%	98%	97%	>80%
Smoking Cessation	Pregnant Smokers who successfully quit	74	95	500	375	18	11	14	43	100
	Under 18 Smokers who successfully quit	78	85	200	150	5	2	7	14	100
	All other smokers who successfully quit	2,131	2,527	4,300	3,225	510	452	445	1,407	3,000
	Total quits								1,464	3,200
Illicit Tobacco Services	Number of inspections	24	30	75	56	30	49	28	107	137
	Number of Seizures	New target 17/18	New target 17/18	37	28	18	11	12	41	50
Obesity Prevention and Wight Management (OPWM)	Number of adults supported	744	933	738	554	227	302	307	836	1,056
	Number of children supported	104	135	206	155	23	23	14	60	85
	Maternity	23	26	104	78	4	4	12	20	35
	Post Bariatric	36	60	60	45	14	15	14	43	48
Domestic Abuse Services	No of adults supported	1,468	1,940	2,501	1,250	458	461	423	1,342	1,940
	No of children, young people & teenagers supported	369	514	775	387	132	109	67	308	514
Seasonal Mortality	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	203	298	259	198	94	63	138	295	376
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	107	156	187	143	50	110	95	255	200
Social Exclusion	Number of one-to-one specialist advice interviews undertaken	5,343	7,128	7,128	5,346	2,150	2,057	1,994	6,201	8,600
	Number of emergency parcels provided	3,970	5,445	5,445	4,084	1,572	1,601	1,547	4,720	6,288
Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	New contract	New contract	95%	95%	86%	85%	86%	86%	86%
	Percentage of 6-8 week reviews completed	New contract	New contract	95%	95%	90%	86%	89%	88%	88%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	New contract	New contract	95%	95%	82%	85%	86%	84%	85%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	New contract	New contract	95%	95%	77%	80%	78%	78%	80%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	325	476	200	150	15	59	109	183	200
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	117	211	100	75	95	61	57	213	100

Nottinghamshire County Public Health Services Performance Report - Service description

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	NHS Health Checks	<p>The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.</p> <p>http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</p>
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	Integrated Sexual Health Services	<p>Good sexual health is an important part of physical, mental and social well-being. Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males.</p> <p>A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.5</p> <p>Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were:</p> <ul style="list-style-type: none"> • Chlamydia (47%), • Genital warts (17%). • Genital herpes (7%), • Gonorrhoea (7%). <p>Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. www.fsrh.org www.bashh.org</p> <p>The ISHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire:</p> <ul style="list-style-type: none"> • A reduction in under 18 conceptions • Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds) • A reduction in people presenting with HIV at a late stage of infection. <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none"> • Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health • Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions <ul style="list-style-type: none"> • Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health • Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk • A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000 <ul style="list-style-type: none"> • An increase in the number of people accessing HIV screening, particularly from those groups most at risk • A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV • Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups <ul style="list-style-type: none"> • Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM • Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire <ul style="list-style-type: none"> • A reduction in unintended pregnancies in all ages • Increased quality standards across Nottinghamshire and Bassetlaw.
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	Young Peoples Sexual Health Service - C Card	<p>Good sexual and reproductive health is important to physical and mental wellbeing, and is a cornerstone of public health. Young people who are exploring and establishing sexual relationships must be supported to take responsibility for their sexual and reproductive health. The C Card scheme aims to reduce teenage pregnancy and sexually transmitted infections amongst young people in Nottinghamshire by allowing young people to access free confidential sexual health advice and condoms.</p>
1.05	16-18 year olds not in education employment or training	Alcohol and Drug Misuse Services	<p>Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement.</p> <p>Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis</p> <p>As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.</p>
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	Young People's Substance Misuse Service	<p>Young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs which recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need</p>
2.03	Smoking status at time of delivery (maternity)	Tobacco Control and Smoking Cessation	<p>Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s).</p> <p>To reflect the model 3 themes will be used to provide context;</p>
2.09	Smoking prevalence - 15 year olds		

2.14	Smoking prevalence - adults (over 18's)		<ul style="list-style-type: none"> • Stopping smoking • Preventing the uptake of smoking • Reducing harm from tobacco use
2.14	Smoking prevalence - adults (over 18's)	Illicit Tobacco Services	Nationally, Tobacco smuggling costs over £2 billion in lost revenue each year. It undermines legitimate business and is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking. Trading Standards resource works to reduce illicit tobacco supply and demand within the county
1.16	Utilisation of outdoor space for exercise/health reasons	Obesity Prevention and Weight Management (OPWM)	Being overweight or obese can bring physical, social, emotional and psychosocial problems, which can lead to the onset of preventable long term illness, stigma, discrimination, increased risk of hospitalisation and reduced life expectancy. Someone who is severely obese is three times more likely to need social care than someone who is a healthy weight, so the need for quality weight management services does not only impact individuals, but also affects public funds and the wider community. The aim of this contract is to reduce the prevalence of overweight and obesity so that more adults, children, young people and families achieve and maintain a healthy weight therefore preventing or reducing the incidence of obesity related illnesses.
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
1.11	Domestic abuse	Domestic Abuse Services	This service aims to reduce the impact of DVA in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.
4.15	Excess winter deaths	Seasonal Mortality	In 2011, the Marmot Review Team released 'The Health Impacts of Cold Homes and Fuel Poverty' report ¹⁶ . The report reviews the evidence for the long-term negative health impacts of living in cold homes and concludes: "many different population groups are affected by fuel poverty and cold housing, with various levels of health impacts relating to different groups." Vulnerable children and the elderly are most at risk of developing circulatory, respiratory and mental health conditions as a consequence of cold, damp homes. The Health Housing Contract will maintain and improve the health of citizens in Nottingham City and Nottinghamshire, by facilitating insulation, heating improvements and preventative adaptations and giving advice to help reduce fuel poverty in the homes of citizens over 60 and to a lesser extent (up to 10% of the total), families with children under 5 and pregnant women
1.18	Social isolation	Social Exclusion	Nottinghamshire Homelessness Health Needs Assessment, July 2013 – this identified higher levels of need among non-statutory homeless people in relation to lifestyle health risks: hepatitis and flu vaccination, smoking, diet, substance misuse (including alcohol), TB screening, sexual health checks. Multiple physical health problems were common; especially musculoskeletal, respiratory and oral health. Mental health problems were common; especially stress, depression, sleeping difficulties and anxiety. The aim is to protect and support the health and well being of vulnerable adults using the person centred approach. Specifically this will be addressed via specialist one to one assessment and advice sessions as a means of accessing appropriate emergency practical support and co-located services. This will follow as far as possible an "under the same roof" and "one-stop" model.
1.01	Children in low income families	Public Health Services for Children and Young People aged 0-19	The foundations for virtually every aspect of human development - physical, intellectual and emotional, are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to: • help parents develop and sustain a strong bond with children, • encourage care that keeps children healthy and safe, • protect children from serious disease, through screening and immunisation, • reduce childhood obesity by promoting healthy eating and physical activity, • identify health issues early, so support can be provided in a timely manner, • make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		
4.02	Proportion of five year old children free from dental decay	Oral Health Promotion Services	In Nottinghamshire, oral health is an important Public Health policy area due to the diverse nature of the county and its associated health inequalities. The impact of poor oral health is felt within all seven districts with significant variation. To deliver an evidence-based oral health promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health. The service is based on the recommendations from 'Local authorities improving oral health: commissioning better oral health for children and young people' and NICE guidelines.
2.05	Child development at 2-2½ years	Children's Centres	Children's Centres play a key role in early intervention and are a vital source of support for young children and their families.... They offer a range of activities, family services and advice to promote school readiness, improve family outcomes and reduce health inequalities in child development
1.15	Statutory homelessness	Supporting People: Homelessness Support	<p>The aims of this service are:</p> <ul style="list-style-type: none"> - To address homelessness, support people back to independence and prevent repeat homelessness - To reduce the adverse effects of homelessness on individual and population health and wellbeing - To improve the health and wellbeing of homeless service users - To promote social inclusion
4.09	Excess under 75 mortality rate in adults with serious mental illness	Mental Health	The Co-production Mental Wellbeing service provides a countywide service that aims to improve the health and wellbeing of adults and supports them in recovery. The service is for those people experiencing mental health problems
1.15	Statutory homelessness	Reduction in statutory homelessness	The Moving Forward Service aims to: Prevent homelessness and promote independence, reduce social exclusion and isolation, improve the general health of people with mental health problems, prevent hospital admissions and support timely discharge, support carers of people with mental health problems and develop efficient ways of working

Making the economic case for prevention

Posted by: John Newton and Brian Ferguson, Posted on: 6 September 2017

It is widely acknowledged that poor lifestyle behaviors as well as wider determinants of health place a significant burden on public finances now and in the future, and the evidence shows that a large number of prevention programmes represent value for money. Therefore there is a strong economic case for greater action. For example, our work shows that moving a person from unemployment into employment would save £12,035 per person over a one-year period.



Another example we can use to make the economic case is analysis of a targeted supervised tooth brushing programme. This initiative provides a return of £3.66 for every £1 invested after 5 years and £3.66 after 10 years. On the occasion we are taking into account NHS savings, increased earnings for the local economy and improved productivity.

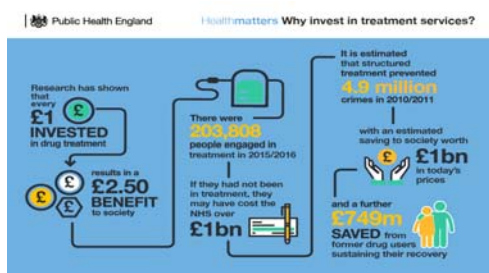
There is also excellent evidence to support investment in tobacco control services. Over a lifetime, for every £1 spent the return will be £11.20 when impacts to the local economy, wider healthcare sector and QALYs are considered. When omitting the health effects (measured by QALYs), there is still a saving of £1.90 for every £1 spent.

Every £1 spent on drug treatment services saves society around £2.50 in reduced NHS and social care costs and reduced crime in the short term (85% due to reductions in offending).

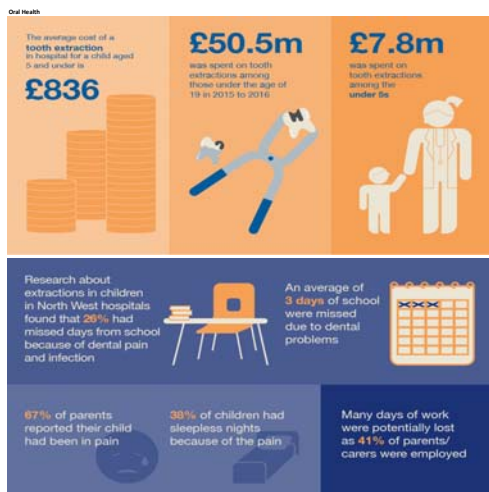
And as we recently flagged as part of a suite of mental health resources, initiatives which prevent mental health problems can yield a good return on investment. We looked at interventions such as school-based resilience programmes, workplace stress programmes and support for people in debt.



Drug treatment not only saves lives, it provides value for money to local areas:



<http://publichealthmatters.blog.gov.uk/2017/06/making-the-economic-case-for-prevention/>



Social Value refers to wider financial and non-financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment.

From a business perspective it may be summarised as the net social and environmental benefits (and value) generated by an organisation to society through its corporate and community activities reported either as financial or non-financial (or both) performance.

Useful links:

<https://www.nice.org.uk/media/default/000001/what-we-do/NICE-guidance/NICE-guidelines/Public-health-guidelines/Additional-publication/Cost-impact-proof-of-concept.pdf>

It is estimated that up to 85% of premature deaths from CVD can be prevented through better public health. All current blood pressure guideline agree that support for behaviour change to address modifiable risk factors (smoking, alcohol, inactivity, obesity and poor diet) should be the first step in preventing high blood pressure.

There is robust evidence that taking action to lower blood pressure can reduce the risk it poses to health. A major systematic review found that in the populations studied, every 5mmHg reduction in blood pressure resulted in the following reductions:



https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/722547/tackling_high_blood_pressure_an_update.pdf

The ASH "Ready Reckoner" has been updated for 2016.

The new estimates have been revised to include up-to-date smoking prevalence figures (2014) and to ensure the tool more closely reflects estimates in v4 of the NICE Return on Investment model (due to be published in early 2016). The estimates of costs due to smoking-related fires and the costs of smoking to the social care sector remain the same.

The methodology for modelling smoking prevalence at ward level has been revised to better reflect local trends, with the intention of refining estimates of the cost of smoking to wards.

Note: the Social Care costs have been updated to reflect the publication of "The Cost of Smoking to the Social Care System in England" report in January 2017. All other figures remain the same, pending the release of the new ASH Ready Reckoner in early

☒ Q11 geography ☐ Full geography
 (Press delete to clear a level)
 Region:
 County / LGA:
 District:

Est. smoking population in Nottinghamshire:
111,496

of 17.5%

***Integrated Household Survey 2014**
(confidence range: 15.5%-19.4%)

This suggests a moderate level of certainty around the prevalence estimate.

Each year in Nottinghamshire
we estimate that smoking costs society approx.

£207.1m

That's £1,858 per smoker per year

This total cost is disaggregated below.
To view charts of the breakdown, click [here](#)

Every year in Nottinghamshire, early deaths due to smoking result in 3,169 years' of lost productivity.

This costs the county's economy approx. £53.0m

It is estimated that smoking breaks cost businesses in Nottinghamshire a further

£86.2m annually

Local businesses in Nottinghamshire also lose approx. 154,198 days of productivity every year due to smoking-related sick days. This costs about

£13.8m

The total annual cost to the NHS across Nottinghamshire is about

£30.2m

£28.6m is as a direct result of treating smoking-related ill health
£1.6m is due to treating the effects of passive smoking in non-smokers.

Current and ex-smokers who require care in later life as a result of smoking-related illnesses cost society an additional
£21.4m each year across Nottinghamshire.*

This represents £11.7m in costs to local authorities and £9.7m in costs to individuals who self-fund their care

***Please see the note at the top of the page.**

Smoking materials are a major contributor to accidental fires in Nottinghamshire. Each year there are about 29 smoking-related fires in the county, resulting in around 0.9 deaths.

This impacts on the county's economy to the sum of approx. £2.7m every year.

This represents an average of:
£1.6m due to deaths;
£643.6k due to injuries; and
£434.3k due to the non-human cost of smoking-related fires.

The majority of cigarette filters are non-biodegradable and must be disposed of in landfill sites. In Nottinghamshire around 445m filtered cigarettes (incl filtered roll-ups) are smoked each year, resulting in approx.

76 tonnes of waste annually.

Of this, more than 17 tonnes of cigarette waste is discarded as street litter that must be collected by local government street cleaning services.

In 2014/15, smokers in Nottinghamshire paid approx. £111.2m in duty on tobacco products. Despite this contribution to the Exchequer, tobacco still costs the local economy in Nottinghamshire roughly twice as much as the duty raised. This results in a shortfall of about £95.9m each year.

16 April 2018**Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE****NOTTINGHAMSHIRE COUNTY COUNCIL'S STRATEGY FOR HOUSING WITH
CARE 2018 – 2025****Purpose of the Report**

1. This report provides information about the work of the Extra Care Member Reference Group and seeks approval:
 - in principle, of the 'Housing with Care' Strategy, attached as **Appendix A**, and recommends it to Policy Committee for formal approval
 - to consult with stakeholders on the detail of a delivery plan for the strategy
 - to undertake initial soft market testing and use that information to develop partnerships and/or follow due process to contract with potential partners to develop the required 'housing with care' places, with detailed proposals for schemes brought to Adult Social Care and Public Health (ASC&PH) Committee for approval.

Information**Strategic Context**

2. 'Your Nottinghamshire, Your Future', the Council's Plan for 2017-2021, sets out its strong commitment to ensuring older adults are able to live as independently as possible in the community. The UK has an ageing population and projections by the Office for National Statistics (ONS) indicate that over the 10 years between 2015 and 2025 there will be an additional 32,000 older people living in Nottinghamshire. If just 2% (640) of the additional 32,000 older adults projected by 2025 developed complex needs and became eligible for support from social care then the projected increased additional annual residential care costs for Nottinghamshire based on current proportions of people going into residential care will be £17,904,640 per annum (based on current average weekly cost of an older adults' care home of £538 per week).
3. The housing needs of older people are closely linked to meeting social care needs. The Care Act 2014 places a duty on local authorities to co-operate with partners to ensure that care and support is delivered in an integrated way and recognises that housing is a health and social care related service as it plays a vital role in supporting people to maintain good health, independence and improve quality of life. In particular, the Council has a duty under the Care Act to promote wellbeing, with the concept of 'independent living' a core part of the wellbeing principle. In terms of prevention, the Act states that housing must be considered as part of an assessment process that may prevent, reduce or delay adults'

social care needs – and that care and support should be delivered in an integrated way, in cooperation with partner bodies, including housing.

4. Wherever possible, the Council aims for people to be supported to live independently in their own homes and avoid the need for any unnecessary moves. There comes a point, however, when people's social care needs increase to the point that they cannot be supported at home by regular visits from domiciliary care and a lifeline with a response service. There needs are such that for example, they need care staff to maybe check in on them regularly or be able to respond rapidly to a lifeline call.

'Housing with Care' for Older Adults

5. For anyone with long-term social care needs which cannot be met with a combination of personal care and assistive technology in their current home, and who are eligible for social care support, the Council will commission 'housing with care' to avoid the need for people to move unnecessarily into residential care. 'Housing with care' are schemes that offer older people the privacy of their own self-contained home and security of tenancy or ownership rights, within a community setting which provides readily accessible personal care support.
6. 'Housing with care' is an intentionally broad term which is used by the Council to cover a variety of different types of older adults housing which benefits from readily available care. Whilst 'housing with care' and 'extra care' are sometimes used interchangeably elsewhere in the country, in Nottinghamshire the Council has chosen to intentionally use the broader term 'housing with care' to reflect the range of possible schemes and models that can deliver the objectives of this strategy. Included in the objectives is the desire to encourage mixed tenure schemes and facilitate the creation of 'housing with care' units that people can fully or partly buy from directly from developers, so that there will be a range of options for all citizens who need this service, as well as more retirement housing options.
7. 'Housing with care' is accepted nationally to provide older people with a real alternative to residential care. The cost benefits and improved outcomes of such housing have been demonstrated in a growing number of national research studies and reports. The Council currently has 11 operational Extra Care schemes, providing a total of 175 units. In 2010, the Council's 'Living at Home Programme' supported the development of seven of these schemes (as partners with district and borough councils or with registered housing providers) as part of its financial savings projects. Four of these schemes have already opened, with the remaining three schemes set to open in Spring 2018 and Spring 2019. These three new schemes will increase the Council's overall total number of units to 242.
8. The Council's Extra Care Service provides residents who are eligible for social care with planned and rapid response 24/7 care and support. This is funded by the Council which purchases the care and support services from independent sector homecare providers who are registered with the Care Quality Commission (CQC). Each scheme has one specific homecare provider and staff team assigned to it.

National Housing Benefit consultation – impact on 'housing with care'

9. The Department of Health undertook national consultation at the beginning of 2017 regarding the future funding of supported housing, including sheltered and Extra Care. As

announced by the Government in October 2017, Sheltered Housing and Extra Care will continue to be funded by the welfare system and a 'Sheltered Rent' will be introduced from April 2020. The rent will be a social rent designed to ensure greater oversight and value for money but which recognises the 'vital role that these schemes play in supporting older and vulnerable people' and will also acknowledge the higher cost of this type of housing compared to general needs. The rent level will include eligible service charges, which are higher in supported living/Extra Care due to additional services provided, for example communal areas. The formula for setting the rent level will be established in consultation with the sector. In terms of possible impact, housing developers will still be unsure what rent they will be able to charge going forward until the results of the new consultation are known. As this will also affect self-funders (as it is a rent cap not a benefit cap) it will impact more widely on any social housing development. This may affect levels of capital investment required to develop new schemes and ensure rent levels are kept within the proposed 'Sheltered Rent' level. It is therefore recommended that the Council are flexible regarding models to deliver new schemes, giving providers the opportunity to innovate and mitigate any impact of the outcome of the consultation.

10. The draft national statement of expectations, contained within the Government's new consultation paper around supported housing gives responsibility for co-ordinating the work to upper tier authorities. Requirements regarding sheltered housing and Extra Care are:

- convene a housing plan to meet the needs of vulnerable people in their area both now and in the future and work collaboratively with lower tier authorities and other partners in their area. This will also cover the needs of older people, people with learning disabilities, mental health issues etc. and homeless people and other prevention type services.
- although housing costs are separate from support costs, it is expected that local authorities will have an understanding of how support costs will be met for planned provision.
- in summary the Government wants to see local planning and commissioning that: plan and facilitate new supply; provide support which keeps people independent; offers a real alternative to residential care; enables efficient use of stock; provides transparency in reporting against delivery; includes data on cross-border arrangements and people coming into the local authority area; and offers 'transparency on how the upper tier authority is encouraging delivery of supported housing'

Members Reference Group

11. The October 2017 meeting of the ASC&PH Committee approved the creation of an Extra Care Member Reference Group. The purpose of the group was to:

- review the effectiveness of the previous strategies for Extra Care, including the business case for delivering savings through providing a cost effective alternative to residential care
- consider examples of strategies and approaches elsewhere, including other counties
- make recommendations for a future strategy for Extra Care.

12. The Member Reference Group met weekly during November and December and examined a wide range of detailed information as part of its extensive lines of enquiry. This included:
- all the reports to Full Council and ASC&PH Committee regarding decisions on Extra Care since 2008 onwards
 - consultation undertaken with citizens and service users on plans to date
 - a detailed breakdown of the financial business cases and partnership arrangements for each of the seven new schemes developed through the Living at Home Programme
 - scheme admission criteria, arrangements for finding new tenants for empty units and payment of rent during this time
 - Extra Care strategies, plans and models from other councils
 - Visits to a range of different types of Housing with Care schemes both in and out of county:
 - St Andrew's Court in Gedling, provided by Gedling Homes. This is was an existing scheme which was remodelled to provide 32 apartments for rent
 - Lark Hill Retirement Village in Nottingham City, provided by the Extra Care Charitable Trust, comprising 323 units of mixed tenure; for sale, shared ownership and rent
 - Oaklands Extra Care Village in Derbyshire.
13. As requested by the ASC&PH Committee, the Reference Group concluded its work by the end December 2017, in preparation for this report back to Committee. In summary the group concluded that 'housing with care':
- provides a good alternative to residential care, older people value it and it promotes independence and well-being
 - a key benefit is that it is possible for couples to stay together
 - the revised financial business case using current care costs, shows that it is still a more cost effective option than residential care by an average of £49 per person per week
 - the demand analysis shows that more schemes offering housing with care need to be provided, due to increasing numbers of older people and the associated rising costs. Nottinghamshire currently provides fewer units of Extra Care per 1,000 of the population aged over 65 than many other local authorities including Derbyshire and Leicestershire.
14. In terms of learning lessons from the development of new schemes to date, the Member Reference Group recognised that the Council's experience with private housing developers had mirrored national experience. The changeable economic climate has presented challenges for private investors developing Extra Care, due to the squeeze on possible profits by the higher build costs and need for affordable rents. There are however, different models, for example, combining sufficient mixed tenure units to sell and shared ownership that will increase the viability. The Member Reference Group also acknowledged that an individual scheme needs to typically have a minimum of 15 or more nomination units in order to provide the Council with a cost-effective alternative to residential care.

The future strategy for 'Housing with Care' in Nottinghamshire

15. The Member Reference Group developed a 'Housing with Care' Strategy which is attached as **Appendix A**. At the heart of the strategy is a Council commitment to increase the choice and support for older adults in Nottinghamshire whose social care needs are such that they can no longer be safely supported at home. The Council therefore needs to facilitate the development of additional units of housing with care for older adults. This will be an alternative to and reduce reliance on long term residential care. It is a cost effective option and will also deliver savings through cost avoidance. The content of the strategy has been informed by the research and considerations of the Member Reference Group and provides:
- a shared understanding of what is meant by 'housing with care' and the associated benefits of increasing local provision as part of the Council's range of services for older people
 - a needs assessment of the numbers of units of housing with care required and where. This was informed by the national 'Supported Housing for Older People' (SHOP) tool
 - confirmation of the financial business case for providing 'housing with care' as an alternative to residential care as well as high cost individual packages of homecare
 - an overview of the Council's strategic intentions and the role for 'housing with care' in helping the Council to meet its duties under the Care Act
 - a summary of what older people in Nottinghamshire think about 'housing with care'
 - a summary of the different approaches and models that will be considered for the development of 'housing with care' schemes
 - a draft map of where the need is for additional units for people with eligible social care needs.
16. The strategy proposes the following ambitions for the Council:
- the Council will work with housing authority partners and housing providers and developers to seek to achieve nomination rights to 1,015 new older adults 'housing with care' places for the Council by 2025.
 - in the medium term, the Council will set itself a target to double its older adults 'housing with care' nomination units from 242 places up to a total of 500 nomination units by 2021, ensuring equitable provision of schemes across the County linked to the demand analysis.
 - in order to deliver on these proposed nomination unit targets, the strategy sets out a number of possible future delivery options for the development of new 'housing with care' for Nottinghamshire's older people. As identified within the strategy, the Member Reference Group concluded that the Council should not restrict itself to a single model of delivery. Different schemes will need to be tailored to particular circumstances, local land use, demand and the different partners. Mixed tenure schemes that also facilitate additional units for people to buy or shared ownership will be encouraged in order to deliver services that can be used by a wide range of older people, as well as some younger adults where their needs can be met appropriately.

- the strategy lists the consistent principles and elements that the Council will seek from each scheme.
- the Council will consider use of its own land for developing new schemes on negotiated terms where a council-owned plot coincides with an area of demand.
- the Council will seek to work with partners to fully utilise available capital grants to develop 'housing with care' schemes. The Council will seek to minimise any requirement to borrow capital funds which it then has to pay back with interest over a fixed term utilising revenue funding.
- the Council will undertake a compliant procurement process as required in order to fairly identify potential schemes and housing partners.

Implementing the Housing with Care strategy

17. If approved, the next step will be to develop a delivery plan in consultation with key stakeholders, such as the district and borough councils, housing providers, health and local citizens. It is recommended that the role of the Member Reference Group is extended so that it continues to shape the plan to deliver the strategy. It is proposed that the group meets bi-monthly during 2018 to oversee the initial strategy development phase.
18. As outlined in the finance section of the attached strategy, the business case for 'housing with care' indicates savings can be made through providing options for housing with care, however, the costs of individual schemes differ. The Council will therefore consider the business case for each potential Extra Care opportunity on its own merits. As part of this, the Council will consider the need for capital contribution, which may be in a variety of forms e.g. lease of land to develop the scheme on. The Council will seek to minimise the need to borrow and pay interest on capital funds to develop schemes. Each new opportunity to develop a scheme will come with a business case to ASC&PH Committee for approval.

Other Options Considered

19. When deciding whether to create new housing with care, the Member Reference Group has considered a wide range of information to consider the benefits and challenges of doing so. When deciding where to create new housing with care accommodation, the location of existing schemes and local services, as well as demand/population demographics, are all taken into consideration by officers when making recommendations to Committee.

Reason/s for Recommendation/s

20. Evidence shows that good 'housing with care' provides better outcomes for older people's health and wellbeing. The Council's original business case for Extra Care, as developed in 2013/14, showed Extra Care as on average £44 to £94 per week per person less expensive than a place in a residential care home. As set out in the attached strategy, evaluation by Finance in November 2017 shows that for the County as a whole, Extra Care is on average £49 to £91 per person per week less expensive than residential care. The figure varies due to the individual costs of each scheme.

Statutory and Policy Implications

21. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.
22. The Council is a local authority with social care functions and the 'housing with care' strategy fits within those functions and powers. The Council is aware that it is not a housing authority and will need to continue to consider carefully the role that it plays in each housing with care scheme and how the funding is provided.

Data Protection and Information Governance

23. Extra Care contracts will include standard data protection and information governance clauses and requests for data and information sharing as part of the contract will be in line with these clauses.

Financial Implications

24. In addition to the recurrent savings of £187,616 already achieved from the four new schemes opened in 2015 and 2016, the three new Extra Care schemes currently in development will deliver combined annual savings of £199,056. These three Extra Care schemes will also facilitate Care and Support Centre savings for the Council of £1,642,000 (this relates to savings from the proposed closure of Woods Court and James Hince Court once the new Extra Care schemes open at Gladstone House and Abbey Grove).
25. The Council's original business case for Extra Care, as developed in 2013/14, showed Extra Care as being on average £44 to £94 per week per person less expensive than a place in a residential care home. The figure varies due to the individual costs of each scheme.
26. A revised evaluation by the Finance Department using 2017 costs of care concluded that this level of saving remains consistent. For the County as a whole, Extra Care is on average £49 to £91 per person per week less expensive than residential care. There is a difference between savings which relates to whether any capital investment was required from the Council, but is predominately due to the scheme size and therefore efficiencies accrued through the sharing of the costs of on-site care. All of the schemes currently operating are less expensive than residential care, with the exception of the two smallest schemes which comprise only 9 and 10 nomination units.
27. The Council's capital contribution for new schemes has varied. Additional costs are incurred when building Extra Care that cannot be covered by rents, such as the higher design specification required to ensure the accommodation is accessible for older people, the office space for on-site care staff, communal areas etc. Grants are accessed where possible to cover these additional costs and six of last seven schemes developed have been awarded a contribution from the Homes and Communities Grant by the Department

of Communities and Local Government (DCLG). In addition to this the Social Care Capital Grant has been used for the County Council's full contribution to three schemes, however, nationally, this funding has now been transferred into the Better Care Fund for use by the district councils for Disabled Facility Grants (DFGs) so it is no longer accessed to develop Extra Care.

28. The costs of borrowing capital vary with national economic conditions. An average cost of borrowing £1m paid back over 31 years at 2.75% would require an annual yearly interest of £27,000 over its term. The Council seeks opportunities to develop the schemes that do not require it to borrow money to put towards capital costs.
29. Based on the assumptions used in the business case, the development of an additional 242 units of Extra Care will be able to deliver recurrent annual savings of between £616,616, (including capital payments) and a maximum of £1,145,144 (if no capital repayment is required). Final figures will be known following confirmation of the individual details of each scheme.

Human Resources Implications

30. This report contains no factors impacting on human resources for the authority.

Implications for Service Users

31. This strategy has set out the Council's intentions regarding the wider development of Extra Care. Individual schemes will be identified and developed in consultation with district and borough councils, housing providers, health partners, local residents and other interested stakeholders.
32. As part of the implementation of the strategy, there will be a review of how the care elements of housing with care is costed per individual. Any assessment of service user contribution towards this cost will be determined as per the current Council policy. This review will include the cost of care in existing schemes to ensure it is equitable and in line with the existing policy.

RECOMMENDATION/S

That Committee approves:

- 1) in principle, the 'Housing with Care' Strategy, attached as **Appendix A**, and recommends it to Policy Committee for formal approval
- 2) consultation with stakeholders on the detail of a delivery plan for the strategy
- 3) initial soft market testing and the use of that information to develop partnerships and/or follow due process to contract with potential partners to develop the required 'housing with care' places, with detailed proposals for schemes brought to Adult Social Care and Public Health Committee for approval

Sue Batty
Service Director, Mid Nottinghamshire

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Constitutional Comments (SLB 12/03/2018)

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

Financial Comments (KS 19/01/2018)

34. The financial implications are contained within paragraphs 24 - 29 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.

Member Working Group to Review and make recommendations on the Extra Care Strategy - report to Adult Social Care and Public Health Committee on 9th October 2017

Electoral Division(s) and Member(s) Affected

All.

ASCPH534 final

2018 - 2025

Nottinghamshire Older Persons' Housing with Care Strategy



Older Persons' Housing with Care Strategy for Nottinghamshire: 2018 - 2025

Executive Summary

The UK has an ageing population. By 2040 nearly a quarter of people will be 65 years of age or over. Housing plays a vital role in supporting people to maintain good health, independence and improve quality of life. The housing needs of older people are therefore linked to the general challenge of meeting social care needs.

The Council's 'Your Nottinghamshire, Your Future' Plan 2017-2021 and the Council's Adult Social Care Strategy set out a strong commitment to ensuring older adults are able to live as independently as possible, helping people to help themselves.

The Council's aspiration is for older adults to remain living in their own homes and avoid any unnecessary moves wherever possible. The Council can help people to access a wide range of services to enable people to remain independent in their own homes, whilst having their care and support needs met. Where support is required, the purpose of the support will be to restore, maintain or enhance people's independence, helping them to live as settled and fulfilled a life as possible.

For anyone with long-term social care needs which can't be met with a combination of personal care and assistive technology in their original home, the Council will commission 'housing with care' to avoid the need for people to move unnecessarily into residential care.

'Housing with care' schemes are defined as offering older people the privacy of their own self-contained home and security of tenancy or ownership rights, within a community setting¹ which provides readily accessible personal care support.

'Housing with care' and 'extra care housing' are terms that are often used interchangeably. In Nottinghamshire the Council has chosen to use the broader term 'housing with care' for this strategy because it better reflects the wide range of possible schemes and models that can deliver its objectives. This includes the desire to encourage mixed tenure schemes of housing with care units including options to fully and partly buy as well as rent, in order to provide a range of tenure choices to meet the wide variety of preferences and circumstances among older people in the County.

The Council recognises that the design and operation of housing with care schemes vary in their intention and ability to meet different types and levels

¹ Joseph Roundtree Foundation May 2013

of care needs, with some providers having successfully supported residents with advanced stages of dementia and residents with chronic health conditions to end of life.

Nationally, housing with care models are accepted as providing a supportive environment to maximise an individual's independence, as well as being cost-effective alternatives to residential care. This strategy sets out the Council's ambition for nomination rights to 1,015 new housing with care places to be created across Nottinghamshire by 2025 in order to reduce reliance on residential care for those eligible for social care support.

The County Council is responsible for the provision of social care across Nottinghamshire. It is not a housing authority and therefore needs to work with Housing Providers who will provide the accommodation to create the required new housing with care places for older people. Section six of this strategy sets out a number of possible future delivery options for the development of new housing with care places for Nottinghamshire. The Council will work with the full range of potential partners and utilise a variety of options as appropriate to deliver the required new housing with care places, assessing the business case for each new housing with care scheme on its own merits. Nottinghamshire County Council will also continue to work collaboratively with District and Borough Councils to ensure new housing with care developments align with local housing plans and assessed housing need.

As set out in section six of this strategy, a single approach to the delivery of new housing with care schemes cannot be specified or costed in detail for all future schemes, since each will be tailored to particular circumstances around local demand and the negotiated requirements of the different sets of partners. There are, however, some consistent principles and elements that the Council will seek from each scheme and partnership:

- design specifications to ensure all new housing with care accommodation created is built to the same standard including accessibility in accordance with the Lifetime Homes standards and design that follows the principles of creating aspirational housing for older people as described in the HAPPI² series of national reports.
- an agreed number of nomination units for people eligible for social care within new schemes. The Council would expect to have nomination rights for a minimum of 15 units in each new scheme subject to the location and size of each scheme
- a 24/7 domiciliary CQC (Care Quality Commission) registered care team dedicated to each scheme which delivers both planned care and a rapid response to any urgent care needs as a means of providing

² HAPPI: 'Housing our Aging Population Panel for Innovation', Homes and Communities Agency

the support and reassurance of a flexible care service. This will be arranged by the Council via its contracted local domiciliary care provider.

- The Council will seek to work with partners to fully utilise available capital grants to develop housing with care schemes. The Council will seek to minimise any requirement to borrow capital funds.
- The Council will consider use of its own land on negotiated terms where a County Council-owned site is located within an area of demand for housing with care.

DRAFT

Section One - Understanding Housing with Care

If an older person's care needs mean that they can no longer remain in their original home, then housing with care is a nationally recognised alternative to residential care.

National research, such as reports by the national Housing Learning and Improvement Network (Housing LIN), shows that people have better health and wellbeing outcomes in housing with care than in residential care, by retaining their independent living skills and levels of activity, including social interaction.

Housing with care can be suitable for people with dementia and can enable couples to stay living together. Wherever possible people are supported in housing with care through to the end of their lives. Housing with care schemes in Nottinghamshire have the following core characteristics:

- Each person has their own home with a front door and completely self-contained private accommodation;
- There is a 24/7 care team assigned to each scheme which delivers planned care as well as a rapid response to any urgent care needs as a means of providing the support and reassurance of a flexible care service
- There are accessible communal facilities and activities, which help to prevent social isolation and promote mental and emotional wellbeing.

In housing with care, individuals live in their own apartment, bungalow or house as part of a wider housing scheme. Unlike residential care, the older people living in housing with care are tenants or owner-occupiers, responsible for their accommodation and other living costs including food and utilities. The housing provider is responsible for maintaining the onsite communal facilities and for providing housing related support to residents.

For people who have eligible social care needs, the County Council arranges and funds domiciliary care delivered to them in their own homes within each housing with care scheme. This care will be provided by a homecare company registered to provide personal care with the Care Quality Commission (CQC).

It is important that the housing with care building and environment are specifically designed to meet the care needs of older people in order to support increased independence and safer mobility for individuals in their homes. This includes for example, providing specialist features such as level access showers in order to maximise independence and reduce the risk of falls. The combination of lifelines and the dedicated care team provides quick responses to day and night time care needs and emergencies.

Housing with care provides an alternative to residential care for older people who want to live in their own home but who have fairly high care needs and therefore need a flexible and responsive personal care and support service to be able to remain living as independently as possible.

There is an increasing awareness of the benefits of people of different ages living together in a community. Whilst housing with care schemes are usually intended for older adults, where people's needs can be met together appropriately, adults under the age of 65 years with lifelong disabilities might also live in housing with care schemes.

In addition, the Council will work with housing providers and health partners to maximise the wider benefits of new housing with care schemes, including, for example, the use of some units for short term community-based re-ablement and where appropriate, the involvement of non-residents in social and wellbeing activities to help build resilience within the local community surrounding the scheme.

Section Two - The County Council's Strategic Intentions

The Council Plan 2017-2021 sets out the Council's commitment to support independent living and enable people to remain living in their own original homes as long as possible. As part of the work to achieve this, for those who are eligible for social care support, the Council will explore options for better co-ordinating and making use of a combination of Assistive Technology and existing domiciliary care that is already provided on an individual basis to people living either in their own original homes or in general needs sheltered housing schemes. The aim is to identify cost effective options that avoid the need for people to move unnecessarily and enable them to remain at home for the maximum length of time possible. At the point that a person's needs require higher levels of support than can be met through a combination of domiciliary care visits and technology, housing with care can provide an alternative to residential care. Wherever possible and appropriate, individuals are supported to remain living in housing with care schemes for the rest of their lives. The different types of support available are shown over page.

Housing with care is also an effective means of the Council meeting its duties under the Care Act. From a national perspective, the Care Act 2014 places a duty on local authorities to co-operate with partners to ensure that care and support is delivered in an integrated way. The Care Act is clear that housing is a health and social care related service as it plays a vital role in supporting people to maintain good health, independence and improve quality of life. Housing with care plays an important part in helping the Council to meet its duties under the Care Act:

- in terms of promoting wellbeing, the Care Act makes reference to suitable accommodation for older adults as part of the duty of promoting wellbeing, and the concept of 'independent living' as a core part of the wellbeing principle.
- in terms of prevention, the Act states that housing must be considered as part of an assessment process that may prevent, reduce or delay adults' social care needs – and that care and support should be delivered in an integrated way, in cooperation with partner bodies, including housing.
- in terms of provision of choice, the Act requires local authorities to have regard to the need to ensure that sufficient services are available to meet the needs for care and support of adults and carers. It also requires that there exists a diverse and efficient market with a 'variety of high quality services to choose from'. Increasing the availability of specialised housing with care will enable older people to have the choice of housing that is more suited to their needs, thereby reducing the risk for them of needing to go into care homes or hospitals

Overview of different types of personal care support available to older adults:



Section Three - What older people in Nottinghamshire think about housing with care

The aspirations of older people are changing. National evidence shows that older people prefer to remain as independent as possible and to retain their own front door for as long as they can.

Between 2012 & 2019 the Council will have developed seven new Extra Care housing with care schemes, informed by an initial county-wide consultation exercise.

For the next phase of housing with care developments, the Council will draw on national research about what good practice looks like for housing with care, informed by the experiences of the older adults living in the current Nottinghamshire schemes:

"Making sure my parents kept their independence was really important to all of us. They wanted to carry on living in their own home for as long as possible. Now in their Extra Care apartment they have freedom and privacy, but also support and help whenever they need it. It really is the best of both worlds."

Resident from Hilton Grange Extra Care scheme, Rushcliffe

"Mum likes it here because she's getting care when she needs it day or night yet still has her own independence, knowing that the flat is her home"

Relative of resident from St Andrew's House Extra Care scheme, Gedling

The Council will work with key partners such as District and Borough Councils to ensure developments align with local housing plans and assessed housing need.

The Council will also work with Health partners to ensure that the preventative benefits of new housing with care are realised and that the necessary health resources are engaged with the delivery and operation of each scheme (for example GPs).

In addition, there will also be local consultation for the new schemes to be developed as a result of this strategy.

Section Four - Needs assessment for Housing with Care

The Office for National Statistics (ONS), forecasts the number of over 65s in the UK rising by more than 40% by the mid-2030s to over 16 million. For Nottinghamshire, the forecast is even higher – a 42% rise by 2035. This means that over the 10 years between 2015 and 2025 there will be an additional 32,000 older people living in Nottinghamshire.

In addition to increasing numbers of people living longer into old age, there is also an increase in the number of years older adults spend living with complex care needs. Nationally, the number of people who are diagnosed with dementia is set to increase by 35% by 2025.

Recent national research has highlighted that as life expectancy increases, an additional 71,000 residential care home places will be required nationally by 2025 *unless* other alternative services are put in place to provide 24/7 access to support. An increase in the amount of housing with care available across Nottinghamshire will therefore help to avoid unnecessary admissions to residential care. Given these 'population need' projections and social care budget pressures, other councils have already planned to significantly increase their provision of housing with care. The Council has analysed the data for Nottinghamshire, informed by a nationally established and recognised analysis tool, to predict the need for specialist housing provision, assess the future demand by different types of tenure and prioritise areas for investment and development.

Analysis projects an estimated minimum of 2,030 additional units of housing with care will be required across Nottinghamshire by 2025. The Council is not, however, the only provider of such schemes, for example, private housing developers offer a range of retirement options for people to buy. The assumption has therefore been made based on current provision, that 50% of this total demand will be for nomination units for people with care and support needs for whom the Council is required to fund care and support i.e. 1,015 new housing with care nomination places by 2025 for use by the County Council. The needs analysis will be subject to review as new relevant data becomes available.

The Council will use its place shaping role to facilitate and support the development of the wider provision and market as part of implementing this strategy. The Council is committed to working in partnership with a range of potential agencies in order to increase mixed tenure provision of housing with care. This will be accessible and appropriate to the diverse needs and circumstances of older people living in Nottinghamshire.

As shown below and as set out in Appendix A, the County Council will have 242 housing with care places for older adults by 2019. Based on the analysis set out in appendix B, the County Council is seeking nomination rights to a total of 1,015 additional housing with care places by 2025.

	Existing housing with care places / those places already in development as at Dec 2017	Total number of new housing with care places required by 2025 <i>less the existing places/ those already in development as shown in the left hand column</i>
Ashfield	10	170
Bassetlaw	56	130
Broxtowe	0	173
Gedling	15	164
Mansfield	46	104
Newark & Sherwood	78	118
Rushcliffe	37	156
TOTAL	242	1015

The map in Appendix B gives an indicative guide as to where the Council envisages needing new housing with care nomination places by 2025. However the exact sizes and locations of new schemes will be informed by discussions with the housing authorities and by compliant procurement processes.

Section Five - The financial case for Housing with Care

National research by Professor John Bolton has recognised the importance of getting the right housing model in which to meet people's care needs and specifically identified having a 'reasonable volume of Extra Care/Supported Housing' as part of an overall framework to help a social care authority to make the best use of its resources through a strategic shift towards prevention and early intervention.

The County Council's original Business Case for Extra Care, as developed in 2013/14, showed Extra Care on average as being between £44 to £94 per week, per person, less expensive than a place in a residential care home. The figure varies due to the differing individual costs of each scheme.

A refreshed evaluation of potential savings carried out by the Council's Finance Team in November 2017 confirms that for the county as a whole, Extra Care is now on average between £49 to £91 per person per week less expensive than residential care.

The business case indicates further savings can be made through providing additional units of housing with care.

The costs of each individual scheme will differ in relation, for example, to the size of the scheme. The Council will therefore consider the business case for each potential opportunity on its own merits, through the relevant governance process.

As part of the business plan for each new scheme, the Council will also consider whether contribution of Council resources would be appropriate. This may be in a variety of forms, such as for example, through granting a lease of land for the development of a scheme. The aim is to deliver the new housing with care schemes without the need for Nottinghamshire County Council to incur additional costs through needing to borrow capital funding.

Section Six – Options for creating new Housing with Care and next steps

In developing this strategy, Nottinghamshire County Council has drawn upon other local authorities' experiences and the factors that they identified that made their approaches and models most successful. Other councils do not tend to rely solely on one model. The best approaches change over time and are affected by multiple factors, including, the wider economy, public sector funding and the availability of capital grants.

Many local authorities have successfully developed additional housing with care through a process of identifying suitable County or District Council land as part of wider planning developments and then seeking housing providers to build and manage the schemes. They usually have a mixture of different tenure options with units for part/full ownership, as well as rented units. Derbyshire has also developed some multi use buildings that provide other types of care and support in the same building, for example, daytime and specialist care services. North Yorkshire already had nineteen operational schemes in 2015 when it appointed six partners under an Extra Care Housing Framework to deliver further schemes across the county.

Rather than relying on one single option the Council seeks a mixed model approach to both tenure and models for developing the schemes. Schemes will have accessible communal facilities and activities which help to prevent social isolation and promote mental and emotional wellbeing. The Council may also seek to develop some multi-purpose buildings that provide other care and support services alongside housing with care.

The Council will consider use of its own land on negotiated terms where a council-owned plot coincides with an area of demand for housing with care.

The Council will undertake initial soft market testing and use that information to develop partnerships and/or follow due process to contract with potential partners to develop the required housing with care places, with detailed proposals for schemes brought to ASC&PH Committee for approval.

The schemes may include the following options:

- **Use of existing high quality sheltered housing schemes**
Some of the current older adults sheltered housing schemes have been designed and built to a high standard. Where such schemes exist and the housing providers seek to work with the Council, there would be consultation with the existing tenants regarding whether these schemes have the potential for development as housing with care. Options will include exploring how to better use and co-ordinate

existing domiciliary care already provided to any individuals living in the schemes and/or the provision of a 24/7 care service for the scheme, in order to provide a mixture of planned and rapid response care.

- **Remodelling of older sheltered housing schemes**

As part of their asset management plans for existing stock housing providers may wish to propose remodelling existing buildings into housing with care schemes in the required locations.

- **Working with Housing Providers and Private Developers**

Housing providers and private developers may wish to submit proposals to build and manage the schemes. They also often have, or acquire, sites which could be suitable for the development of housing with care. The Council will develop appropriate contractual arrangements to enable developers to bring such opportunities forward to the Council as proposals for potential new housing with care schemes.

- **Working with District and Borough Councils**

The Council has an established housing with care delivery model which has already worked successfully with District and Borough Councils to deliver new housing with care schemes. This approach has also been successful in drawing down national capital grant funding from the Homes & Communities Agency. The Council will continue to work with the District Councils and other partners to plan to meet the agreed demand requirements for older adults housing with care and to ensure that the strategic plans of all Councils are aligned.

Next steps

The Council is seeking to double its current older adults housing with care capacity to provide up to a total of 500 nomination units by 2021, as well achieving its overarching ambition of 1,015 additional housing with care nomination units by 2025 as an alternative to residential care.

To achieve this the Council will develop a county-wide housing with care delivery plan in partnership with the District Councils and other key stakeholders. Housing providers and developers across local authorities, registered social landlords and potential private investors will be engaged in the discussions about what new developments or remodelling of existing stock is possible. Consultation will be undertaken with local citizens on the draft plan for creation of new schemes.

Appendix A

Existing housing with care available to Notts County Council and new developments underway as at Dec 2017

Scheme Name	Housing with care places	Assessment beds located within schemes	Status	District
Darlison Court	10		Open	Ashfield
Abbey Grove Currently 12 at Larwood House, rising to 37 in Spring 2019 when the Extra Care scheme transfers over to the new Abbey Grove building	37		2019	Bassetlaw
Westmorland House	19		Open	Bassetlaw
St Andrews House	15		Open	Gedling
Poppy Fields	36	12	Open	Mansfield
Town View	10		2018	Mansfield
Bilsthorpe Bungalows	9		Open	Newark
Gladstone House	32	8	Spring 2018	Newark
Moorfield Court	15		Open	Newark
Vale View	22		Open	Newark
Cricketers Court	12		Open	Rushcliffe
Hilton Grange	18		Open	Rushcliffe
Spring Meadow	7		Open	Rushcliffe
TOTAL	242 (currently 175, rising to 242 once Gladstone House, Abbey Grove and Town View open)	20		

Appendix B

Overview re housing with care needed in Notts by 2025

	Existing housing with care places / those places already in development as at Dec 2017	+75 years popn by 2025	Places required based on 50% of 25 per 1,000 of older adults over 75s popn	Total number of new housing with care nomination rights (Less existing places/ those already in development as at Dec 2017)
Ashfield	10	14,400	180	170
Bassetlaw	56	14,900	186	130
Broxtowe	0	13,800	173	173
Gedling	15	14,300	179	164
Mansfield	46	12,000	150	104
Newark & Sherwood	78	15,700	196	118
Rushcliffe	37	15,400	193	156
TOTAL	242			1015

The Council is not the sole provider of the total predicted demand of 2,030 new units. The assumption based on current market share is that the Council require 50% of the new demand to be available to it for nominations. The other half being provided by other organisations including Housing Authority partners, Housing providers and private developers. According to the analysis the Council will therefore need an additional 1,015 housing with care nomination places by 2025 to meet the expected growth in the older adults population.

Projected additional Housing with Care (HC) need by 2025

Status of scheme

- Existing schemes
- Schemes in development
- Possible future schemes

	Mansfield	HC Places
1	Mansfield	70*
2	Warsop	35
		105

* Possibly two schemes

	Ashfield	HC Places
1	Kirkby	45
2	Sutton	90*
3	Hucknall	40
		175

* Possibly two schemes

	Broxtowe	HC Places
1	Beeston	45
2	Bramcote	45
3	Eastwood	40
4	Kimberley	40
		170

Exact number and size of schemes will depend on outcomes of commercial engagement.

	Bassetlaw	HC Places
1	Retford	45
2	Worksop	45
3	Carlton -in-Lindrick	40
		130

	Newark & S	HC Places
1	Newark	40
2	Olverton	40
3	Southwell	40
		120

	Gedling	HC Places
1	Carlton	40
2	Arnold	40
3	Woodborough	40
4	Ravershead	40
		160

	Rushcliffe	HC Places
1	East Leake	40
2	West Bridgford	40
3	Bingham	40
4	Keyworth	40
		160

Forecast density of HC need

- 1-5 units
- 5-10 units
- 10-15 units
- 15-20 units
- 20-25 units

Units = people with HC needs by ward, using half of the 25 per 1,000 over 75s calculation

Contains Ordnance Survey data
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16 April 2018**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE AND
DIRECT SERVICES****ADULT SOCIAL CARE AND COMMERCIAL DEVELOPMENT – OUTCOME OF
CONSULTATION****Purpose of the Report**

1. The purpose of this report is:
 - a) to provide a summary of the outcome of formal consultation with staff, service users and carers on a proposal to reduce the annual running costs of the County Horticulture and Work Training Service;
 - b) to seek approval to proceed with the proposed business case to reduce the annual running costs of the County Horticulture and Work Training Service, as developed with the Council's Commercial Development Unit.

Information

2. On 5 February 2018, a report was presented to Adult Social Care and Public Health Committee setting out a proposal to reduce the annual running costs of the County Horticulture and Work Training Service by implementing a number of changes to the current running of the service over a four year period. This would support the Council to maintain the County Horticulture and Work Training Service but at a reduced and more sustainable cost.
3. The three key elements of the proposal are:
 - a. to undertake improvements to the Brooke Farm, Linby, site to increase customer numbers and average spend
 - b. to reduce operating costs by vacating the site at Skegby and supporting work trainees to transfer to the Linby or Balderton site
 - c. to cease all Grounds Maintenance and Golden Gardens activity.
4. It is anticipated that the proposal, after four years, would reduce the annual running costs of the service by at least £110,000, with the potential for greater savings up to a total of £249,000, during and beyond this period.

5. Committee gave approval for officers to consult with staff, service users and carers on this proposal and a summary of the consultation process, views and feedback is set out in **paragraphs 7 to 36**.
6. The consultation period ran from 5th February to 16th March 2018. Throughout this period, a number of presentations and meetings were held with staff, unions, service users and families. Managers were also available for individual sessions with those affected. Anyone not able to attend a consultation meeting in person had an overview of the proposal sent to them by post with information about how to give feedback.
7. The main views and feedback arising from the consultation are as follows:

Service User Groups

8. Group meetings were held with service users at all three County Horticulture sites.
9. Service users at Brooke Farm liked the proposed changes to the site and could see that it was a good way to make/ save money, but had questions about what would happen to plant growing and equipment if Skegby closed. There were some concerns about safety due to increased traffic.
10. Balderton service users were happy that there are no proposed changes to the Balderton site.
11. Skegby service users, as the most affected group, had more concerns. Some stated that they did not want the Skegby site to close and were worried about transport if they moved to Brooke Farm. However, some stated that they would like to go to Brooke Farm as they had worked there before.

Carers and Families

12. 23 carers attended four meetings across the three County Horticulture sites (two meetings held at Skegby).
13. Brooke Farm carers were generally supportive of the proposal to make improvements at the Brooke Farm site and accepted the need for change.
14. There was a lot of discussion about the need for greater advertising to raise the profile of Brooke Farm and several ideas for income generation were put forward as well as a suggestion to set up a "Friends of Brooke Farm" group to support the service.
15. One concern raised is whether the service can continue to run normally whilst building and improvement works take place at Brooke Farm.
16. Balderton carers were generally pleased that the Balderton site would remain unchanged, but very interested in Brooke Farm developments and some discussion about what could potentially be done at Balderton in the future to generate more income.
17. The majority of carers of people accessing the Skegby site were unhappy and opposed to the proposed closure of the Skegby site.

18. The main concerns focused on the perceived loss of the service, concerns about consistency of environment and support and whether service users will cope with the change.
19. There was discussion about the need to carefully plan how individuals would be supported with any changes.
20. Questions were asked about timescales for the implementation of changes and, if approved, the closure of the Skegby site.
21. Transport was also raised as a key issue in relation to how people would get to Brooke Farm or an alternative service.
22. A view was expressed that customers should be charged more as opposed to making savings through service change.
23. Questions were raised about the potential future use of the Skegby site for housing development.
24. Some carers were concerned about what would happen to staff.
25. Concerns were raised about the timing and clarity of communications in relation to the Committee process and some scepticism about the usefulness of the consultation process.
26. However, there were some families who considered that a move to Brooke Farm could work for their relative, with a well thought through transition. One family raised whether a referral to day services could be made as an alternative move as this might be a preferable option.

Golden Gardens Customers

27. 32 customers responded to the consultation via letter and email.
28. Feedback was very complimentary about the service in terms of it being reliable, trustworthy, efficient and value for money. The Golden Gardens service is very much valued and customers would like it to continue.
29. Many customers are elderly and are concerned about not being able to maintain their gardens.
30. Supporting opportunities for disabled workers is important to some customers.
31. The majority of customers would consider an increase to the charge rate to maintain it, although many stated that a “slight” or “modest” increase would be acceptable.
32. Ideas were also put forward as to how the service could bring in additional income, i.e. through providing a handyman service.

Staff

33. Staff meetings and presentations were held for all County Horticulture staff. Staff were also able to discuss specific or individual issues with managers.
34. The key concerns and questions focused on the following areas:
- Any changes to terms and conditions, i.e. changes to opening hours
 - Timescale for implementation
 - The loss of two Employment Support Worker posts and the impact of this on service user to staff ratio and whether the loss of these posts can be avoided
 - Justification for the addition of the proposed Commercial/ Retail Manager post
 - Supernumerary staffing numbers in addition to those remaining from Sherwood Industries
 - How the cost of transport for work trainees transferring from Skegby to a different site will be met
 - Whether the proposal to generate further income through developments at Brooke Farm will be successful.

Trade Unions

35. A Trade Union sub-group has been established as a forum to discuss the proposals and, if approved, to engage trade unions on an ongoing basis.
36. The key concerns and questions from union representatives were as follows:
- Any changes to staff ratios given the reduction in staff numbers
 - The issue of voluntary redundancy for supported employees and the fact that this could look different in four years' time
 - Concerns that service users from the Skegby site would not be able to cope at Brooke Farm and whether there was enough meaningful work for all at the Linby site
 - The impact of possible additional travel for service users
 - Whether the iWork supported employment team has sufficient capacity to support additional people
 - Issue raised in relation to the primary focus of the service which should not solely be about income generation
 - The need for sufficient time to prepare staff and service users before any changes are implemented.
37. In answer to the feedback received and the issues and concerns raised, mitigating actions and responses are set out in **paragraphs 38 to 65**.

Developing Brooke Farm

38. Broadly, the proposed changes to the Brooke Farm site were seen as a positive by service users, carers and staff.

- 39. If the proposal is approved, a detailed plan will need to be developed as to how and when building and improvement works take place at the Brooke Farm site, taking account of service continuity and safety issues.
- 40. The concerns about future income generation and justification of the proposed Commercial/Retail Manager post are noted, but following the detailed work undertaken through the Commercial Development Unit, there is confidence that the proposal can be successful.
- 41. The expansion and development of the Brooke Farm site will likely generate a greater range and number of employment and training opportunities for employees and service users and should address the concerns as to whether there will be enough meaningful work for all.

Vacating the Skegby site

- 42. The feedback received indicates a mixed view in response to the proposal to vacate the Skegby site.
- 43. Some service users were against moving off the Skegby site, however, some were happy to go to Brooke Farm as they had worked there before.
- 44. The majority of carers of people accessing the Skegby site were opposed to the proposed change and perceived it as a loss of service for their family member, whereas others considered that a move to Brooke Farm or an alternative service could be positive.
- 45. The proposal to vacate the Skegby site is not a service closure, as Skegby is part of the wider County Horticulture offer. Rather it is a proposal to operate the service from two sites instead of three and all service users will continue to receive a comparable service, albeit from a different location.
- 46. It is recognised that many service users find change difficult to understand and cope with and if the proposal is given approval to proceed, individual plans would be developed with service users and their families to consider the implications of a move to Brooke Farm, or to an alternative service if this is preferable.
- 47. This would be led by individual needs and circumstances and would take account of appropriate transition planning, transport needs, continuity of service and consistency of support.
- 48. For the majority of people, existing transport arrangements would need to be re-routed to take people to Brooke Farm.
- 49. Further information about the potential future use of the Skegby site for housing development is not known, other than an awareness that it has been identified in the Ashfield District Plan for this purpose.

Ceasing the Grounds Maintenance and Golden Gardens activity

- 50. The service is aware of how much customers value the Golden Gardens service and the complimentary feedback received through the consultation is testament to this.

51. Some customers have indicated that they would be prepared to pay more for the service and consideration has been given to increasing the charge rate in order to reach a breakeven position as an alternative to ceasing the activity.
52. However, the financial analysis shows that the Grounds Maintenance and Golden Gardens service costs up to 57% more to deliver than the income it generates and the reality of what would be required as an hourly rate would be unaffordable for most.
53. The current charge rate per worker per hour for Golden Gardens is between £14.50 and £17.50. In order to reach full cost recovery, the charge rate would need to increase to £33.55 per worker per hour.
54. The impact of this on an average customer would be as follows:

1 hour grass cut and general clearance, lawn edging –

Current charge	£17.50 per hour x 2 workers = £35.00
Revised charge	£33.55 per hour x 2 workers = £67.10
55. Not only would this be unaffordable, it would likely have a detrimental impact on customer numbers, reducing them to the point where reaching a breakeven position is unachievable and the service would become even more unsustainable as unit costs would increase further as customer numbers reduce.
56. The service is not able to compete with other contractors in the market and it is difficult to justify the continued use of Council funds to subsidise the cost of private gardening services to local residents.
57. Any expansion of the service into other areas, e.g. handyman services, would still encounter the same issue regarding the charge rate and the Council already provides the Handy Person Adaptation Service to people living in Nottinghamshire who are either aged 60 or over or are disabled.
58. The service is aware that many customers are elderly and are concerned about not being able to maintain their gardens if the service ceases. Support will be offered to customers to find new gardening services in their area if the proposal progresses.

Staffing issues

59. Any changes to staff terms and conditions, e.g. changes to working patterns as a result of extended opening hours at Brooke Farm or need to develop a wider range of skills, would be subject to consultation with affected staff, supported by HR colleagues and Trade Unions.
60. Two full-time equivalent Employment Support Workers (Grade 5) currently employed at the Skegby site may be at risk of redundancy because of the proposal to vacate the Skegby site. Any individuals who are subsequently identified as being at risk of redundancy will be offered the opportunity to seek voluntary redundancy if this is their wish or support to identify a suitable redeployment opportunity, in line with Council policy. A vacant part time (0.5 FTE) Caretaker post (Grade 1) at the Skegby site will be deleted from the staffing structure.

61. A vacant 1.0 FTE Supervisor post (Grade 4) and 1.95 FTE vacant Horticulture Operative posts (Grade 1) linked to the Grounds Maintenance and Golden Gardens services will also be deleted from the staffing structure.
62. Concerns raised about the impact on service user to staff ratios as a result of the loss of these posts and the issue of having sufficient iWork capacity to support people would need to be considered through detailed planning of service delivery and analysis of service user attendance times and levels of need.
63. Of the eight Horticultural Operatives (7.7 FTE at Grade 1) who are disabled workers, four are supported through a Department for Work and Pensions specialist disability employment programme and are employed in the delivery of the Grounds Maintenance and Golden Gardens services. If it is agreed that these services should cease, it is proposed that the Horticultural Operatives are offered the opportunity to take voluntary redundancy or to be retained in a supernumerary position at the Brooke Farm site for up to a maximum period of four years, during which time they will be provided with support by the Council's iWork supported employment service to undertake additional work skills training to find alternative permanent job roles.
64. If after the four year period any of the Horticulture Operatives have been unable to find an alternative post it is recommended that consideration should be given as to whether redundancy should be offered again. There is however a good degree of confidence that this will not be necessary, as given the proposed improvements to the Brooke Farm, Linby, site it is anticipated that over time additional employment opportunities will arise.
65. This is considered to be a fair alternative offer, although concerns about the increase in the number of supernumerary posts within the service is noted.

General points

66. If approval is granted by the Adult Social Care and Public Health Committee to proceed with the proposal, a detailed project plan will need to be developed which sets out the key stages of delivery and timescales for implementation.
67. The concerns raised about the timing and clarity of communications are noted. Alongside the project plan, a communication and engagement plan would be developed to ensure that service users, families and staff are informed and supported through the proposed changes.
68. The point raised that the focus of the service should not solely be about income generation is noted. The Council would seek to give reassurance on this point that all income generating options considered through the Commercial Development process were tested against the main service objective, which is primarily to provide employment and training opportunities to disabled people. A number of more financially lucrative options were discounted as they did not meet this criteria.
69. Taking the consultation responses into consideration alongside the mitigating actions described in response, it is considered that the proposed business case remains the best possible prospect for securing a long term sustainable future for the County Horticulture service.

Other Options Considered

- 70. The work to develop the business case through the Commercial Development process considered a range of other options in terms of reducing operating costs and increasing income.
- 71. As stated in **paragraph 68**, a range of income generating options were considered and a number of more financially lucrative options were discounted as they did not meet the service objectives.
- 72. An alternative to ceasing the grounds maintenance and Golden Gardens services would be to increase the fees charged to customers in order to reach full cost recovery for these services. As set out in **paragraphs 51 to 57** of the report, the level of increase required would be unaffordable to most, uncompetitive in the market and unsustainable.

Reason for Recommendations

- 73. The proposal to reduce the annual running costs of the County Horticulture and Work Training Service will support the Council to maintain the service but at a reduced and more sustainable cost.

Statutory and Policy Implications

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

Financial Implications

- 75. The proposal to reduce the annual running costs of the County Horticulture and Work Training Service will allow the Council to reduce the subsidy required to maintain the service by between £110,000 and £249,000 a year (after four years) depending on the number of Horticultural Operatives (Grade 1 mid-point £15,115 per annum) that continue to be supported in supernumerary posts over that period.
- 76. A one-off capital investment of £353,000 has been approved as part of the Capital Programme for 2018/19 to support the proposed improvements at Brooke Farm.

Human Resources Implications

- 77. Human resource implications are set out in the Staffing Issues section at **paragraphs 59 to 65**.

Public Sector Equality Duty Implications

78. An equality impact assessment has been undertaken for the proposal to reduce the annual running costs of the County Horticulture and Work Training Service and is available as a background paper to this report. The equality impact assessment will need to be reviewed in response to the consultation on the proposal with staff, service users and carers.

Implications for Service Users

79. The development of an improved shop, café and plant sales area at the Brooke Farm site will increase the range and capacity of work training activities available to service users.
80. Work trainees who currently access a service at the Skegby site would be supported to transfer to one of the remaining County Horticulture and Work Training sites at Linby or Balderton. If, on an individual basis, this was not an appropriate option, alternative service provision may need to be identified.

Implications for Sustainability and the Environment

81. Based on the results of a customer survey within Linby village, it is considered that the proposed developments at Brooke Farm would have a positive impact on the local community in terms of the improved facilities and products that customers would be able to take advantage of.
82. The site at Skegby has been proposed for potential housing development as part of the Ashfield District Neighbourhood Plan and it is possible that the service will need to vacate this site in the coming years to accommodate this.
83. Private customers and organisations, including the Council, who are customers of the Grounds Maintenance and Golden Gardens services will need to find alternative suppliers.

RECOMMENDATIONS

- 1) That Committee approves the proposals set out at **paragraph 3** which aim to reduce the annual running costs of the County Horticulture and Work Training Service and proceed with the improvements to the Brooke Farm site, vacate the site at Skegby and cease all Grounds Maintenance and Golden Gardens activity.

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Constitutional Comments (LM 20/03/18)

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

Financial Comments (DLP1 21/03/18)

85. The financial implications are contained within **paragraphs 75 and 76** of the report.

HR Comments (SJJ 28/03/18)

86. Any HR implications are contained within 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.

Equality Impact Assessment for the proposal to reduce the running costs of the County Horticulture and Work Training Service

Adult Social Care and Commercial Development – report to Adult Social Care and Public Health Committee on 5 February 2018.

Electoral Divisions and Members Affected

All.

ASCPH545 final

16 April 2018**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING
ACCESS AND SAFEGUARDING****QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND
MONITORING ACTIVITY - CARE HOME AND COMMUNITY CARE PROVIDER
CONTRACT SUSPENSIONS****Purpose of the Report**

1. The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality and Market Management Team (QMMT) including:
 - the quality monitoring and market shaping activity across both residential and community care services across the County
 - advising the Committee about the services that currently have their contracts suspended by the Council so that the Committee can consider any issues raised and how it may wish to monitor progress.

Information

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. The QMMT has responsibility for monitoring both residential and nursing care homes and also community care services across the County for adults over the age of 18 years. This includes care homes for both older and younger adults, Care Support and Enablement Services (Supported Living), Home Care, Extra Care and Day Care. In total there are over 350 providers delivering a range of services in Nottinghamshire.
4. Nottinghamshire continues to have the highest number of services both residential and community that are inspected/rated by the Care Quality Commission (CQC) in the East Midlands and the number of services that are rated as good or outstanding is continuing to rise with ten services rated by the CQC as outstanding currently.
5. One of the key roles of the team is to complete annual audits of externally provided care and support services and to undertake monitoring activities where concerns are raised

about the quality of care. QMMT officers work closely with the Council's operational teams, safeguarding team, local Clinical Commissioning Groups, Healthwatch and the Care Quality Commission to share intelligence and work in a co-ordinated way to address concerns regarding the quality of care provision. During 2017, the team received 667 referrals highlighting quality concerns in externally provided care and support services.

Member visits to care homes

6. Following the decision made by Adult Social Care and Public Health (ASC&PH) Committee on 10th July 2017 that members of the Committee would commence visits to care homes within the County, an initial briefing and information session was undertaken in September 2017. To build on this, the scope was widened to include an invitation to all Members across the Council and a further three briefing sessions have now been held. These sessions provided an overview of the care home sector in Nottinghamshire and the work of the QMMT and introduced the checklist and guidance for Member visits.
7. The sessions were well received by those Members that attended and team members have subsequently undertaken joint visits with Members to some care homes. Information from Member visits will be used by the team as part of the overall quality monitoring process for care homes.

Review of the local 'Fair Price for Care' Framework for older adults care homes

8. Since 2008/09 the Council has had in place a local Fair Price for Care framework for older adults care homes to recognise and reflect increasing costs faced by care home providers and provide incentives for continuous improvement in the quality of services. Work to develop this framework, and subsequent reviews of it, were undertaken with input from the Nottinghamshire Care Association (NCA) and external consultants. The framework introduced a fee structure of five bands, through which higher fees are paid for high quality care provision, as evidenced through an annual quality audit of each older adults care home.
9. Following the decision made by Adult Social Care and Public Health Committee on 8th January 2018, a further comprehensive review of the local Fair Price for Care framework will take place during 2018, led by the Quality and Market Management team.
10. This work has now begun and a collaborative working group comprising representatives from the County Council and the Nottinghamshire Care Association is meeting regularly to oversee progress. The review will comprise two key tasks:
 - 1) Generating a full, transparent and up to date view of the costs incurred in the delivery of residential care services to help inform future fee levels
 - 2) A review of the existing 'quality audit' framework linking care home fees and the quality of care provision.
11. In line with previous Fair Price for Care exercises, it was agreed that task 1 would be carried out independently through the use of external consultants. This has advantages in that it will support a position of transparency, objectivity and credibility. QMMT officers have

worked with the group and with procurement colleagues to develop a specification and scope the procurement exercise.

12. Alongside this, work has begun to review the existing quality audit tool. This will include a series of engagement meetings with providers and stakeholders to be held over the next three months.
13. This work is due to be completed by the end of the year and it is intended that a full report will be presented to the Adult Social Care and Public Health Committee in December 2018. In the interim, further updates on progress will be provided through these reports.

Home based care services

14. The team has been fully involved in the retendering of home based care services and the development of the new model of home care. The Community Partnership Officers (CPOs) within the team will play a key role in supporting the transition to new arrangements following completion of this exercise. Their role is to manage all requests for homecare by liaising with contracted providers and allocating work.

Sector led improvement - peer review

15. As part of the East Midlands sector led improvement process, councils across the region assess and review their own progress in relation to the national Adult Social Care Outcomes Framework and every two years invite colleagues from other local councils to come and undertake a more detailed review of key areas.
16. Peer reviews present an opportunity to support improvement in local government and are delivered from the position of a 'critical friend'. They are not an inspection and do not award any form of rating, judgement or score but aim to promote sector led improvement.
17. A planned peer review took place from 20th to 22nd March, focussing on two key lines of enquiry (KLOEs):
 - A review of the department's current workforce strategy and plans to support the workforce to deliver the requirements of the Adult Social Care Strategy and integration with health. As a result, are the right priorities in place?
 - How well is Nottinghamshire responding to the commissioning requirements of the Care Act, market shaping and integrated commissioning with health?
18. The team played an active part in both strands of the peer review, including facilitating participation from providers and representatives from the 'Experts by Experience' Group.
19. A report detailing the outcomes of the peer review will be brought to the Committee in the future.

Annual quality audits

20. Quality Monitoring Officers (QMOs) have now completed the annual quality audits in older adults care homes within Nottinghamshire to inform bandings and associated fee levels for

each home for 2018/19. An ongoing programme of audits across other services is also continuing.

21. As part of these visits QMOs seek to meet service users, relatives and carers as well as management and staff within the service in order to gain a rounded and informed picture of the service.

Other Option/s Considered

22. No other options have been considered.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Financial Implications

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

Implications for Service Users

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

RECOMMENDATION/S

That:

- 1) Members consider whether there are any actions they require in relation to the issues contained within the report.
- 2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Paul Johnson
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Constitutional Comments (SLB 27/03/18)

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

Financial Comments (DG 19/03/18)

28. The financial implications are contained within paragraph 25 of this report.

Background Papers and Published Documents

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

Quality and Market Management Team Quality Monitoring and Audit Activity – report to Adult Social Care and Public Health Committee on 10th July 2017

Older Adults Care Homes Review of the Fair Price for Care Framework - report to Adult Social Care and Public Health Committee on 8th January 2018

Electoral Division(s) and Member(s) Affected

All.

ASCPH538 final

16 April 2018**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE AND
DIRECT SERVICES****HEALTH AND SOCIAL CARE INTEGRATION IN BASSETLAW****Purpose of the Report**

1. The purpose of this report is:
 - a) to provide a summary of the work undertaken to date to progress health and social care integration in Bassetlaw;
 - b) to seek approval to the signing, on behalf of Nottinghamshire County Council, of the Memorandum of Understanding for the Bassetlaw Accountable Care Partnership.

Information**South Yorkshire and Bassetlaw Sustainability and Transformation Partnership**

2. The district of Bassetlaw sits within the NHS planning footprint of the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) but is also an associate of the Nottingham and Nottinghamshire STP.
3. The Partnership covers five geographical areas - Bassetlaw, Barnsley, Doncaster, Rotherham and Sheffield.
4. 25 health and care partners from across the region, including Nottinghamshire County Council, are involved in the South Yorkshire and Bassetlaw STP, along with Healthwatch and voluntary sector organisations.
5. The South Yorkshire and Bassetlaw STP was published on 11th November 2016. Wider public engagement took place between February and April 2017 with the intention of using feedback in the development of specific plans for future work.
6. There are eight priorities set out in the STP as follows:
 - Healthy lives, living well and prevention
 - Primary and community care
 - Mental health and learning disabilities

- Urgent and emergency care
 - Elective care and diagnostics
 - Maternity and children's services
 - Cancer
 - Spreading best practice and collaborating on support services.
7. South Yorkshire and Bassetlaw (alongside Nottingham and Nottinghamshire) is one of nine STP areas identified as exemplars in leading the way in developing Accountable Care System and progressing their STP plan.
 8. A Memorandum of Understanding (MoU) has been developed to support the South Yorkshire and Bassetlaw Partnership to "work as one" and develop an Accountable Care System to implement the plan.
 9. There are different arrangements in place for different organisations in relation to agreeing and signing up to the MoU, as follows:
 - Parties to the Agreement – majority of relationships within and across the STP footprint – core NHS partners are asked to sign up to the Agreement
 - Partners in the Agreement - majority of relationships confined to place - core place partners (including local authorities) are asked to support direction of travel only.
 10. As such, Nottinghamshire County Council is considered to be a core place partner and as such is not formally required to sign the MoU, but rather support the direction of travel, with the level of engagement more relevant at a local level.
 11. There has been no request for the Council to commit resources to support the implementation of the South Yorkshire and Bassetlaw STP, other than officer time at meetings and events.
 12. Each of the five areas within the South Yorkshire and Bassetlaw footprint have already or are in the process of developing local Place Plans. Place Plans set out how STP and other partner priorities will be implemented at a local level under the governance of an Accountable Care Partnership Board.

Bassetlaw Accountable Care Partnership (ACP)

13. An Accountable Care Partnership Board has been established to oversee the work of the Partnership, chaired by Bassetlaw Community and Voluntary Service, with membership as follows:
 - Nottinghamshire County Council (Adult Social Care/ Public Health)
 - Bassetlaw District Council
 - Bassetlaw Clinical Commissioning Group (CCG)
 - Bassetlaw Community and Voluntary Service
 - Doncaster and Bassetlaw Teaching Hospitals Foundation Trust
 - Nottinghamshire Healthcare Foundation Trust
 - Larwood Health Partnership and Bawtry Primary Care Home
 - Retford and Villages Primary Care Home
 - Newgate Primary Care Home

- Nottinghamshire Public Health Team
 - Healthwatch.
14. The Partnership Board works positively and proactively and there is a high level of engagement and collaboration between partners.
 15. The chairing of the Board by Bassetlaw Community and Voluntary Service is considered to be a strength.
 16. The Bassetlaw Accountable Care Partnership seeks to improve the health and wellbeing of the residents of Bassetlaw through a more integrated approach to the use of the existing health and care resources as well as transformational changes in the way in which services are delivered across Bassetlaw.
 17. The ambition for the transformation of health and social care in Bassetlaw is to support the public, patients and citizens in their own homes to remain as independent as possible despite the fact that they may have multiple health and care needs.
 18. The aim is to develop and design neighbourhood services which:
 - support an improved focus on prevention of ill health and the promotion of wellbeing;
 - deliver effective integrated health and social care across Bassetlaw alongside closer working with the voluntary sector
 - support people to remain at home and avoid unnecessary hospital admissions
 - respond quickly to the additional needs of people and support them to remain out of hospital and residential care
 - make sure that people are discharged home with the appropriate support, minimising their hospital stay and maximising their recovery and level of independence.
 19. A Programme Director has recently been appointed and the work programme is currently being developed. Delivery of the programme will be supported by the ACP Delivery Team, which will comprise key staff from the partner organisations, working together on agreed workstreams and acting as virtual project teams that bring professionals together to work across traditional organisational and professional boundaries.
 20. Attached at **Appendix A** is the Memorandum of Understanding that has been developed to support the Bassetlaw Accountable Care Partnership and which all partners are requested to sign on behalf of their respective organisations.
 21. The Memorandum of Understanding is not legally binding and does not change current organisational forms, decision making processes or contractual arrangements. It does not commit Council resources beyond those already allocated to the delivery of services in Bassetlaw. Its purpose is to agree a set of principles to underpin a collaborative multi-agency approach to supporting the health and wellbeing of Bassetlaw residents.

Key integration developments in Bassetlaw

Primary Care Home

22. Bassetlaw has configured services around the primary care home new model of care. Primary care home (PCH) is an innovative approach to strengthening and redesigning primary care. Developed by the National Association of Primary Care (NAPC), the model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. Staff come together as a complete care community – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients' homes. Primary care home shares some of the features of the multispecialty community provider (MCP) – its focus is on a smaller population enabling primary care transformation to happen at a fast pace, either on its own or as a foundation for larger models. The three PCHs in Bassetlaw (Larwood, Newgate, Retford and Villages) cover the whole Bassetlaw population. Social care clinics are facilitated within the PCH's based at individual GP surgeries.
23. Primary Care Home benefits and efficiencies are:
- the PCHs in Bassetlaw have interlocking triple aims:
 - Reducing Emergency Admissions
 - Reducing 1st Out-Patient Appointments
 - Reducing Prescribing Costs
 - benefits and efficiencies in this current year 2017/18 equates to just over £1.5 million pounds across the three PCHs.
 - low grade emergency admissions have been reduced across Bassetlaw by 448 people saving £1m.
 - 1st Out-Patients appointments have reduced across Bassetlaw by 994 people saving £150,000.
 - prescription costs across the PCHs in Bassetlaw have reduced by £580,000
 - the investment in pharmacists working directly within the PCH groups has been invaluable in reducing falls through medication reviews, which in-turn has increased patient well-being and care.
 - the three PCHs are at various stages of development and the positive impact for patients/people across Bassetlaw can only improve with the emerging integration within the PCHs, of health, social care and community based professionals and voluntary services.

Alignment of District Social Care teams with Local Integrated Care teams

24. Integrated care teams (ICTs) work geographically alongside the the primary care homes and early joint scoping work is underway to map out the potential alignment of Council social care staff with the current ICTs. This integration development will facilitate greater efficiencies with complex case working and some reduced costs linked to adult social care service provision.

Social Prescribing

25. There has been joint work with Bassetlaw Clinical Commissioning Group (CCG) and Bassetlaw Community Voluntary Service (BCVS) on expanding the current social prescribing service to older adults to include younger adults and people with dementia and to align supporting information with the Council's Notts Help Yourself service. The BCVS

service advisor staff work within the PCH surgery buildings which facilitates quick referrals and intervention either via a GP or ICT staff. This development has the ability to be an all-encompassing service that is linked countywide.

Bassetlaw Hospital Integrated Discharge Team (IDT)

26. There is a fully integrated health and social care team completing joint assessment processes to ensure efficient hospital discharges across Doncaster and Bassetlaw Teaching Hospital trust (DBTH). Quarterly workshops are held where the Hospital IDT team and all relevant stakeholders meet to review processes, problem solve issues/blockages and discuss implement solutions. Since October 2017 the number of social care discharge delays has more than halved from 27 social care delays in October 2017 to 10 social care delays in January 2018.

Seven day services

27. The Bassetlaw Hospital Integrated Discharge Team (social care staffing element) has begun to trial working over seven days. Further negotiation is taking place with hospital health employed services to expand seven day services across the Bassetlaw hospital site.

Interoperability Project

28. This is an Information and Communications Technology development which is being jointly driven by both health and social care across DBTH. This workstream is in the early stages. Phase 1 of the project will enable basic social care information to be available to hospital employed emergency department staff. Plans are now in place for phase 1 potential completion/implementation by May/June 2017. Phase 2 of the project will include the digitisation of the Assessment notice and Discharge notice process with potential completion by September/October 2018. Both phase 1 and phase 2 will provide an increased level of communication/information data to aid timely and effective decisions to facilitate reduced Delays to Care and or hospital admission.

Home First Response service

29. This is a short term, assessment and reablement support service to aid timely discharge for people who are in hospital and medically fit to return home or they are in the community and at risk of unnecessary admission to hospital or urgent short term care in a care home. This service aims to maximise a person's independent living skills to prevent or reduce the need for ongoing services. The development of this service has had a very positive impact on reducing delayed transfers of care within Bassetlaw.

Intermediate Care

Home and bed based provision for Intensive and Enhanced need

30. Initial meetings have taken place between Adult Social Care & Health and Nottinghamshire Healthcare NHS Foundation Trust to map out new patient flow/intervention pathways. This workstream will reduce duplication of service, streamline pathways, develop further integration of the workforce, and providing greater efficiencies for the service and customer.

Other Options Considered

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

Reason for Recommendation

32. The signing of the Memorandum of Understanding is necessary to participate in the Accountable Care Partnership and will demonstrate the Council's commitment to integration in Bassetlaw.

Statutory and Policy Implications

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

Financial Implications

34. There are no financial implications arising from the report.

RECOMMENDATION/S

- 1) That Committee approves the signing, on behalf of Nottinghamshire County Council, of the Memorandum of Understanding for the Bassetlaw Accountable Care Partnership.

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Constitutional Comments (SLB 16/03/18)

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

Financial Comments (DLP1 21/03/18)

36. As confirmed within paragraph 34, there are no financial implications within 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.

South Yorkshire and Bassetlaw Sustainability and Transformation Plan

https://smybndccgs.nhs.uk/application/files/1514/8037/0832/South_Yorkshire_and_Bassetlaw_Sustainability_and_Transformation_Plan.pdf

Electoral Divisions and Members Affected

All.

ASCPH543 final

**BASSETLAW ACCOUNTABLE CARE
PARTNERSHIP**

**MEMORANDUM OF UNDERSTANDING FOR THE
COMMUNITY, VOLUNTARY, HEALTH AND SOCIAL
CARE SYSTEM**

DRAFT

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1 Context and Purpose

1.1 Introduction

The purpose of the initiative represented in this Memorandum of Understanding (MOU) is to ensure the greatest and fastest possible improvement to the health and wellbeing of the residents of Bassetlaw with the resources available. With regard to the delivery of care to people with existing disease and diagnosis this requires a more integrated approach to the use of the existing health and care resources as well as transformational changes in the way in which services are delivered across Bassetlaw. Widespread collaborative working is required to improve earlier intervention and address the wider determinants of health.

To facilitate this, the Memorandum of Understanding creates a framework for achieving the delegation of health and social care to a collaborative framework of the Bassetlaw Commissioner and Providers within a Bassetlaw Transformation Governance Structure. This will be overseen by the Accountable Care Partnership Board. This MOU sets out the process for collaborative working in Bassetlaw, with particular relevance to the Primary Care Home/Neighbourhood initiatives.

All parties agree to act in good faith to support the objectives and principles of this MoU for the benefit of all Bassetlaw patients and citizens.

1.2 Parties to the MoU

The Parties to the agreement are:

- Nottinghamshire County Council
- Bassetlaw District Council
- Bassetlaw Clinical Commissioning Group (CCG)
- Bassetlaw Community and Voluntary Service
- Doncaster and Bassetlaw Teaching Hospitals Foundation Trust
- Nottinghamshire Healthcare Foundation Trust
- Larwood Health Partnership and Bawtry Primary Care Home
- Retford and Villages Primary Care Home
- Newgate Primary Care Home
- Nottinghamshire Public Health Team
- Healthwatch

All parties will work together to achieve agreed outcomes for Bassetlaw citizens.

This MoU focuses on the elements of Governance and shared commitment to achieving common goals through the joint design, transformation and delivery of services. Engagement with the public at all stages is essential and all organisations will work together to ensure the highest level of engagement possible.

1.3 Context and Objectives

The MoU sets out the ambition for the transformation of health and social care across Bassetlaw. The partnership is predominantly community based, to support the public, patients, service users and carers in their own homes to remain as independent as possible despite the fact that they may have multiple health and care needs. The approach should be more pro-active with those most at risk of escalating needs being targeted. The aim is to develop and design neighbourhood services to:

- Support an improved focus on prevention of ill health and the promotion of wellbeing
- Deliver effective integrated health and social care across Bassetlaw alongside far closer working and co-ordination of support to individuals and Neighbourhoods with the Voluntary Sector;
- Support people to remain at home and avoid unnecessary admissions
- Respond quickly to the additional needs of people and support them to remain out of hospital and residential care
- Make sure that people are discharged home with the appropriate support, minimising their hospital stay and maximising their recovery and level of independence

We recognise that integrating health and social care is vitally important for improving the efficiency of our public services and delivering improved health and wellbeing for our population.

The NHS Five Year Forward View articulates why change is urgently needed, what that change might look like and how it can be achieved. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Furthermore, it sets out the development of new organisational models. Bassetlaw is committed to being an early implementer of District wide partnerships through Primary Care Homes and the Integrated Neighbourhood teams.

The Health and Social Care Act 2012, attaches importance to integrated care and commissioners have duties to promote integration with the emphasis on local areas to design, commission and deliver care in a more integrated way. The ambition of the Commissioner and Providers is to develop an integrated outcomes based contracting model creating opportunities to facilitate an integrated outcomes-based service delivery approach over a phased period. The exact design and use of the outcomes will be determined throughout the co-design phase. It is anticipated that there will be a phased approach but that as the system develops greater trust in their use, and confidence that risks and finances can be effectively managed and changes to services deliver the required efficiencies, their use will be increased as quickly as agreement can be reached across the health and social care system.

Within the Bassetlaw Accountable Care Partnership members of the ACP will develop a strategic plan for the integration of health and social care across Bassetlaw, making best use of existing resources to transform outcomes for local communities, including reducing avoidable activity in A&E and avoidable hospital admissions.

1.4 Overarching Principles

- Be financially sustainable, secured through our plans and redesigned services.
- Plan our expenditure together so we can buy and deliver health, care and support services for the Bassetlaw Place in a joined up way.
- Decisions will be focussed on the interests and outcomes of patients and people in Bassetlaw, and organisations will collaborate to prioritise those interests;
- In creating new models of inclusive governance and decision-making, the intention is to enable Bassetlaw commissioners, providers, patients, carers, residents and partners to shape the future of Bassetlaw together. There will be communication and engagement with patients, carers and the public at every stage;
- Commissioning for health and social care outside of hospital will be undertaken jointly in a Bassetlaw place-based approach (using the principle of ‘the Bassetlaw pound’);
- A principle of *subsidiarity* will apply within Bassetlaw, ensuring that decisions are made at the most appropriate level, with the maximum flexibility so that consensus can be reached at Primary Care Home/Neighbourhood level to allow services to be designed around the needs of particular communities and major change authorised by the Accountable Care Partnership;
- The Partnership will support devolved decision making and a distributed leadership but will not conflict with participating organisations’ own governance, statutory and regulatory responsibilities and decision making processes
- Decision making will be underpinned by transparency and the open sharing of information;
- There will continue to be clear accountability arrangements for services and public expenditure;
- The delivery of shared outcomes will drive changes to organisational form where necessary;
- The Partnership will lead on OD work to support the team working within the respective neighbourhoods.

1.5 Essential Measures

Outcomes, measures and metrics will be agreed between all parties. These will support the continual improvement of services as well as the evaluation of initiatives.

1.6 Scope

The scope is comprehensive and will involve the whole health and care system outside of hospital alongside the voluntary sector:

- Acute care;
- Primary care;
- Intermediate care;
- Community services;
- Mental health services;

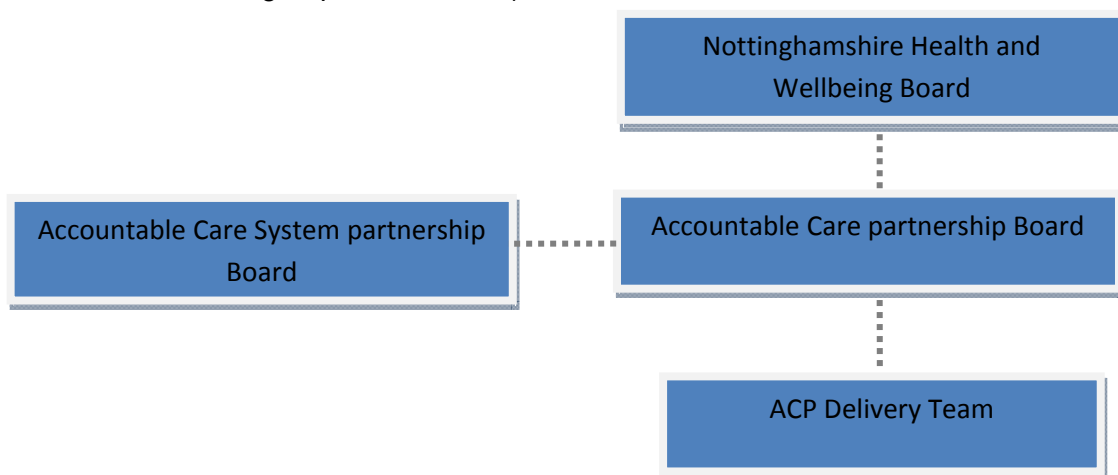
- Children's services;
- Social care;
- Housing;
- Other public services; as determined by the ACP Board
- Voluntary sector;
- Public Health;
- Communication and Engagement;
- Effective use of public estate
- Information sharing and systems, including the potential for digital integration across Bassetlaw.

2 Governance

2.1 Governance Structure

The Accountable Care Partnership Board will oversee and authorise decisions within its programme of work. Delivery of the programme will be supported by the ACP Delivery Team, headed by the Programme Director. The governance arrangements support the principle of *subsidiarity*, ensuring that decisions are made at the most local level appropriate, with the maximum flexibility so that consensus can be reached within Primary Care Home/Neighbourhood level to allow services to be designed around the needs of particular communities. Where Primary Care Homes/Neighbourhoods wish to make changes to services that would result in a change in how resources are currently deployed or managed then these must be agreed by all relevant parties directly affected by that change and approved by the Accountable Care Partnership Board.

The governance arrangements will be regularly reviewed to ensure the programme aims are delivered within the required timeline. The Governance arrangements for delivery of the Neighbourhood model of care will be built around the following programme structure (terms of reference for each group are available):



2.2 Resources

It is anticipated that within statutory and regulatory responsibilities parties will contribute to the resourcing of the running of the programme, in cash and/or in kind. A programme and resourcing plan for the ACP programme will be agreed at the ACP Board. Additional investment in services themselves must come from efficiencies, transfer of resources from one part of the system to another (e.g. secondary care to community) and potentially cases of invest to save. Investment from national transformational monies e.g. the NHS England transformation fund linked to the

Sustainability and Transformation Plan will also be pursued, as will the potential for social investment in public service reform.

2.3 Escalation

- If any participating organisation has any issues, concerns or complaints about the programme, or any matter concerning the operation of this Memorandum, that participant shall notify the other relevant participants and they shall then seek to resolve the issue by a process of consultation always bearing in mind the behavioural commitments made by the participants in this Memorandum.
- The Participants agree that they will use their best endeavours to avoid disputes between each other, notify each other of perceived or real differences of opinion as soon as they arise, and attempt to promptly resolve those differences.
- If the issue cannot be resolved through consultation the matter shall be escalated to the ACP Board, which shall decide on the appropriate course of action to take.
- If any participant receives any formal inquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000) in relation to the programme, the matter shall be promptly referred to the relevant provider or to the ACP Board where appropriate.

3 Partnership in Practice

3.1 Parties' commitments to public engagement

All parties acknowledge their various requirements to engage with public, patients, service users and carers, elected members and members of the public at relevant points and will cooperate to do so in a co-ordinated way.

3.2 Behavioral commitments

The Participants agree that they will:

- Adopt all reasonable measures and use their best endeavours to ensure the objectives are achieved
- Conduct all activities in ways that are consistent with the guiding principles and take all steps to ensure that any employees, partners and associates involved in carrying out activities do likewise.

Co-operation and innovation

- Work together in a co-operative and innovative manner for the purpose of meeting or exceeding the objectives and fully complying with these guiding principles; and
- Ensuring that the activities are carried out in a co-ordinated and efficient manner.
- Share all information relevant to the activities in an honest, open and timely manner.

Conflicts of interest

- All parties will ensure transparency and will disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Memorandum or the performance of the activities, immediately upon becoming aware of the conflict of interest whether that conflict concerns us or any person employed or retained by us for or in connection with the performance of the activities;
- Not allow ourselves to be placed in a position of conflict of interest or duty in regard to any of our rights or obligations under this Memorandum (without the prior consent of each other) before we participate in any decision in respect of that matter; and
- Use best endeavours to ensure that their members and other associates also comply with the requirements of the provisions set out in this document when acting in connection with the ACP's programme of work

Collective sharing of risk and opportunities

- Share all risks and opportunities associated with the delivery of the programme except for risks/opportunities that have been specifically agreed to be retained solely by a particular participant under this Memorandum.

3.3 Co-operation, competition and procurement compliance

In the spirit of collaborative working within this MoU responsibility for services or resources may be transferred from one party to another within the MoU where it is felt this would lead to improved services or would be more appropriate to the effective management of these services. These arrangements may also include contract variations, the novation of contracts, or secondments or transfer of staff, where all the relevant parties agree. In addition, alternative management arrangements may be agreed whereby employees of one organisation may line manage those of other organisations where the relevant parties agree to that change in order to facilitate cross-organisational matrix working. Any proposal in this regard must be approved by the ACP Board agreed by the representatives of those parties that will be directly or indirectly affected. Agreed ACP Board proposals must be ratified through the respective governance of participating organisations' as appropriate.

The participants recognise that it is the duty of the commissioners, rather than the providers, to decide what services to procure and how best to secure them in the interests of patients. In addition, the participants are aware of their competition compliance obligations, both under competition law and, in particular, under NHS Improvement's provider licence, and shall take all necessary steps to ensure that they do not breach any of their obligations in this regard. Further, the participants understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and NHS Improvement.

4 Limits and Term of the MoU

4.1 Limits of the MoU

Whilst it is recognised that this Memorandum of Understanding is not legally binding it represents a firm commitment by all parties and will be adhered to through the use of the Governance process to escalate and resolve any disagreements.

This MoU does not in itself change current organisational forms, decision making processes contractual regimes or payment mechanisms. Any substantive changes of this nature will be subject to separate negotiation between the relevant parties. If the MoU is terminated by any party or proves inadequate to support the transformation and integration of services the commissioners will pursue alternative approaches to implement the changes in services for the benefit of residents of Bassetlaw.

4.2 Term and termination

This Memorandum shall commence on the date of signature of the Participants, and shall continue for an initial period of one (1) year and thereafter subject to an annual review of the arrangements by the ACP Board.

Recognising this is not a legally binding document any participant may exit this Memorandum. Participants commit to provide at least six (6) months' notice in writing to the other Participants [at any time]. Remaining participants will determine whether the work can continue as planned or whether alternative arrangements need to be pursued.

4.3 Variation

This Memorandum, including the Annexes, may only be varied by written agreement of the Participants.

4.4 Signatories

Following signature, Bassetlaw partners will publicise its content with stakeholders as appropriate.

All parties welcome the principles set out in this MoU and recognises the benefits it will bring to the patients and citizens of Bassetlaw.

New parties to this agreement may be proposed by members of the ACP Board. Any proposed new member must be agreed by the ACP Board.

Signatures to the Bassetlaw Memorandum of Understanding:

Doncaster and Bassetlaw Teaching Hospital

Richard Parker

Chief Executive _____

Bassetlaw District Council

Neil Taylor

Chief Executive _____

Bassetlaw CCG

Idris Griffiths

Chief Officer _____

Nottinghamshire Healthcare Foundation Trust

Ruth Hawkins

Chief Executive _____

Larwood Health Partnership and Bawtry Primary Care Home _____

Retford and Villages Primary Care Home _____

Newgate Primary Care Home _____

Healthwatch

Chair

Michele Livingston _____

Public Health

Interim Director of Public Health

Jonathan Gribbin_____

Bassetlaw Voluntary Community Service

Director

Catherine Burn_____

Nottinghamshire County Council

Service Director – North Nottinghamshire & Direct Services, Adult Social Care and Health

Ainsley McDonnell_____

16 April 2018**Agenda Item: 11**

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE

DEPRIVATION OF LIBERTY SAFEGUARDS POLICY

Purpose of the Report

1. The report invites the Committee to recommend the revised Deprivation of Liberty Safeguards Policy, attached as **Appendix A**, to Policy Committee for approval.

Information

2. The Deprivation of Liberty Safeguards (DoLS) were originally introduced to provide a legal framework for the deprivation of liberty for people who lack mental capacity to make decisions about their care arrangements themselves. They apply to people who are in hospital or residential/nursing care and who are subject to restrictions and restraints in their lives, for example, not being free to leave or requiring continual supervision. The Local Authority is required to arrange an assessment of their circumstances to determine whether the care provided is in their best interests to protect them from harm, whether it is proportionate and to determine if there is a less restrictive alternative. The DoLS process requires assessments to be undertaken by a member of staff who has successfully completed competency based training in DoLS work in order to become a 'Best Interests Assessor' (BIA) and a doctor. The Local Authority has a statutory duty to make sure the DoLS process is followed and that these assessments are undertaken within the legal timescales. Once a DoL is authorised there is a requirement to review it, annually at a minimum.
3. Alternative arrangements are currently in place for people who live in the community, which require a social worker to make an application to the Court of Protection to authorise the deprivation of liberty and the care arrangements.
4. On 19th March 2014, the Supreme Court published its 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. The effect of this is that a much greater number of people in residential care homes, nursing homes and hospitals now come under the DoLS than previously and by law they must be assessed under the DoLS procedure.
5. A revised policy has been developed (attached as **Appendix A**) to take into account the transformational impact of the Cheshire West judgement and the significant reforms that have taken place in health and social care since 2010.

6. The revised policy is changed significantly from the current policy. The current policy contains a large amount of information for care homes and nursing homes that is no longer relevant. The revised policy is more clearly focused on the Council's statutory responsibilities in relation to DoLS and reflects decisions taken by the Council since the Cheshire West judgement in the Supreme Court in March 2014 regarding how the DoLS process is managed in Nottinghamshire. The 2010 policy is multi-agency and was designed with partners at Nottingham City Council and NHS organisations. A multi-agency policy is, however, no longer appropriate, following the transfer of supervisory body responsibility from primary care trusts to local authorities. This has significantly changed the roles and responsibilities of agencies who work under the Mental Capacity Act and DoLS. There is an established DoLS Code of Practice which the Council's revised policy does not seek to re-state or summarise. Therefore, the proposed policy is more concise than the current version and would be fit for purpose for practitioners and the public.
7. The revised policy covers:
- relevant legislation and supporting policies
 - roles and responsibilities of the Council and care homes, nursing homes and hospitals that make referrals for assessment
 - how the Council will record information
 - the process the Council will follow in managing DoLS assessments
 - resource implications
 - training of staff quality standards that will be followed
 - how the effectiveness of the policy will be reviewed.
8. The revised policy takes into account the initial potential recommendations of the national review of the Mental Capacity Act and Deprivation of Liberty Safeguards by the Law Commission, which was published in March 2017¹. This recommends the replacement of DoLS with an alternative scheme entitled Liberty Protection Safeguards. At the time of writing the policy, the Department of Health is considering its response to these proposals. Amendment or replacement of the proposed policy may be required at a later date should there be legislative change or updates to the Code Practice that occur as a result of the Law Commission's work or any other reforms considered by the Government in future.

Other Options Considered

9. The existing policy is no longer fit for purpose due to the significant changes in how DoLS are applied since the Cheshire West case. Many of the references in the current policy are also either out of date or redundant, for example, references to Primary Care Trusts, which have been abolished. The option of not up-dating the policy was therefore discounted.

Reason/s for Recommendation/s

10. The proposed revised and updated policy will be a useful resource for practitioners working across adult social care and health in Nottinghamshire. It will also help to improve the Council's work with partners within DoLS as it would allow the Council to demonstrate clarity in its position in how DoLS will be managed within the County.

¹ <https://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/>

Statutory and Policy Implications

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

Data Protection and Information Governance

12. The policy references how data will be gathered to carry out DoLS assessments. This will continue to be done in full accordance with the General Data Protection Regulation (GDPR) (2018).

Financial Implications

13. There are no direct financial implications that would result from this policy. However, the policy does reference the unprecedented challenge to ensure resources are in place to meet demand for DoLS assessments.

Human Resources Implications

14. There are no direct Human Resources implications that would result from this policy. An up to date policy would benefit staff as it would facilitate discussion between colleagues and other stakeholders about DoLS.

Public Sector Equality Duty implications

15. An Equality Impact Assessment (EIA) has been completed and is detailed in section 12 of the policy.

RECOMMENDATION

- 1) That Committee recommends the revised Deprivation of Liberty Safeguards Policy, attached as **Appendix A**, to Policy Committee for approval.

Sue Batty
Service Director, Mid Nottinghamshire

For any enquiries about this report please contact:

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Strategic Development Manager
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E: Daniel.prisk@nottscc.gov.uk

Constitutional Comments (LM 19/03/18)

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

Financial Comments (AGW 19/03/18)

17. The financial implications are contained in paragraph 13 of this report.

HR Comments (MS 09/03/18)

18. There are no direct HR implications as a result of this policy.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH541 final

Policy Library Pro Forma

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

Title: Nottinghamshire County Council Deprivation of Liberty Safeguards (DoLS) Policy

Aim / Summary:

To set the policy for the Deprivation of Liberty Safeguards for Nottinghamshire County Council, as the supervisory body and all managing authorities within Nottinghamshire

Document type (please choose one)

Policy	X	Guidance	
Strategy		Procedure	

Approved by:

Version number: 1

Date approved:

Proposed review date:

Subject Areas (choose all relevant)

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

Author: Daniel Prisk

Responsible team: Nottinghamshire Deprivation of Liberty Safeguards (DoLS) Team

Contact number: 0115 977 4896

Contact email: daniel.prisk@nottsc.gov.uk

Please include any supporting documents

[Association of Directors of Adult Social Services Deprivation of Liberty Safeguards Forms](#)

Review date

Amendments

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1. Policy Statement and Scope

This policy provides a local framework for Deprivation of Liberty Safeguards (DoLS) within Nottinghamshire and sets out the processes and procedures that must be followed by those that have a duty of care towards a person who is, or may become, deprived of their liberty. This includes both managing authorities and Nottinghamshire County Council as the supervisory body.

Nottinghamshire County Council's Countywide DoLS Team is the single access point within Nottinghamshire for both care homes and hospitals, as managing authorities, to request DoLS assessments which are required in order for the supervisory body to consider a DoLS authorisation.

The Deprivation of Liberty Safeguards (DoLS) Code of Practice published under sections [42](#) and [43](#) of the Mental Capacity Act 2005 provides extensive guidance and information about the Act and how it works in practice and should remain the main point of reference for all staff working for Nottinghamshire County Council as well as partners working within this area

This policy should be read in conjunction with the [Deprivation of Liberty Safeguards Code of Practice](#) and the [Mental Capacity Act Code of Practice](#). The intention of this policy is to clearly outline the key responsibilities and procedures related to the implementation of the legislation within Nottinghamshire. It does not replace the DoLS Code of Practice or the MCA Code of Practice.

The procedures for this policy will be developed and documented in a separate Practice Guide. This will be published in due course.

2. Glossary of Terms

The following Glossary is provided to ensure a consistent understanding of terminology within this policy.¹

A managing authority is: The person or body with management responsibility for the hospital or care home in which a person is, or may become, deprived of the liberty

A supervisory body is: The local authority (England) or local health board (Wales) that is responsible for considering a deprivation of liberty request received from a managing authority, commissioning the statutory assessments and, where all the assessments agree, authorising deprivation of liberty

A relevant person is: The person who is or may be deprived of their liberty and may be a patient in a hospital or a resident in a care home.

A relevant person's representative is: A person who is appointed to support and maintain contact with the relevant person. This person is independent of the managing authority or supervisory body. For people without friends or family to represent them a paid representative is appointed by the supervisory body.

An independent mental capacity advocate (IMCA) is: Someone who provides support and representation for a person who lacks capacity to make specific decisions, where the person has no-one else to support them.

A best interests assessor is: A suitably trained professional appointed by the supervisory body to consider whether deprivation of liberty would be in the relevant person's best interests.

A mental health assessor is: A suitably medically trained professional appointed by the supervisory body to consider whether the relevant person is suffering from any disorder or disability of mind (Including learning disabilities but not dependence on alcohol or drugs).

A signatory is: The appropriate level of manager from the supervisory body who can authorise deprivation of liberty and who may attach conditions which have been recommended by the best interests assessor.

An unauthorised DoL is: A situation in which a person is deprived of their liberty in a hospital or care home without the deprivation being authorised by either a standard or urgent deprivation of liberty authorisation.

Part 8 review: A formal, fresh look at a relevant person's situation where there has been, or may have been, a change of circumstances that may necessitate an

¹ The Glossary of Terms is adapted from the DoLS Code of Practice Key words and phrases – pages 114-120

amendment to, or termination of, a standard authorisation. Part 8 refers to the section in Schedule 1A of the Mental Capacity Act 2005 that covers reviews and is used to distinguish these formal reviews from routine reviews of care for all residents.

Age assessment: An assessment of whether the person has reached the age of 18.

Best Interests assessment: An assessment of whether deprivation of liberty is in a detained person's best interests, is necessary to prevent harm to that person and is a proportionate response to the likelihood and seriousness of that harm.

Eligibility assessment: An assessment of whether or not the relevant person is rendered ineligible for standard deprivation of liberty authorisation because the authorisation would conflict with requirements that are, or could be, placed on the person under the Mental Health Act 1983.

Mental capacity assessment: An assessment of whether a person lacks capacity in relation to the question of whether or not they should be accommodated in the relevant hospital or care home for the purpose of being given care or treatment.

Mental health assessment: An assessment of whether the person has a mental disorder.

No refusals assessment: An assessment as to whether there is any other existing authority for decision-making for the relevant person that would prevent the giving of a standard authorisation. This could include a valid advance decision, or valid decision by a deputy or donee appointed under a Lasting Power of Attorney

Nottinghamshire DoLS Team: The Nottinghamshire DoLS Team undertake and / or co-ordinate all duties relating to DoLS on behalf of the supervisory body in Nottinghamshire

Cheshire West Judgement: On the 19 March 2014, the Supreme Court published its 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. The effect of this is that a much greater number of people in residential care homes, nursing homes and hospitals now come under the DoLS than previously and by law they must be assessed under the DoLS procedure.

3. Context

The Mental Capacity Act 2005 (MCA) was introduced in part in April 2007 and fully implemented in October 2007. The Mental Health Act 2007, which received Royal Assent in July 2007, included an amendment to the Mental Capacity Act to introduce additional Deprivation of Liberty Safeguards implemented from the 1st April 2009.

The Deprivation of Liberty Safeguards (DoLS) were introduced to provide a legal framework for the deprivation of liberty for people who lack mental capacity to make decisions about their care arrangements themselves. They apply to people who are in hospital or residential/nursing care and who are subject to restrictions and restraints

in their lives, for example, not being free to leave or being under continual supervision and control.

A managing authority must seek authorisation from the correct supervisory body in order to lawfully deprive someone of their liberty, unless they are detained in hospital under the Mental Health Act (1983). Where a request for an Authorisation is made the supervisory body is responsible for conducting a prescribed set of assessments to determine whether the authorisation can be granted. This assessment of their circumstances determines whether the care provided is in their best interests to protect them from harm, whether it is proportionate and to determine if there is a less restrictive alternative. These safeguards prevent arbitrary decisions to deprive a person of their liberty and provide a robust and transparent framework in which to challenge deprivation of liberty authorisations.

DoLS do not apply to people living in supported living, or domiciliary care arrangements or those people who live in their own home. For these people an application to the Court of Protection will be required if the person's care amounts to deprivation of liberty. These cases are managed by the Council's Deprivation of Liberty in the Community (DoLIC) Team. The work of the DoLIC team is not within the scope of this policy.

4. Relevant legislation and supporting policies

The following legislation (and amendments) are relevant to DoLS

- [Care Act 2014](#)
- [Mental Capacity Act 2005 \(MCA\)](#). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act but were included as an amendment through the Mental Health Act, 2007.
- [The Mental Capacity, \(Deprivation of Liberty: Standard Authorisations, Assessments and Ordinary Residence\) Regulations 2008](#) (effective from 3.11.08)
- [The Mental Capacity, \(Deprivation of Liberty: Appointment of Relevant Person's Representative\) Regulations 2008](#) (effective from 3.11.08);
- [The Mental Capacity, \(Deprivation of Liberty: Appointment of Relevant Person's Representative\) \(Amendment\) Regulations 2008](#) (effective from 3.11.08)
- [Mental Health Act 1983](#) and [2007](#)
- [The Equality Act 2010](#)
- [Human Rights Act 1998](#)
- [European Convention on Human Rights 1953](#)

All practitioners are required to ensure that they are aware of and act according to case law as it develops.

The following Nottinghamshire County Council policies, procedures and standards are also relevant to DoLS

- [Mental Capacity Act Policy and Procedure](#)

- [Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults at Risk Guidance](#)

If a practitioner has any safeguarding concern, they should refer this to the Council's Multi Agency Safeguarding Hub (MASH). The MASH can be contacted by telephone (0300 500 80 90), email (mash.safeguarding@nottsccl.gov.uk) and fax 01623 483295. [Online forms](#) also available.

If a practitioner has any concern regarding the quality of care a person is receiving, they should refer this to the Council's Quality and Market Management Team, who can be contacted via an [online form](#).

5. Roles and Responsibilities

Nottinghamshire County Council (as the supervisory body)

Nottinghamshire County Council is the supervisory body which will receive requests from managing authorities and is required to respond to requests for authorisations within the timescales defined within the legislation. Only Nottinghamshire County Council can authorise DoLS requests for a person who has ordinary residence in Nottinghamshire County Council's administrative boundary.

Nottinghamshire County Council will seek to employ and/or commission sufficient Best Interests Assessor and officer capacity sufficient to meet local needs to ensure completion of assessments and appropriate scrutiny of decisions made. The Council will also seek to ensure that there are sufficient accredited and trained medical practitioners (Section 12 doctors) to undertake mental health, eligibility and, where relevant, mental capacity assessments.

Nottinghamshire County Council will ensure there is a sufficient supply of Independent Mental Capacity Advocates (IMCAs) when they are needed in circumstances prescribed under the Mental Capacity Act, including where there are conditions as part of the DoLS authorisation. The Council will also ensure sufficient provision of advocacy services, such as paid relevant persons' representatives where they are required and according to local needs. See [Advocacy Guidance](#) and [Independent Mental Health Advocates \(staff guidance\)](#).

Managing Authorities

Any managing authority in Nottinghamshire must apply to Nottinghamshire County Council for DoLS authorisations if they believe that a person in their care (aged 18 years or over) lacks capacity to give informed consent to their care arrangements and the care or treatment they provide to that person is likely to deprive the person of their liberty. Details of how to make a referral can be found on the [Council's website](#).

The Supreme Court judgment of 19 March 2014 in the case of *Cheshire West* clarified an "acid test" for what constitutes a "deprivation of liberty"². The acid test states that an individual is deprived of their liberty for the purposes of Article

² P v Cheshire West and Chester Council and another and P and Q v Surrey County Council,

5 of the European Convention on Human Rights if they³:

- Lack the capacity to consent to their care/ treatment arrangements
- Are under continuous supervision and control
- Are not free to leave

All three elements must be present for the acid test to be met. In all cases, the following are not relevant to the application of the test:

- the person's compliance or lack of objection;
- the relative normality of the placement (whatever the comparison made); and
- the reason or purpose behind a particular placement.

A managing authority is also required to consider developments in case law when making referrals to the supervisory body.

The supervisory body is responsible for monitoring standard authorisation conditions. When DoLS are granted and an authorisation is in place, the managing authority must comply with conditions of the authorisation specified by the supervisory body are followed. The BIA suggests conditions and makes recommendations as part of their assessment but it is the authoriser, on behalf of the supervisory body who sets the conditions. The supervisory body must be satisfied that during the period in which the authorisation is in place that any conditions set are being met by the managing authority.

If a DoLS authorisation is already in place, the managing authority should, before the authorisation period expires, refer the case to the supervisory body and request a further standard authorisation. This process is important because it enables the supervisory body to use the information submitted to risk assess the case and allocate resources accordingly. It is imperative that managing authorities work with the supervisory body to follow this process to minimise the risk of delay. Nottinghamshire County Council asks for no more than 28 days' notice for requesting a further standard authorisation, as this provides sufficient time to allocate, assess and complete such assessments within the statutory limit of 21 days from the receipt of a standard application, or, if sooner, the end of the current authorisation.

If the outcome of an assessment is that DoLS are not granted but the care and/or treatment the relevant person is receiving amounts to deprivation of liberty, the managing authority must immediately take steps to change the way in which the relevant person is being cared for so that the relevant person is not being deprived of their liberty. This may involve the managing authority liaising with the commissioners and, in the case of self-funders, the person who controls the funding of the person's care.

In respect of more complex required changes to the care plan, an urgent planning meeting should be arranged immediately at the request either of the managing

http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf

³https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/485122/DH_Consolidated_Guidance.pdf

authority or supervisory body or the commissioning organisation, to be chaired by the commissioning organisation. An unauthorised DoL may necessitate an adult safeguarding enquiry.

6. Recording Requirements.

Nottinghamshire County Council has an online portal by which requests for a [Standard and Urgent Authorisation \(Form 1\)](#) and [Request for Further Standard Authorisation \(Form 2\)](#) can be made. All managing authorities in Nottinghamshire are required to use the online referral method wherever possible.

All correspondence sent by the Countywide DoLS team to managing authorities, relevant persons, interested persons and other professionals will be electronic (via secure email), except in circumstances where it is not practical to do so.

The Countywide DoLS Team will maintain records of applications and authorisations (given, and refused) on behalf of the supervisory body. The supervisory body is responsible for maintaining and submitting data. This will form the minimum data set for statutory reporting purposes. Records will be held on the Mosaic system.

The relevant person's records must include information about any formal reviews, including DoLS Part 8 Reviews that have been requested, when they were considered and the outcome. These records must be retained by the supervisory body. Records will be held on the Mosaic system.

7. Process Overview

The vast majority of the DoLS process is prescribed within relevant legislation and the Code of Practice and must be followed as written. However, where legislation and the Code of Practice is not prescriptive, the Council utilises national guidance and best practice to shape its approach to providing this service. In doing so, the Council aims to meet its statutory responsibilities whilst ensuring that the processes followed make the best use of available technology, is devoid of any administration that is not absolutely necessary and minimises any possible distress to the person being assessed and their carers and families.

As the DoLS process is highly prescriptive, Nottinghamshire County Council uses a series of [forms](#) recommended by the Association of Directors of Adult Social Services (ADASS) Project Group to administer and facilitate its duties as the supervisory body. These forms have been specifically designed to navigate the process in a way that minimises bureaucracy and ensures that activity is focused on assessing the relevant person. Therefore, these forms will be used for all DoLS referrals and assessments, as well as the authorisation processes in Nottinghamshire⁴.

Due to the vast increase in demand for assessments since the Cheshire West case, ADASS have developed a tool in relation to risk assessing and prioritisation screening of referrals. The tool sets out the criteria most commonly applied which indicates that

⁴ <https://www.adass.org.uk/mental-health-drugs-and-alcohol/public-content/new-dols-forms>

an urgent response may be needed so as to safeguard the individuals concerned. The Countywide DoLS team uses this tool in balance with the legal criteria for the Deprivation of Liberty Safeguards which remains unchanged. The tool is used as an indicative guide only and each case is judged on its individual merits and continues to be based on the information supplied by the managing authority⁵.

Nottinghamshire County Council have also considered the Emergency Interim Guidance published by ADASS in June 2016⁶. The Council will use this guidance as necessary to manage the ongoing challenges presented by the impact of the Cheshire West judgement on demand for DoLS assessments. This includes the use of '[Form 3b](#)' both inclusive and exclusive of the Capacity Assessment⁷.

Nottinghamshire County Council has established an authorisation process for all DoLS assessments. The authorisation process, which scrutinises the assessments made, is conducted by managers within the Adult Social Care and Public Health Department (Signatories). All Signatories receive appropriate training and must access refresher training on an annual basis.

8. Resource Implications

The resource implications of carrying out, administering and monitoring DoLS assessments are monitored by the Council's Adult Social Care and Public Health Department. The Council's DoLS Strategy sets out the Council's strategic approach to managing the DoLS process.

As a result of the Cheshire West judgement, a much greater number of people in residential care homes, nursing homes and hospitals now come under the scope of DoLS than previously and by law they must be assessed under the DoLS procedure. Therefore, ensuring resources are in place to meet this requirement has brought an unprecedented challenge to all Supervisory Bodies, and Best Interests Assessors (BIAs) continue to be in high demand and short supply, locally, regionally and nationally. In response to this, the Council endeavours to use all available resources to secure the required BIA capacity to meet demand in Nottinghamshire.

9. Training

Nottinghamshire County Council will, as the supervisory body, commission a programme of training to ensure that there are sufficient staff accredited to carry out DoLS Assessments. The Council will ensure that annual refresher training is provided for BIAs and for other roles and functions within the DoLS process as necessary. Training commissioned by the Council in relation to DoLS will be regularly reviewed to ensure it remains fit for purpose.

⁵ <https://www.adass.org.uk/adass-priority-tool-for-deprivation-of-liberty-requests/>

⁶ <https://www.adass.org.uk/media/5297/additional-dols-safeguards-final.pdf>

⁷ Please note that the hyperlinked example 3b form does include the capacity assessment

10. Quality Standards

The quality standards within the policy are as follows:

As the supervisory body, the Council will at all times aim to complete all processes within the statutory timescales specified within the Legislation and Code of Practice. The DoLS Code of Practice and the MCA Code of Practice will be followed at all times in conjunction with this policy and the practice guidance, which will follow in due course.

As the supervisory body, the Council will, where required, prioritise allocation of resources according to a risk assessment of individual cases

As supervisory body, the Council will seek to authorise DoLS assessments within the statutory timescales specified within the legislation and Code of Practice. Colleagues who undertake this role within the DoLS process will receive the required training and support to ensure the proper process is followed.

As the supervisory body, the Council will use its DoLS Quality Assurance Framework to quality assure aspects of the DoLS process. This includes an audit process for assessments completed by employed and commissioned staff. The Quality Assurance Framework will also be used to seek feedback from relevant persons, carers and families to ensure that lessons learnt are sought as to how the Council's practice and approach to managing the DoLS process can be continuously improved.

11. Future Developments

Nottinghamshire County Council acknowledges the proposals for the review of the Mental Capacity Act and Deprivation of Liberty Safeguards made by the Law Commission, published in March 2017⁸. The report recommends the replacement of DoLS with an alternative scheme entitled Liberty Protection Safeguards. At the time of writing this policy, the Department of Health is considering its response to these proposals. A full response is due in spring 2018. The Council will consider amendment or replacement of this policy as required, should there be legislative change or updates to the Code Practice that occur as a result of the Law Commission's work or any other reforms considered by the Government in future.

12. Equality Impact Assessment

This policy could affect different groups of people in the following ways.

Group	Impact
Racial / ethnic groups	No differential impact
Religious / belief groups	No differential impact

⁸ <https://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/>

Disability groups	<p>It is probable that statements made within this policy will be more likely to be applicable to adults with a disability, as they are more likely to meet the 'acid test' for DoLS than people without a disability. For example, referrals relating to adults aged under 65 commonly concern people with one (or more) learning disabilities who lack capacity to consent to their care/ treatment.</p> <p>All requests for authorisation of DoLS assessments will be considered on an individual basis and will identify particular situations and the action to be taken specific to the individual.</p>
Sexual orientation groups	No differential impact
Age groups	<p>DoLS can only be considered for adults over the age of 18.</p> <p>It is probable that statements made within this policy will be more likely to be applicable to older adults (aged 65 and over).</p> <p>Adults within this age range are more likely to meet the 'acid test' for DoLS and to be subject of a DoLS referral. For example, although Dementia is not a consequence of growing old, the risk of having dementia increases with age. Most people who are affected by dementia are over 65; In 2014, of the estimated that 850,000 people who were living with dementia in the UK, 773,502 (91%) were aged 65 and over⁹.</p> <p>Approx. 70% of DoLS referrals the Council receives relate to adults aged 65 and over. All requests for authorisation of DoLS assessments will be considered on an individual basis and will identify particular situations and the action to be taken specific to the individual.</p>

⁹ <https://www.ageuk.org.uk/information-advice/health-wellbeing/conditions-illnesses/dementia/>

13. Monitoring and Review

The overall effectiveness of this policy will be monitored by the Senior Leadership Team within the Council's Adult Social Care and Health Department, with the support of operational managers responsible for the day to day operation of the Countywide DoLS Team.

The adherence of managing authorities to this policy will be monitored as part of Nottinghamshire County Council's quality and market management process, and may also be inspected by the Care Quality Commission.

Nottinghamshire Safeguarding Adults Board will also be a key stakeholder in promoting this policy.

16 April 2018**Agenda Item: 12****REPORT OF THE SERVICE DIRECTOR, MID-NOTTINGHAMSHIRE****COMMISSIONING AND PROCUREMENT PLAN FOR ASSISTIVE
TECHNOLOGY AND RELATED SERVICES****Purpose of the Report**

1. The report seeks approval to:
 - a) use existing frameworks to procure a telecare call monitoring service for two years with the option to extend for up to two further years
 - b) use existing frameworks to purchase an integrated equipment, storage, installation, maintenance and recycling service on an initial one year contract with the option to extend for a further year. The contract to include a requirement for the provider to supply Assistive Technology equipment from a wide range of manufacturers to best meet individual service needs
 - c) undertake a cost/benefit analysis for moving to an in-house installation service or partnership with other local public bodies
 - d) continue to explore the potential to work more closely with partners on the delivery of Assistive Technology solutions.

Information**Strategic Context**

2. In summer 2017 the Technology Enabled Workstream of the Nottingham/shire Sustainability and Transformation Plan (STP) agreed the high level vision set out in the following table:

Assistive Technology – Strategic Intentions			
Enhancing Virtual Co-ordinated Care	Empowering self care and self management ability	Enabling independent living	Encouraging live well and age well
Telehealth- enabling remote virtual case management at home For those with highest risk with 3+ long term conditions and multiple interventions and interactions across health, housing and social care.	Using Flo, telecare, remote metrics/diagnostics, skype consultations. For those at low-moderate risk who would like to prevent rapid deterioration and enable management of their condition with a full, longer and improved quality of life	Telecare equipment and sensors linked to monitoring centres or pagers. Skype consultations. For those with learning disabilities, physical difficulties, sensory and cognitive impairment, elderly citizens.	Via mobile apps, Flo, wearables promoting healthy living For promoting active health living, prevention and reduction of obesity, sedentary lifestyle, alcohol consumption and smoking cessation.

3. The four key work themes support the objectives of Nottinghamshire County Council's Adult Social Care Strategy and should underpin the work programmes of the three integration planning units (south, mid Nottinghamshire Alliance and Bassetlaw). The Bassetlaw STP does not have the same detailed roadmap for a holistic assistive technology service, but does contain a commitment to using technology to keep people well at home, with a particular emphasis on increasing the use of telehealth to help people self-manage long term health conditions, such as diabetes.
4. An integrated framework for the commissioning, procurement, business cases, governance and management of the range of technology deployed by partners could deliver savings and efficiencies as well as a more effective and aligned service, for example by consolidating and centralising call centres and the deployment and maintenance of equipment.
5. Whilst the vision has been signed up to by STP members as being the right direction, the next phase of work requires full engagement of all partners to design and time to implement. Nottinghamshire County Council therefore is in the position of needing to re-procure Assistive Technology (AT) services at a point when all partners are not signed up to a detailed delivery plan for the STP vision. The short to medium term approach will therefore need to be for the Council to re-commission its AT service in a flexible way, which makes a step change towards the STP vision and that will enable other partners to procure from the same frameworks when they are ready.

Nottinghamshire County Council Assistive Technology Service - the current position

6. There are three main elements to the current Adult Social Care AT service, with the majority of this provided by Tunstall Healthcare Limited, although other AT equipment such as daily living activity reminder devices and activity monitoring systems are purchased from other suppliers. The three elements under the Tunstall contract are:
 - Equipment supply and storage
 - Telecare call monitoring service (monitoring alerts from AT equipment)

- Equipment installation, maintenance, collection, recycling and restocking.
7. The contract commenced in October 2011 and following its expiry in October 2016, has been extended under the terms of the original contract which will now remain in place until the new contract(s) commence. The total annual contract spend with Tunstall expected for 2017/18 is £314,000, consisting of:
 - £184,000 on equipment
 - £40,000 on call monitoring
 - £90,000 on installation, maintenance, collection and recycling.
 8. In addition £36,000 is forecast to be spent in 2017/18 on AT equipment and service from a number of other suppliers.
 9. It is projected that in 2017-18, 2,199 people will have received AT provided by the Council with 1,267 new users during the year. In addition some people in Supported Living schemes and the assessment flats at Poppy Fields have been provided with AT equipment. 49% of the Council's AT users are linked to Tunstall's telecare call monitoring centre with the remaining 51% receiving standalone AT equipment to either alert a family member/carer in the same home, or to support people to self-manage daily living activities. Under the Council contract, the call monitoring centre is projected to receive 35,296 calls for assistance in 2017-18, with 16,000 follow up calls being made in response to this.
 10. The AT service is managed within the Council by a small team comprising a manager and two specialist AT Service Advisors. The team receives referrals from social care teams through a process on Mosaic (the Adult Social Care Information Technology system), and also receives referrals from the public and other agencies. Team members will then usually undertake a telephone based assessment to determine what AT equipment is required, but will undertake home visits for more complex cases, before sending installation orders to the contractor. The team also provides a helpline, regular staff training, a comprehensive website for staff, advice and guidance to the public and other agencies and service management, contract monitoring and administration.
 11. If total AT service costs, including staffing, are used for the 2,199 people then the cost for the AT service is £197 per person per year. Demand for the Council's AT services has been increasing rapidly in recent years, as Nottinghamshire are increasingly deploying it to reduce the cost of alternative care and support solutions. The number of new users in 2017-18 is forecast to be 41% higher than 2016-17. Based on historic trends, it is forecast that referrals for AT will continue to increase by between 25% and 45% per annum.
 12. Savings from Assistive Technology use are mainly cash avoidance savings from delaying or preventing residential care admissions, or preventing community care expenditure, for example by using AT to manage risks in supported living which would otherwise require increased staffing levels. As part of the Council's budget savings plans there are targets for AT to make net savings of £543,000 in 2017/18 (after service costs), with additional savings of £174,000 for 2018/19 and £154,000 in 2019/20.
 13. There are potential future opportunities in working closely with health and housing partners to improve how devices link to each other, support people's independence and provide a more consistent countywide technology offer to citizens. Joint procurement across

partners, for example, of equipment and call centre monitoring, could support this as well as deliver savings efficiencies. This could also help to ensure that the technology is compatible across partners. Utilising information on who is triggering their emergency technology devices could then, for example, be shared and used to ensure that local Multi-Disciplinary Teams pro-actively review people's support needs with the aim of preventing their conditions from deteriorating. Call monitoring services could deliver functions for different partners and maximise the resource, for example, by doing telephone checks on people with low level needs.

14. The Council needs to work to deliver the strategic vision for the future use of technology with partners. In the short term, however, the main contract with Tunstall Healthcare Limited cannot continue to be extended without risking a legal challenge to the Council. There is therefore a need to address the immediate procurement risk, whilst procuring services in a manner which ensures flexibility to integrate with the STP agenda as this develops.

Procurement Options

Telecare Call Monitoring service

15. Given the current complex situation, and the need for the Council to proceed with meeting its own strategic and procurement compliance needs, it is recommended that monitoring services are procured separately from other AT services on a two year contract, with the option to extend in yearly increments for up to a further two years.
16. This will balance providing flexibility for partnership work in the future, but also enable the Council to provide a realistic commitment to the market, which acknowledges the upfront costs for any new provider of re-programming approximately 950 telecare units in people's homes during the first 3-4 months of the contract. Offering a contract for less than 2 years is likely to be open to challenge as new providers are unlikely to consider it economic to undertake re-programming visits for a short contract period.
17. The Council tender will take into account STP requirements for interoperability which are also compatible with the Council's own strategic plans. For example, any contract offered by the Council should enable automatic data exchange between call monitoring software and Council/NHS Information Technology systems. This will enable, for example, call monitoring data to inform reviews of health and social care and to automatically identify sudden changes in behaviour which may indicate that someone is reaching a crisis point. Existing framework agreements established by the NHS, Eastern Shires Purchasing Organisation (a public sector owned buying organisation) and others enable a further mini competition to be held quickly to secure best value, and would be available for other partners to purchase from if they wished to and are therefore the recommended approach to procuring monitoring services.

Equipment supply

18. There are already frameworks available within the market which in the future could be used to purchase higher combined volumes of equipment with partners and enable potential efficiencies. Analysis of prices on the framework agreements show there is unlikely to be any benefit from undertaking a separate bespoke tender for equipment as there is little or no difference to the Council's current contractual prices. To assure best value, the Council

will be able run a mini competition for equipment between the providers on one of the existing framework agreements.

19. As noted previously, the Council currently purchases AT equipment from a range of suppliers. Some of these suppliers are approved under the existing framework agreements, so equipment can continue to be purchased through this procurement compliant route, and there will be a requirement in the new main AT contract for the provider to supply a wide range of AT equipment from different manufacturers in order to meet a wide range of individual needs.

Installation, maintenance and recycling

20. This can also be purchased through existing frameworks within the market and there is a need to ensure that there is integration between the equipment storage and the installation and recycling functions so that equipment is available in a timely manner to facilitate installations. For these reasons it is recommended that for regularly used AT, the equipment, storage, installation, maintenance and recycling elements are procured as a single integrated service, again using a framework agreement with a further mini competition between providers on the framework. To maintain flexibility to join up with partners in the future it is recommended that an initial one year contract should be offered with the option to extend for a further one year. There will be one member of staff potentially affected by TUPE from the current contract with Tunstall. However, this should not significantly impact on any price put forward by an alternative supplier who would need to employ at least one member of staff to undertake this new work anyway.

Other Options Considered

21. Procuring through a single contractor for a fully managed equipment, telecare call monitoring and installation/maintenance service as currently used by the Council: this would restrict the pool of potential bidders to a small number of companies and provide less flexibility in terms of the range of equipment available. It would also increase the risk that the call monitoring centre software would not be able to support interoperability requirements outlined previously in this report, as one of the major software platforms used does not support this functionality.
22. Providing the installation, storage, maintenance and recycling service in-house or working in partnership with the districts: this is something which should be explored over the coming year by comparing the cost of the outsourced service with the cost of employing and training someone to undertake this work or training up district council staff to be able to fit the equipment the Council uses.
23. Going out to an open market tender and not using the frameworks:
 - for the equipment this would mean either having to go to a single provider or setting up a Council specific framework, one giving less flexibility and the other offering little benefit over using the existing framework agreements.
 - looking at the price comparisons, there is no evidence to suggest a more cost effective service would be achieved by undertaking an open market tender, as equipment prices on the framework are similar to those under the existing contract and wider market knowledge of monitoring prices. In the unlikely event that the mini competition for the

- monitoring service gave an unacceptable price compared to other market providers, there is no requirement to award and a tender could be carried out in the wider market.
- a full tender for the monitoring service would take resources to undertake and a longer time to complete than using the framework. As the contract is only for two years in the first instance, reducing the time for tendering would be a more effective use of resources.

Reason/s for Recommendation/s

24. Using the existing frameworks to purchase a monitoring service for a two year contract would enable a tender to be undertaken in approximately three months rather than up to six months for a full tender, reducing time and resource pressures. A minimum contract period of two years would allow a fair tender as other providers would have time to recoup the initial cost of visits to re-programme lifeline units. The ability to extend it for up to a further two years in annual increments will provide flexibility depending on the progress of STP work to rationalise local call monitoring services. Procuring the monitoring service separately from equipment and installation will increase the pool of providers which use monitoring centre software that supports open data exchange with Council and NHS ICT systems.
25. Using the existing frameworks to purchase an equipment, storage, installation, maintenance and recycling service will ensure that these elements are integrated operationally. Any provider will be required under the contract to supply, install and maintain a wide range of equipment (including equipment already purchased by the Council from other suppliers) and support the introduction of new AT equipment as this becomes available. A one year contract with the option to extend for a further year will ensure flexibility if the STP integration agenda progresses, and allow providers to take into account the TUPE implications from the current contract.
26. Future consideration will be given to the setting up of a local Dynamic Purchasing System if framework providers cease to offer value for money on the majority of equipment or are unable to provide a wide range of specialist AT equipment. This could be set up in partnership with districts and health colleagues and potentially wider partners. There has, for example, been interest in this approach at the East Midlands Assistive Technology Forum.

Statutory and Policy Implications

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

Data Protection and Information Governance

28. Provision of data from the monitoring centres regarding the number of calls and type of call would not be affected by the new General Data Protection Regulations (GDPR). However,

individual information relating to repeat calls or alerting social work staff of issues relating to individuals is likely to be. Further legal advice will need to be taken when drawing up the monitoring contract to ensure this is addressed.

Financial Implications

29. Equipment, monitoring and installation costs are expected to be no higher than the current contracts and it may also be possible, through mini competition, to reduce the price of some service elements. It is also anticipated that equipment collection and recycling rates will improve under the new contract. However, AT budgets need to take into account the forecast growth in the use of Assistive Technology. This will be addressed through an Assistive Technology Strategy developed over the coming year. Forecast spend for 2017/18 is £350,000 on equipment, monitoring, maintenance, recycling and installation plus £104,000 on the small team of three who currently manage the Assistive Technology service.

Human Resources Implications

30. There are no HR implications.

Implications for Service Users

31. A wider range of Assistive Technology equipment and remote support options will enable more service users to maintain their independence at home and self-manage their care and support needs. The increased scope of the 24 Hour Response Service will enable a wider range of needs to be met. These measures will also ensure that fewer service users will require admission to long term residential care.

Implications for Sustainability and the Environment

32. Equipment is recycled wherever possible and this is included in the installation, maintenance and recycling tender.

RECOMMENDATION/S

That Committee gives approval to:

- 1) use existing frameworks to procure a telecare call monitoring service for two years with the option to extend for up to two further years, as detailed in **paragraph 24**.
- 2) use existing frameworks to purchase an integrated equipment, storage, installation, maintenance and recycling service on an initial one year contract with the option to extend for a further year. The contract to include a requirement for the provider to supply, install and maintain a wide range of Assistive Technology equipment to meet individual needs, as detailed in **paragraph 25**.
- 3) undertake a cost/benefit analysis for moving to an in-house installation service or partnership with other local public bodies, as detailed in **paragraph 22**.

- 4) continue to explore the potential to work more closely with partners on the delivery of Assistive Technology solutions.

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Constitutional Comments (SLN 19/03/18)

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

Financial Comments (DG 28/03/18)

34. The financial implications are contained within paragraph 29 of the report.

HR Comments (SJJ 16/03/18)

35. There are no HR implications for the Council as a result of the recommendations contained in the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH539 final

16 April 2018**Agenda Item: 13****REPORT OF THE DEPUTY CORPORATE DIRECTOR FOR ADULT SOCIAL
CARE AND HEALTH****ADULT SOCIAL CARE AND PUBLIC HEALTH - EVENTS, ACTIVITIES AND
COMMUNICATIONS****Purpose of the Report**

1. To seek Committee approval to proceed with a range of events and activities within adult social care and public health and undertake promotional work to publicise activities as described in the report.

Information and Advice

2. Over the course of the year, the range of public events, publicity and promotional activities that may be undertaken by adult social care and public health are wide ranging and there are a variety of reasons for doing so, for example:
 - promotion of services to give information to people in need of social care and public health services and their carers
 - encouraging interest in recruitment campaigns for staff, carers and volunteers
 - engagement of communities with services in their locality
 - generation of income through public events.
3. Over the next quarter, adult social care and public health would like to undertake the events and activities detailed in **paragraphs 4 to 17**.

Notts Enabling Service Information and Awareness Raising

4. The Notts Enabling Service (NES) provides a 'reablement' service for younger adults with physical disabilities and learning disabilities, as well as younger people in transition from children's services. The service works with people to maximise their independence, and provides information and advice about services available. The team also works with people to develop new activities and groups in the community. By supporting people to regain, or increase, their independence, the service aims to facilitate reduction in the Council's costs of £775,000 by year end 2018/19.
5. A recent review of the Service highlighted challenges, including an inability to recruit staff and fewer referrals to the service than expected. Recent feedback from staff has also raised

the issue that many service users, and their families, are unaware of the benefits of NES. This can cause delays and reduce the positive impact the staff make.

6. The communication plan (**Appendix 1**) looks to address these challenges by providing clear information to service users, their families and professionals. It is proposed that case studies will be used to demonstrate the positive impact NES has on the people it works with, as well as some detail on how the service operates. It is recommended that a video is produced as this will be the most accessible to all target audience groups. It would also allow service users to explain the service, demonstrating more clearly to viewers the positive impact. If approval is given, a leaflet will also be produced to support the video.

Nottinghamshire Wellbeing at Work Workplace Health Award Scheme.

7. The Nottinghamshire Wellbeing at Work Workplace Health Award Scheme acts as an umbrella for a range of public health priorities, for example, supporting people to stop smoking, lose weight or be more physically active, across the adult working age population and their families and friends.
8. The scheme trains and supports people in the workplace to promote health and wellbeing using a toolkit which identifies evidence based ways to support people to enjoy healthy lifestyles. The adult working age population in workplaces signed up to this scheme will benefit from improved health and wellbeing and their organisations will benefit from a healthy, more productive workforce.
9. The scheme also brings together a large network of interested businesses and provides robust information on the importance of health and wellbeing, promoting local business as exemplary employers.
10. The Award Scheme has five attainment levels across five themed areas with a tiered approach as shown below:

Award Level	Intervention Tiers
Bronze	Health Promotion and Information
Silver	Health Development
Gold	Enabling and increasing access to local wellbeing services
Platinum	Policy changes and culture changes
Maintenance	Demonstrate continuous commitment to improvement and development of health and wellbeing in the workplace

11. The five key themes are:
 - 1) **Substance Use/Misuse:** tobacco use, alcohol and drugs/substances.
 - 2) **Mental Health and Wellbeing:** stress, anxiety, depression, spiritual and emotional wellbeing.

- 3) **Healthy Eating and Physical Activity:** healthy eating, physical activity, sport and weight management.
 - 4) **Protecting Health:** cancer, sexual health, health checks, domestic abuse and immunisations.
 - 5) **Making Every Contact Count (MECC):** making every contact count as an enabler for all the themes.
12. Organisations work through a programme for each level, guided by the toolkit. On successful completion of the programme organisations are presented with their award at an appropriate meeting or event. Presentation of the award is a very important aspect of the scheme as it recognises the achievements of the organisation and the hard work involved for many staff.
 13. The award ceremony, and accompanying communications from individual organisations, are an important celebration of the award and reflect the commitment of the organisation itself. The ceremony is also a flagship for the scheme which is run by Nottinghamshire County Council, delivered at organisational level, and promotes the Wellbeing@Work logo.
 14. The communication of these celebratory events is therefore integral to the prestige of the scheme itself and an opportunity to advertise the scheme and its benefits.

Activities in the Council's Direct Services

15. The department's day and employment services undertake a wide range of public events, publicity and promotional activities.
16. Over the next quarter, direct services would like to undertake the following activities:
 - 20th April Egyptian dance show, Newark Day Service, Balderton
 - 16th May Garden sale, Mansfield Day Service, and parents and carers open day, Broxtowe Day Service
 - 6th June Summer Fayre, Gedling Day Service
 - 26th June Drama Production, Ollerton Day Service.
17. These events and activities are publicised within the services and with families and carers. The cost of these events is generally met through donations, fundraising and grants.

Other Options Considered

18. To not undertake events, activities and publicity relevant to adult social care and public health would result in lack of awareness or understanding of services available, lack of engagement with local communities and loss of potential additional income.
19. If it was not possible to carry out the Wellbeing at Work award ceremonies, with the accompanying communications, a key factor of the scheme would be lost, not only for the participants themselves, but also for future participation and recruitment which extends the benefits of the scheme across Nottinghamshire.

Reason/s for Recommendation/s

20. To ensure that organisations are able to advertise and celebrate their success in the Wellbeing at Work Workplace Health Award Scheme, reflecting the hard work of their staff and furthering the prestige of the scheme itself and its future rollout across further organisations. To ensure that the Notts Enabling Service is promoted with staff, service users and families to encourage greater use of the service, and to promote activities taking place in day services to service users and families/carers.

Statutory and Policy Implications

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

Financial Implications

22. The Wellbeing at Work scheme is funded by the Public Health Grant. The other activities and publicity are to be funded by the direct services and Adult Social Care Transformation Team budgets (for the Notts Enabling Service).

RECOMMENDATION/S

- 1) That Committee approves the plan of events, activities and publicity set out in the report.

Paul McKay

Deputy Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Paul McKay

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Constitutional Comments (LM 19/03/18)

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

Financial Comments (CT 22/03/18)

24. The financial implications are contained within paragraph 22 of this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH542 final1

One Page Marketing Plan for Notts Enabling Service

Background

The Notts Enabling Service provides a 'reablement' service for younger adults with physical disabilities and learning disabilities, as well as younger people in transition from children's services. The service works with people to maximise their independence, provide information and advice about services available. The team also work with people to develop new activities and groups in the community.

The service started in April 2017 and many carers and service users still do not know about the change in approach and what the team can offer. Our aim is to increase the understanding of the service and to communicate more effectively about the types of reablement activity the service can provide.

We also aim to raise awareness with NCC staff and organisations that could refer people into the service to ensure that people are receiving the right level of support to help them to be as independent as possible.

Target audiences

- Service users and carers
- Community Learning Disability Teams (CLDT); Transitions Team; Special Educational Needs and Disability (SEND); Adult Access Connect/Brighter Futures services
- Children's Services

Objectives/KPIs

- To facilitate a reduction in council costs of £775,000 by 2018/19.
- Reduce assessments completed by 15% by March 2019

Activity	Cost	Who	When
For service users / carers			
Video: Using testimony from people who used the service the video will be aimed at service users and carers to inform them about service, its outcomes and benefits.	Up to a max: £2000	ASC Transformation Team	October 2018
Information flyer. To be provided to new service users and families, social care teams and referring organisations.	Up to a max: £500	Policy, Planning and Corporate Services	October 2018
Web page. Information about the service which links from the relevant areas of the website e.g. transitions, SEND, support to live at home.	N / A	Policy, Planning and Corporate Services	October 2018
Survey: ask service users and carers about the service at the end of the process. Did it meet their expectations? Were they satisfied with the outcome? What could be done differently, etc.?	N / A	Policy, Planning and Corporate Services	Ongoing until March 2019
For staff			
Team meetings: attend social care team meetings to highlight the benefits of the service, referral process, etc. Use information and outcomes demonstrate the benefits to those that are currently unaware. Show video and hand out flyers.	N / A	Policy, Planning and Corporate Services	Ongoing until March 2019
Ongoing information about benefits of the service, link to video, number of people supported, savings achieved, etc. Promote through: <ul style="list-style-type: none"> • Intranet news • Team talk • Transformation email • Social care email bulletin 	N / A	Policy, Planning and Corporate Services Transformation Team	Ongoing until March 2019

16 April 2018**Agenda Item: 14****REPORT OF CORPORATE DIRECTOR, RESOURCES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme.

Information

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

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME

14th May 2018			
Outcome of the Social Care Assistants pilot	Report on outcomes and evaluation of the Social Care Assistants pilot approved at committee in Nov 2017.	Programme Director, Transformation	Ian Haines
Progress with prevention services	Report including evaluation of Defence Medical Welfare Service - Aged Veterans Services in Nottinghamshire project, outcomes from the Connect Services and the Age Friendly Nottinghamshire pilot.	Service Director, Strategic Commissioning, Access and Safeguarding	Lyn Farrow/ Cathy Harvey
Progress with Public Health commissioned services: Obesity Prevention and Weight Management services.	Report on progress with and uptake of these services commissioned by the Council.	Consultant in Public Health	John Wilcox
Progress with the development of the transitions service for children and young adults with disabilities		Service Director, North Nottinghamshire and Direct Services and Service Director, Mid-Nottinghamshire	Naomi Russell
Outcomes of work with Nottingham University on Modern Day Slavery		Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Carers Strategy and proposals for carers' services developments	Proposals for future services for carers, further to outcome of consultation in December 2017.	Service Director, Mid-Nottinghamshire	Maggie Pape
Changes to Deferred Payment Agreements	To inform committee of the changes to Deferred Payment Agreements (DPAs) in updated Care Act Guidance.	Service Director, Strategic Commissioning, Access and Safeguarding	Bridgette Shilton/ Cherry Dunk
Occupational Therapy resource		Deputy Director	Katherine Smith

11th June 2018			
Update on the development of an integrated health and social care partnership in South Nottinghamshire & Nottingham	Report on progress with development of an integrated health and social care partnership	Deputy Director	Louise Hemment
Review of Rapid Response and Hospital Discharge Service	Report on progress and outcomes of Rapid Response and Hospital Discharge Service after 6 months of service implementation.	Service Director, Mid-Nottinghamshire	Jane Cashmore
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Deputy Director	Celia Morris/ Matthew Garrard
Progress update from falls prevention project		Service Director, Mid-Nottinghamshire	Richard Allen
Progress with Public Health commissioned service: Healthy Families Programme	Report on progress with and uptake of this service commissioned by the Council.	Consultant in Public Health	Kerrie Adams
Sign Language Interpretation Service contract extension		Service Director, Strategic Commissioning, Access and Safeguarding	Katrina Davis-Betani
9th July 2018			
Direct Payments Policy		Service Director, Strategic Commissioning, Access and Safeguarding	Laura Chambers/ John Stronach
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 4, 2017/18)	Consultant in Public Health	Nathalie Birkett
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk

Progress on tender for older people's home based care and support services	Progress report on the tender for these services.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/Jane Cashmore
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