

Adult Social Care and Public Health Committee

Monday, 07 December 2020 at 10:30

<https://youtu.be/s91VPDTCBbl>

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of Last Meeting held on 9 November 2020 | 1 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Celebrating Success: Departmental Awards Scheme in Adult Social Care and Public Health | 7 - 10 |
| 5 | Adult Social Care and Public Health Winter Plan 2020-2021 and Service Continuity and Care Market Review Self-Assessment Questionnaire | 11 - 18 |
| 6 | Adult Social Care Performance and Financial Position Update for Quarter 2 2020-21 | 19 - 32 |
| 7 | Issue of a Contract Using an Established National Procurement Framework Agreement for a Pre-Paid Debit Card Provider | 33 - 36 |
| 8 | Changes to Staffing Establishment in the Living Well Services | 37 - 44 |
| 9 | Market Management Position Statement | 45 - 52 |
| 10 | Work Programme | 53 - 56 |

11 EXCLUSION OF THE PUBLIC

The Committee will be invited to resolve:-

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

Note

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

EXEMPT INFORMATION ITEM

12 Market Management Position Statement - Exempt Appendix to Item 9

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

Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>



Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	9 November 2020 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Dr. John Doddy
Sybil Fielding
David Martin

Andy Sissons
Steve Vickers
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Melanie Brooks, Corporate Director, Adult Social Care and Health (ASC&H)
Jonathan Gribbin, Director of Public Health, ASC&H
Rebecca Atchinson, Senior Public Health and Commissioning Manager, ASC&H
Sue Batty, Service Director, Ageing Well Community Services, ASC&H
Nathalie Birkett, Group Manager, Public Health, ASC&H
William Brealy, Executive Officer, ASC&H
Jennie Kennington, Senior Executive Officer, ASC&H
Ainsley Macdonnell, Service Director, Living Well, ASC&H
Grace Natoli, Director of Transformation, ASC&H
Sara Allmond, Advanced Democratic Services Officer, Chief Executive's

ALSO IN ATTENDANCE

Ed Lowe, Joint Chair of Co-production Steering Group

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 12 October 2020 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

None.

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

4. PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT 1 APRIL TO 30 JUNE 2020

Nathalie Birkett introduced the report which offered Members the opportunity to scrutinise the performance and quality of services commissioned by Public Health.

During discussions, Members requested:

- more detail on why the total numbers in treatment for all age substance misuse service was higher in Mansfield than elsewhere
- that a report be brought to committee on the lesson learnt from COVID-19 in relation to homelessness including its impact on male suicide. It was agreed to add this to the work programme for a future meeting.

RESOLVED 2020/036

That the information contained in the report be noted and officers progress the actions requested by Members.

5. LOCAL COVID-19 OUTBREAK RESPONSE AND PUBLIC HEALTH PRIORITIES FOR THE PERIOD TO APRIL 2021

Jonathan Gribbin and Melanie Brooks gave a presentation outlining the current position regarding COVID-19 including the infection rates by district and the number of hospital admissions by age group. The presentation also covered the impact of the latest increase of figures and the national lockdown on the services provided by the Adult Social Care and Health department. Jonathan Gribbin then introduced the report which provided an outlook for local COVID-19 outbreak management through the winter period to Spring 2021 and sought members approval for the prioritisation for work within the Public Health Division. The report also sought approval to establish one full-time equivalent Consultant in Public Health on a permanent basis.

During discussions, Members:

- thanked staff in both Public Health and Adult Social Care for their continued hard work during this latest wave of the pandemic
- requested a report on the impact of home working on health outcomes including smoking cessation, alcohol and drugs misuse, obesity, social isolation and mental wellbeing. It was agreed to add this to the work programme for a future meeting.

RESOLVED 2020/037

- 1) That the prioritisation of work within the Public Health Division be approved.

- 2) That the establishment of one full-time equivalent Consultant in Public Health on a permanent basis be approved.

6. CONSULTATION RESPONSE AND PREPARATION FOR DELIVERY OF THE DOMESTIC ABUSE DUTY

Jonathan Gribbin and Rebecca Atchinson introduced the report which provided an update on the proposed statutory duties set out in the Domestic Abuse Bill which, subject to Royal Assent, would come into force from 1st April 2021. The report also provided a draft Council response to the government consultation on the proposed finance model to deliver the duties conferred by the Domestic Abuse Bill for members approval and sought approval to recruit a 0.8 full-time equivalent Band D post for 12 months to prepare for and deliver the statutory duty.

RESOLVED 2020/038

- 1) That the proposed statutory duties be acknowledged and the preparations for their receipt by the Council as outlined in the report be approved.
- 2) That the Council's consultation response on the proposed finance model to deliver the duties conferred by the Domestic Abuse Bill, as set out in Appendix 1, be approved.
- 3) That the recruitment of a 0.8 full-time equivalent Band D post for 12 months to prepare and deliver the statutory duty be approved.

7. DEVELOPMENT OF A DEPARTMENTAL APPROACH TO CO-PRODUCTION – WORKING TOGETHER TO MAKE THINGS BETTER

Melanie Brooks and Ed Lowe introduced the report which set out the actions taken towards a departmental approach to co-production, asked members to consider how to build co-production into decision making processes and how they could promote it. Ed Lowe provided an update on the work undertaken so far by the Co-production Steering Group, including how the task and finish groups worked.

During discussions, members were advised to pass any details of local residents they were knew were interested in being involved in the work of the Group to the Corporate Director, Adult Social Care and Health who would liaise with them and the Group to get them involved.

RESOLVED 2020/039

- 1) That the agreed actions requested by members be progressed.
- 2) That Members would consider how they could build co-production further into decision making.
- 3) That members would consider how they could promote co-production.
- 4) That a further report on progress would be brought to the Committee in six months.

8. DEVELOPING SHORT BREAKS SERVICES AND SUPPORT FOR CARERS IN NOTTINGHAMSHIRE

Ainsley Macdonnell introduced the report which proposed a vision for the way in which Adult Social Care and Health would support and enable carers to access breaks from their caring roles and sought approval of the proposed development of Short Breaks provision in the short to medium term in responses to the COVID-19 crisis, and in the longer term future. The report also provided an update on the impact COVID-19 has had on carers and the support provided by Adult Social Care and Health in response to supporting carers in Nottinghamshire.

RESOLVED 2020/040

- 1) That the plan to further develop alternative 'Covid Secure' Short Breaks options in the interim to support people during the continued period of social distancing guidelines be approved.
- 2) That Committee approves the vision of the development of Short Breaks and the co-production approach the department proposes to take to develop interim and longer-term Short Breaks support options for carers and inform a wider revised Carers Strategy for carers.
- 3) That there were no actions arising from the report.
- 4) That a report on the draft updated Carers Strategy would be brought to committee in March 2021 and added to the work programme.

9. REVIEW OF COMMISSIONING FUNCTION WITHIN INTEGRATED STRATEGIC COMMISSIONING AND SERVICE IMPROVEMENT DIRECTORATE

Melanie Brooks introduced the report which provided an update on the progress of implementing the new workforce operating model and the outcome of the subsequent review of the Integrated Strategic Commissioning and Service Improvement function, and sought approval of the re-alignment of functions and activities to be completed by 31st March 2021.

RESOLVED 2020/041

- 1) That approval be granted to re-align functions and activities and to re-name Teams to provide greater clarity of roles and responsibilities as detailed in paragraphs 13, 19, 20, 21, and 32 of the report.
- 2) That approval be granted to make the necessary staff changes to support the change in activities as described. This includes:
 - the disestablishment of the temporary 0.8 fte Better Care Fund Programme Manager (Band F) post
 - the discontinuation of the Partnership Team subject to consultation in line with HR processes, which would result in the disestablishment of 3 fte Transformation Manager (Band E) posts

- the reduction of 1.5 fte Strategic Development Manager (Band E) posts within Service Improvement subject to consultation in line with HR processes
- the disestablishment of vacant temporary and permanent posts
- the establishment of 1 fte Strategic Development Officer (Grade 5) post, 1 Commissioning Officer Post and 1 fte Contract Performance Officer (Band A) post.

10.CHANGING OF STAFFING ESTABLISHMENT IN THE PREPARING FOR ADULTHOOD TEAM

This item was deferred to the following meeting to enable further work to be undertaken on the report.

11.WORK PROGRAMME

RESOLVED 2020/042

That the updated work programme including any items agreed above, subject to the inclusion of the following items be agreed:

- Lessons Learned from COVID-19 – homelessness and the impact on male suicide
- Health impacts of Home Working – consider impact on health matters such as smoking cessation, alcohol and drugs misuse, obesity, mental health and isolation

The meeting closed at 12.59 pm.

CHAIRMAN

7th December 2020

Agenda Item: 4

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

CELEBRATING SUCCESS – DEPARTMENTAL AWARDS SCHEME IN ADULT SOCIAL CARE AND PUBLIC HEALTH

Purpose of the Report

1. The report updates the Committee on work that has taken place to introduce a departmental awards scheme for staff across Adult Social Care and Public Health. The finalists and winners of the first departmental awards are to be announced at this Committee meeting.

Information

2. The Senior Leadership Team agreed earlier in the year to the development of an internal departmental approach to celebrating success. This was focused on the introduction of an internal awards process but is supported by a broader celebrating success programme of work, which is in progress.
3. It was agreed that the first awards would be focused on the achievements of staff in response to the Covid-19 pandemic. A simple nomination process was arranged and went live in October, with guidance for staff on what makes a good nomination. The closing date for nominations was Friday 13th November.
4. There were four categories for nominations:
 - **Excellence in Public Health**
 - **Excellence in Adult Social Care**
 - **Working creatively**
 - **Partnership working**
5. Staff were encouraged to nominate teams, services or colleagues that they think have been exceptional in supporting people and services and other colleagues during the emergency response.

6. Following an initial review process involving departmental peers to ensure the nominations met the criteria set, the short-listed nominations were discussed and scored by a judging panel consisting of interested staff within the department, a representative from another department, the Chair of the Adult Social Care and Public Health Committee and members of the Co-production Steering Group, who were provided with a scoring matrix.
7. The highest scoring nominations are to be announced as winners in relation to the four categories at today's Committee meeting. Runners-up in each category will also be announced. The winners will receive a trophy in recognition of their achievement.
8. Winners will be asked to give consent to be put forward for relevant external awards as appropriate in the upcoming year.

Future plans

9. Subject to a review of the first round of departmental awards, it is intended to undertake this process on a twice-yearly basis. Further work is also planned to develop the Celebrating Success intranet site, to review and broaden the themes and categories of awards, to look at inclusion of awards for care providers and to consider the viability of an electronic voting process for some categories to allow staff to vote for their favourite and open up the process to the whole department.

Other Options Considered

10. Continuing the current approach to awards means there is a less co-ordinated departmental approach, as some teams and staff members will engage in this activity and others will not. Once we have departmental finalists and winners the intention is to put them forward for national and local external awards, as appropriate.

Reason/s for Recommendation/s

11. The department is keen to improve its approach to celebrating success within the department, and departmental awards are a key element of this work.

Statutory and Policy Implications

12. 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

13. There will be a small financial implication in relation to the purchase of prizes for the finalists and award winners. This will be managed through the Corporate Director's budget.

Human Resources Implications

14. The awards will allow staff to recognise and celebrate the achievements of their colleagues through a very challenging time for the department as a whole.

RECOMMENDATION/S

That:

- 1) the Committee celebrates the achievements of the finalists and winners in the first departmental awards.
- 2) the Committee considers any actions required for the planning of future awards.

Melanie Brooks

Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Jennie Kennington

Senior Executive Officer

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Constitutional Comments (AK 17/11/20)

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

Financial Comments (KAS 26/11/20)

16. The financial implications are contained within **paragraph 13** of the report and any cost can be contained within the Corporate Director's Budget.

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH739 final

7th December 2020

Agenda Item: 5

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE AND PUBLIC HEALTH WINTER PLAN 2020-2021 AND SERVICE CONTINUITY AND CARE MARKET REVIEW SELF-ASSESSMENT QUESTIONNAIRE

Purpose of the Report

1. That Committee receives the Service Continuity and Care Market Review: Self-Assessment and the Adult Social Care and Public Health Winter Plan 2020 to 2021, as submitted to the Department of Health and Social Care, and agrees to receive an update on the outcomes of the Winter Plan in April 2021.

Information

2. The Department of Health and Social (DHSC) published a policy paper entitled Adult Social Care: Our COVID19 Winter Plan 2020 to 2021 on 18th September 2020. In the plan it described three overarching priorities for adult social care over the winter period:
 - Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period
 - Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including COVID-19
 - Making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including COVID-19.
3. The DHSC policy paper puts into practice the recommendations of the Social Care Sector COVID-19 Support Taskforce and sets out actions for local authorities, Clinical Commissioning Groups (CCGs) and care providers to take over the coming months.
4. One of the products produced as part of the Winter Plan development is the Self-Assessment Questionnaire which has been submitted to the DHSC by the 21st October 2020 deadline. The self-assessment provided analysis of the risks to the continuity of services in the provider sector. It also aimed to explore the plans that local authorities had

in place to mitigate these risks with a focus on the impact of COVID-19 and winter planning arrangements. The outcome can be found at **Appendix A**.

Developing the Adult Social Care & Public Health Winter Plan 2020-2021

5. The Department's Winter Plan builds on the considerable work done to date in responding to the pandemic, and supports and progresses the actions already in place, across the following four themes:
 - Theme 1: Preventing and controlling the spread of infection in care settings
 - Theme 2: Collaboration across health and care services
 - Theme 3: Supporting people who receive social care, the workforce, and carer
 - Theme 4: Supporting the system
6. The Council continues to collaborate with partners across our homecare and care home providers and Local Resilience Forums to ensure the successful delivery of the plan.
7. A letter has been sent to the Department of Health and Social Care (DHSC) to provide assurance that the Council has a winter plan in place and is working to meet all the DHSC requirements in full. The Winter Plan has been published on the Council's website and a link can be found in background papers.
8. A current position statement for the Winter Plan can be found at **Appendix B**.

Other Options Considered

9. There are no other options to consider as the department needs to meet the requirements of the Department of Health and Social Care.

Reason/s for Recommendation/s

10. To receive the Department's Winter Plan actions and self-assessment questionnaire that will support the needs of adults within Nottinghamshire during the winter period of the pandemic.

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.

Financial Implications

12. The Adult Social Care Infection Control Fund has been extended until March 2021, and the Winter Plan sets out how and when this is to be used to support the care home and home care sector.

Safeguarding of Children and Adults at Risk Implications

13. The Winter Plan aims to protect people who are at risk from infections including COVID-19, making sure they remain connected to essential services and their loved ones.

Implications for Service Users

14. The Winter Plan aims to ensure that everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.

RECOMMENDATION/S

- 1) That Committee receives the Service Continuity and Care Market Review: Self-Assessment and the Adult Social Care and Public Health Winter Plan 2020 to 2021, as submitted to the Department of Health and Social Care, and agrees to receive an update on the outcomes of the Winter Plan in April 2021.

Melanie Brooks

Corporate Director Adult Social Care and Public Health

For any enquiries about this report please contact:

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Constitutional Comments (LW 18/11/20)

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

Financial Comments (DG 16/11/20)

16. There are no direct 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.

Adult Social Care and Public Health Winter Plan 2020-21

<https://www.nottinghamshire.gov.uk/care/health-and-wellbeing/stay-well-this-winter>

Electoral Division(s) and Member(s) Affected

All.



Short Briefing Note

Title - Service Continuity and Care Market Review: Self-Assessment (SAQ) by Councils

Author- Gary Jones, Interim Commissioning Lead

Date – 21st Oct 2020

Introduction

Local Authorities were requested by the Department of Health & Social Care (DHSC), in partnership with the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) to complete a Care Market Self- Assessment by the 21st Oct 2020. This Self-Assessment was designed to provide a council by council analysis of the risks to the continuity of services in the provider sector. It also aimed to explore the plans that Local Authorities had in place to mitigate these risks with a focus on the impact of COVID-19 and winter planning arrangements. It was also envisaged that it would provide an opportunity to share examples of “what works well” locally to inform national best-practice.

Context

The Self- Assessment Questionnaire is itself the product of the Government’s Adult social care: coronavirus (COVID-19) winter plan 2020 to 2021 and will feed into the Service Continuity and Care Market Review planned originally for this Autumn. It is likely that the outcome of this review will be the inspections by the Care Quality Commission of those Local Authorities/Regions that appear to be failing in their statutory duty to manage the market through robust planning arrangements.

Summary Outcome of the SAQ- Nottinghamshire

Nottinghamshire County Council has always had a proactive partnership with social care providers in the county and this has stood us in good stead for the challenges during the current pandemic. The Council has worked very closely with key partners, including CCG and CQC and has robust plans are in place manage market failure.

Unlike other parts of the Country, Nottinghamshire has an over-supply of Residential Care and Nursing Care which reduces the risk of wholesale market failure in the Care Home Sector. Although the delivery of Homecare across the County can be impacted by rurality it continues to effectively support Hospital discharge and the waiting time for care is minimal. Day Service’s have struggled to deliver support in the “built environment “as a result of the restrictions around Covid, but they continue to deploy staff to support vulnerable clients in the community. Those clients receiving Direct Payments have been reviewed and contingency plans put in place to manage Carer breakdown. The “in-house” Reablement Service continues to deliver a stable service and resources have been increased to meet developing demand

DEPARTMENT OF HEALTH AND SOCIAL CARE PRIORITIES

The Department of Health and Social Care has described three overarching priorities for adult social care in its COVID19 Winter Plan for 20/21 which are:

1. Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period
2. Protecting people who need care, support or safeguards, the social care workforce, and carer's from infections including COVID-19
3. Making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including COVID-19

The document puts into practice the recommendations of the Social Care Sector COVID-19 Support Taskforce with requirements for the Council to deliver alongside our Providers.

A few examples are:

- local authorities must put in place their own winter plans, building on existing planning, including local outbreak plans, in the context of planning for the end of the transition period, and write to DHSC to confirm they have done this by 31 October 2020.
- local authorities must distribute funding made available through the extension of the Infection Control Fund to the sector as quickly as possible, and report on how funding is being used, in line with the grant conditions
- local authority directors of public health should give a regular assessment of whether visiting care homes is likely to be appropriate within their local authority

THE COUNCIL'S RESPONSE

We have developed a robust COVID19 Winter Plan for 20/21. Key leads have provided our current position and further actions required to meet the requirements across the following four themes over the winter period:

Theme 1: Preventing and controlling the spread of infection in care settings
Lead: Director of Public Health

- Managing staff movement
- Personal protective equipment (PPE)
- COVID-19 testing
- Seasonal flu vaccines
- Guidance on infection prevention and outbreak management

Theme 2: Collaboration across health and care services
Lead: Service Director Ageing Well

- Safe discharge from NHS settings and preventing avoidable admissions
- Social Prescribing

Theme 3: Supporting people who receive social care, the workforce and carers
Leads: Service Directors Living Well and Ageing Well

- Visiting Guidance
- Direct Payments
- Support for unpaid Carers
- Workforce Capacity
- Shielding and people who are clinically extremely vulnerable
- Social work and other professional leadership
- End of Life Care
- Care Act Easements
- Supporting the workforce

Theme 4: Supporting the system
Lead: ASCPH Corporate Director

- Funding: Infection Control Fund
- Local, regional and national oversight and support
- Market and provider sustainability
- CQC support: Emergency Support Framework and sharing best practice

CURRENT POSITION / FURTHER ACTIONS

- We have continued to collaborate with our Health colleagues who have provided input into our Winter Plan over a number of themes
- We have shared our plan with colleagues across the Clinical Commissioning Groups, A&E delivery Boards, and Integrated Care Systems across Nottingham and Nottinghamshire and have engaged with Healthwatch colleagues
- We currently meet 66/77 requirements set out by the DHSC
- Our strengths are within theme 1 & 4 where we have met all requirements in full as a result of existing work and plans in place
- There are 11 areas where we need to take further action to meet requirements in full which we will be actively monitoring and progressing
- Support to unpaid carers is an area we have identified needs more work to meet the requirements in full and work is underway to develop a COVID19 secure interim short breaks and day opportunities model which will be in place by January 2021
- There are funding decisions around extra social care capacity for CHHC assessments and accommodation that are awaited to finalise some requirements in theme 2

GOVERNANCE



7th December 2020

Agenda Item: 6

**REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH**
**ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE
FOR QUARTER 2 2020/21**
Purpose of the Report

1. To provide an update on the current financial position of Adult Social Care.
2. To provide an update on the performance reporting framework.
3. To provide Committee with a summary of performance for Adult Social Care and Health for quarter 2 (1st July to 30th September 2020).

Information
Current Financial Position

4. As at the end of September 2020, the Adult Social Care & Public Health Department is forecasting an in-year underspend of £0.35m before reserves and £0.29m after accounting for reserve movements.

Department	Annual Budget £ 000	Actual to Period 06 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
ASCH Committee				
Strategic Commissioning and Integration	(34,085)	(65,951)	(30,430)	3,655
Living Well and Direct Services	124,627	76,999	127,191	2,564
Ageing Well and Maximising Independence	119,284	81,026	112,711	(6,573)
Public Health	2,959	(1,340)	2,959	0
Forecast prior to use of reserves	212,785	90,735	212,431	(354)
Transfer to / (from) reserves (SCI)	(645)	170	(611)	34
Transfer to / (from) reserves (Living Well)	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	(25)	-	-	25
Transfer to / (from) reserves (Public Health)	(2,959)	-	(2,959)	-
Subtotal	(3,629)	170	(3,570)	59
Net Department Total	209,156	90,905	208,862	(294)

5. The position has significantly improved since quarter 1, primarily due to additional funding which has come into the department and Personal Protective Equipment (PPE) is now

available to all care providers through the government portal at no cost, though in year mitigations have also helped improve the position.

6. The current forecast net impact of Covid-19 on the department is an additional cost of £6.7m. The majority £4.0m is due to PPE and provider claims for additional net costs as a result of Covid-19. In addition, there is a forecast loss of Transport Income of £0.9m and a shortfall in Client Contributions of £1.3m.
7. The forecast includes a net use of reserves of £3.57m which is £0.06m less than budget. This comprises the anticipated net use of £2.96m of Public Health reserves and £0.31m in Section 256 reserves, £0.15m staffing reserves and £0.32m Better Care Fund (BCF) reserve and a contribution to reserves from the Integrated Community Equipment Loans Service (ICELS) of £0.17m.

Transformation and Service Improvement

8. In the current financial year, the department has agreed savings of £4.749m.
9. The Covid-19 Emergency has meant that projects have been put on hold, so the in-year savings forecast is an under-delivery of £0.67m, with £0.5m of savings still expected to be delivered in this financial year and these are included within the current forecast.
10. However, the department delivered savings early up to the end of last year, so there is still a cumulative over-delivery forecast to be delivered by the end of this financial year of £0.54m.
11. As it is not known when projects will resume, there is an increased risk that the 2021/22 target may not be met.

Performance Framework Update

12. The department is undertaking Core Metrics & Management Information work by reviewing what the department requires to monitor performance, and how staff contribute to the overall success through the individual and team performance monitoring. The existing suite of reports are being reviewed to ensure it reflects what the department requires going forward. A full suite of measures and reports is planned for 1st April 2021.

Core Metrics Development

13. A Co-production approach has been taken by holding small group workshops with citizens to review and validate 'I' statements by Think Local Act Personal (TLAP) in order to localise the statements. To complement this, small group workshops were held with staff to consider how they can support people to achieve their outcomes through 'We' statements, and to help define how we measure success.
14. Draft measures have been produced and are currently being validated with Group Managers. It is likely that additional measures may be identified which will require developing prior to Adult Social Care and Health (ASCH) senior leadership approval, sign off and implementation.

15. Processes will be reviewed and revised to ensure that service measures are linked to the core metrics and shape all further stages of the business planning cycle through to team plans and individuals EPDRs.

Review of Management Information:

16. ASCH Senior Leadership Team (SLT) has set out Management Information key principles as outlined below:
 - **Demand** – the department should be able to predict and manage demand for the service to ensure we are ready to support people at the right time
 - **Resources** – the department should be able to manage its finances and resources efficiently and effectively based on the performance data, and direct resources where needed and reduce variation
 - **Commissioning** – the department should be able to develop the market and commissioning intentions based on performance data by creating closer links with operational processes
 - **Improvement & transformation** – the department should be able to identify where service improvements are required, and track savings and benefits on programmes of work to ensure its objectives are met
 - **Statutory Reporting** – the department should be able to fulfil its statutory reporting obligations
 - **Continuous improvement** – the department should be able to use management information for continuous improvement.
17. To assess what is currently available and whether it meets service requirements, views were sought from managers to ascertain what they currently have and what they will require in future. Any gaps would result in further development of additional reports in line with the Management Information core principles. Any redundant reports will be archived.
18. Further work will be undertaken with teams to ensure and encourage use of data to manage the business, as well as the development of guidance and training where required.

Interim Priority Measures

19. The Workforce Remodel went live from 1st September 2020. Due to the fact that the full suite of measures and reports will not be available until 1st April 2021, SLT identified some interim immediate priorities in order to monitor performance and manage resources prior to the full suite being available. These interim reports are available from the end of October 2020.
 - Reducing use of Short Term Residential/Nursing Care (adults aged 65+)
 - Reducing use of Long Term Residential/Nursing Care
 - Increasing use of Assistive Technology
 - Maximising Independence Service (MIS) priorities (length of stay, cases passed for a Care & Support Assessment or OT Assessment with a district team)
 - Increasing use of Direct Payments and Personal Assistants (added priority following discussion with commissioning colleagues).

20. Progress on performance on these interim measures will be reported to ASCPH Committee in due course.

Summary of Quarter 2 2020/21 Performance

21. Performance to quarter 2 for 2021 is attached at **Appendix A** and a summary of the highlights and areas for improvement is also contained within the body of this report.
22. Final publication of national results taken from Adult Social Care statutory returns for 2019/20 is delayed because of the pandemic, therefore benchmarking against the latest Adult Social Care Outcomes Framework (ASCOF) indicators is not yet available; any reference to 'national average' refers to 2018/19 benchmarks.

Positive Contributions

A. Keeping family, friends and connections

23. Nottinghamshire continues to perform well on the proportion of adults receiving a Direct Payment with quarter 2 performance at 40% against a national average of 28.3%.
24. However, during the emergency response to the pandemic all Direct Payments (DPs) were suspended with the exception of DPs for Personal Assistants (PA). The suspension of agency DPs was to free up homecare capacity where it was most needed predominantly around hospital discharge.
25. This resulted in the use of DPs to employ a PA in April being significantly higher at 37.5% than it was towards the end of last financial year, when it was around 19%. As at the end of quarter 2 the percentage has reduced to 25.5% from the earlier high at the peak of the initial emergency. The reason for the increase in PAs is that the pandemic saw an increase in PA double ups to cover the same individual, as some PAs were unable to work due to having to shield or self-isolate themselves or members of their family were shielding.
26. There is an on-going cultural change programme in place to improve support, knowledge and skills of frontline staff to increase the use of DPs being achieved. This is achieved via team meetings, DP training, simplifying processes and Q&A/trouble shooting sessions. Team level performance tracking data is sent to each Team Manager so they can understand their team's performance against targets.
27. The Direct Payment Support Service has been redesigned to standardise market place pricing. Work with Clinical Commissioning Groups (CCGs) is also taking place to standardise processes across organisations and geographical locations and to source PAs.
28. A dedicated communications plan designed to drive up both the supply and demand of PAs is in place.
29. Following discussions with the Principal Social Worker a decision was taken to revise the 50% target to an expectation that at least one new PA package per month, per team, should be set up each month. This would equate to approximately 15 per month or 180 over the year. This expectation was thought to be realistic and is in the process of being communicated out to all teams via team meetings. It is hoped that having a team-based

target will place greater emphasis on teams to 'do their bit' in terms of pushing up PA numbers.

B. Learn, volunteer and work

30. The year end results for supporting people into or back into employment remained static at 2.4% against a national average of 5.9%. It is also not surprising that at the end of June 2020 the percentage was 2.2% - a decrease from 2.3% at the end of May as many employees were furloughed in response to the emerging pandemic. This has remained flat into quarter 2, with 2.2% at the end of September.
31. An Employment and Health Strategy 2020-2023 has been produced to work with the Health and Wellbeing Board and strategic partners to mobilise the system to focus on improving employment outcomes. Key actions identified include:
 - Develop a clear statement of purpose for a single combined employment offer
 - Expand the target cohort to more eligible groups such as people with mental health issues and care leavers
 - Create a mechanism to ensure employment support is linked to wider independence through the new Maximising Independence Service
 - Establish a clear employment support pathway.
32. The employment strategy has been prioritised within Group Manager and Team Manager EPDRs. However, progress has been affected by Covid 19 in that frontline staff have been redeployed to other priorities in order to meet the needs of statutory work and Covid 19 priority cases. In addition, Group Managers' time has been diverted to local emergency planning around the pandemic as well as work on the workforce re-modelling that put in place a new structure on 1st September 2020. It is expected that this work will resume once emergency planning moves on to recovery planning.
33. In quarter 1 the I-Work team was redeployed as a response to the pandemic and all I-Work activity ceased. In quarter 2 the service has re-engaged with all its existing caseload to review people's current needs and situation. Many issues have emerged for people due to the impact of Covid 19, particularly where employees have been furloughed, had their hours reduced or made redundant. I-Work are actively working with some existing people to seek new employment opportunities (or supporting people to adapt to changed working situations). As part of reviewing support I-Work has discharged some people who are not wanting to start employment, often this is related to Covid 19 anxieties and other issues such as loss of hours, lack of colleague support, travel, health/social and family anxieties and changes in personal circumstances.
34. Since September 2020 I-Work has been reorganised to be part of the Maximising Independence Service (MIS) and is working with colleagues to review how to respond to new referrals for the service that the service has not yet been able to engage with due to the impact of Covid 19. I-Work has developed a more streamlined referral process that needs integrating into the MIS model. It has also supported people directly in the workplace and achieved some new paid employment outcomes. I-Work is looking at innovative ways

to deliver their service, including reverse jobs fairs where disabled people get to showcase their skills for registered employers to visit, remote/ video support for employers/ jobseekers/ families, and partnership working with other organisations and large-scale employers.

35. Work is taking place to identify existing or new cases that would benefit from Promoting Independence Worker intervention, prior to I-Works involvement, this will ensure that people are as close to 'work ready' as they can be. Consideration is being given to whether the MIS Community Development team could engage with employers to create opportunities and networks across the employment sector. Finally, consideration is given to referrals for promoting independence work that arise from day service reviews and those with a learning disability are targeted to identify anyone who may wish to seek paid employment as an alternative to current provision.
36. Promoting independence is discussed with all I-Work existing and new referrals and appropriate joined up working takes place when beneficial to the individual.
37. I-Work has continued to support Project Search - this delivers supported internships in partnership with the NHS and Special Schools/Colleges and Autism R Us – a Community Interest Company for people with Autism, who deliver Autism specific training.

Independence

A. My support, my way

38. A revised version of the national Hospital Discharge Guidance has confirmed that community health and social care Integrated Discharge Hubs and Discharge to Assess will now be the ongoing model. This means that no-one has an assessment for ongoing care needs whilst in hospital. The Council's default social care pathway out of hospital is for people to be discharged home with either short term reablement or rapid response homecare. Social care staff then visit the person at home within 48 hours to plan for their further reablement, or, if needed, any ongoing care needs. Across the County the new model has meant we have sustained more people going directly home from hospital and more people have been going home on or close to the day they are well enough to do so.
39. The new model does increase the need for more rapid response reablement and homecare, as well as timely pick up by core homecare providers from these and health's rehabilitation services. Use is being made of the temporary NHS Discharge to Assess funding for up to two weeks to employ additional temporary resources to boost capacity over Winter. Demand modelling and planning is underway with health partners to assess what the right longer-term sustainable set of services is to support both hospital discharge and admission avoidance.
40. As at end of August 2020 performance showed that outcomes for people was excellent, with 94% of people supported by rapid response homecare and/or reablement still being at home 91 days later.

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

Living Well

41. The Living Well admissions into long term care per 100,000 population is up 8.9% on last year at 25.9% and remains at 6% higher than the expected target.
42. Part of this increase is related to the change in definition of 'short term care' and reclassification of individuals to 'long term care', which was identified at year end and has been addressed with teams to ensure future classification is consistent and meets the new definition. In addition, due to Covid 19 a number of supported living schemes put move dates for new placements on hold. This has led to more people having to remain in a long-term care setting whilst waiting for the supported living placement to resume offering move-in dates.
43. To reduce numbers of people in long term care and promote the most independent option for people, Living Well has an Accommodation Panel where Group Managers and Commissioners analyse all new requests for accommodation with a view to finding the most independent option including supported living, Shared Lives, general needs housing and Community Living Network.
44. Work also continues with Living Well and Strategic Commissioning colleagues to identify gaps in housing provision to reduce long term care admissions. However, over recent months and in response to the pandemic, homeless individuals have been given priority for housing under the "Everyone In" policy which has been challenging for teams moving people from supported living to mainstream accommodation.

Ageing Well

45. In September 2020 the Council's statutory returns show that the total number of people aged 65 years and above supported in residential care had reduced further from June by 43 people to 2,073, against the provisional year-end target of 2,309. However, this figure does not yet include 1,400 people who had their funding eligibility assessment deferred due to Covid emergency arrangements and who are currently part of the cohort of people accessing the emergency NHS hospital discharge or avoidance funding. An estimate so far indicates up to 170 additional people are likely to be added to the performance figure by the end of the year, bringing the actual projection nearer to the original target of 2,243.
46. The 2020/21 target for the percentage of Ageing Well admissions direct from hospital remains at 11% for 2020/21. Year to date performance is 5%, which is a noticeable improvement on the same time last year of 16.5% and reflects the low number of admissions in line with hospital discharge policy to not admit anyone directly to long term care from hospital unless every rehabilitation option has already been exhausted. Data capture has also improved this month, with most people who are already living in a care home who are admitted into hospital now being removed from this measure.
47. Making a shift to supporting more people in their own homes and reducing unnecessary days spent in residential care is a major objective of the strength-based programme of work for the Ageing Well Service over the next three years. Initial retrospective multi-disciplinary reviews of cases have been undertaken to identify what the ideal alternative

solution could have been, with further planned. The programme will be built to address factors leading to inappropriate use of short-term residential care and also delay the time that people need to move into care. Additionally, work will need to be undertaken with partners in housing and health. Their support is needed to: align policy, promote earlier planning for later life and develop a range of appropriate housing options and services in local communities.

Safeguarding

48. At quarter 2, the percentage of cases in which it was reported that risk was not eliminated following a safeguarding intervention increased slightly to 16%, indicating a move away from target. September's regular audit of safeguarding work focused on risk and found that many cases had been incorrectly defined by staff as having a risk remaining, inflating the percentage of cases where risk was not eliminated or reduced by almost 5%.
49. To address this an action plan is in place to support frontline workers to correctly define the outcome of their work. Advice and guidance on interpretation of recording has been sent to Team Managers alongside details of the September 2020 safeguarding audit.
50. Also lower than target is the percentage of people who were asked what outcomes they want from the safeguarding investigation and those that felt they were listened to and their outcomes achieved. Improvement actions are also in place for these areas. This includes re-launching online multi-agency training with a renewed focus on referrers undertaking a conversation with the adult (or representative) to identify their desired outcomes in relation to the safeguarding concern, and to work towards achieving those outcomes in line with Making Safeguarding Personal. It has been communicated to staff that they should try to ensure that the adult's desired outcomes are realistic. Again, the way in which staff record the outcomes of their work is also a factor requiring improvement which is being addressed in the training.
51. There is to be a focus on Making Safeguarding Personal during Safeguarding Adults Week in November 2020.

Deprivation of Liberty Safeguards

52. As of 30th September, the number of referrals for Deprivation of Liberty Safeguards (DoLS) received this financial year was 2,641 and 1,102 (42%) of these pieces of work have been completed. The number of referrals received during September was 687 which is more than twice the number received during September 2019. Numbers increased markedly from July after being suppressed as a result of Covid in April - June. This has increased the waiting list to 1,795 from 1,205 at the end of August.
53. This year, residential and nursing care homes' ability to engage in the work has been affected by Covid 19, also social care staff have not been able to go into hospitals. Many ways have since been found to undertake work virtually, for example, staff in care homes supporting people to use tablets. This has had the added benefits of them being able to keep in contact with their families. An online portal has also been set up for staff to get easy access to advice on complex practice issues they may be facing during the Covid emergency.

Early Resolution

54. The percentage of new contacts being passed to tier 3 (assessment) is reported as moving away from target, from 37% in June to 41.2% at the end of September (quarter 2), against a target of 25%. However, the focus of this target is reducing assessments that are sent to community teams for Care and Support Assessments, not Occupational Therapy Assessments which are an effective method of early intervention. Current reporting includes Occupational Therapy assessments and if these are removed the project is on target for the current financial year. The new Maximising Independence Service is exploring ways to further reduce the number of people that require a referral for a Care and Support Assessment by focusing on improving their outcomes to promote independence and wellbeing with a more holistic approach.

Reviews

55. The percentage of long-term service users reviewed in 2020/21 to the end of September stands at 42.2% (2,850 people) against a target of 100%. This compares to the 50.4% (3,619) at the end of September the previous year.
56. The number of annual reviews completed has been less so far this year due to Covid 19. Reviewing staff were temporarily redeployed to other areas such as Hospital Discharge and some people have declined their review. Staff have used virtual methods such as phone and Microsoft Teams wherever possible. Reductions are mainly due to fewer annual reviews of people living in residential/nursing care being undertaken. Many care homes have been too short staffed due to Covid 19 to prioritise this work.
57. A plan is in place that covers priority reviews to:
- people with Continuing Health Care funded packages who have had their eligibility assessment deferred
 - people supported by Care Support and Enablement services who are due an annual review.
 - support recovery and identify people who may be most experiencing difficulties during Covid 19, for example, people who live alone with family carers etc.
 - review the needs of people who attend day services and their carers to consider alternative support options over the coming months whilst Covid 19 and reducing infection spread remains a key issue.
58. Completing more early reviews on people who are most likely to need it will not, however, include annual reviews of many people already living in residential care and therefore will not improve this performance indicator. Options are being considered to address this. Additionally, from the latter part of October Team Managers will be able to access a new Reviews Dashboard to easily identify those people they have responsibility for and who have not had a review within the last 12 months. This will assist with planning the work of the team.

Quality of life

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

59. The pandemic has also delayed the validation of Adult Social Care Outcomes Framework (ASCOF) survey measures which include the quality of life of the people the department supports. Updates on the Council's statutory returns will be provided in the next quarterly report.
60. Work is underway to gather more frequent and timely feedback from people, however this development has been delayed as the department has focused its resources on the pandemic.
61. The department continues to strive to improve practice and learning across all complaints received and plans are in place for wider learning and continuous feedback across ASC Complaints, Local Government & Social Care Ombudsman (LGSCO) decisions and Safeguarding Adult Reviews (SARs). Performance Board is considering the complaints training offer to existing and new team managers that encourages a more proactive approach when handling complaints.
62. It is the intention for future reporting to provide Members with a lessons learnt summary across all quality indicators.

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

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

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

64. The Adult Social Care workforce has adapted to working remotely and using technology to connect with their team and the people they support.
65. However, whilst most schools have now returned there are on-going outbreaks of Covid 19 within them which means some year groups are being sent home which impacts the ASC workforce in terms of child-care arrangements.

Use of Resources

66. Specific measures around use of resources and budget management are in development but for now the department can compare the proportions of people receiving different levels of service as shown below.
67. Those receiving long term residential/nursing care are those with a high level of need and can generally be considered high cost.

As at end of September 2020 (Quarter 2)	In Long Term residential/nursing Care	Receiving Long Term community based services (e.g. Homecare, Direct Payments, Daycare)	Receiving Short Term Care or Reablement services
All adults	27%	57%	16%
Living well	17%	77%	6%
Ageing well	33%	45%	22%

Other Options Considered

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

Reason/s for Recommendation/s

69. 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

70. 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

71. As at period 6, the department is forecasting an in-year underspend of £0.35m before reserves and £0.29m after accounting for reserve movements as described in **paragraphs 4 to 7**.

72. Coming into this financial year, the department had over-delivered on previous years savings by £1.2m. The Covid-19 Emergency has meant that projects were put on hold, so the in-year savings forecast is an under-delivery of £0.67m, with £0.5m of savings still expected to be delivered in this financial year and these are included within the current forecast. So there is still a cumulative over-delivery forecast to be delivered by the end of this financial year of £0.54m as described within **paragraphs 8 to 11**.

RECOMMENDATION/S

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

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Constitutional Comments (CEH 23/11/20)

73. The report falls within the remit of Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (KAS 11/11/20)

74. As at period 6, the department is forecasting an in-year underspend of £0.35m before reserves and £0.29m after accounting for reserve movements as described in **paragraphs 4 to 7**.
75. This is in part due to the forecast overall cumulative net over-delivery of savings of £0.54m by the end of this year as a result of the over-delivery from last year exceeding the forecast under-delivery in year as described in **paragraphs 8 to 11**.

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH736 final

Adult Social Care Performance Update - Quarter 2 2020/21

	2019/20	Q1	Aug	Target	Current Value	Best to be	RAG	Direction of Travel	National Average
Early Resolution and Reviews									
Percentage of contacts passed to Tier 3 (assessment)	34.0%	37%	40%	25%	41.2%	Low	A	Away from target	SAVINGS
Percentage of reviews of Long Term Service Users completed in year	84.9%	24.2%	35.8%	100%	42.2%	High	R	Towards target	LOCAL
Percentage reviews where the package cost was reduced following review (long term services only) Older Adults	18.7%	16.0%	16.3%	15%	16.0%	High	G	Away from target	SAVINGS
Percentage reviews where the package cost was reduced following review (long term services only) Younger Adults	15.2%	10.5%	10.3%	66%	10.8%	High	R	Towards target	SAVINGS
Average number of reviews per SU per year per pathway: Active	1.53	1.53	1.53	2	1.52	High	R	Away from target	SAVINGS
Average number of reviews per SU per year per pathway: Standard	1.51	1.5	1.5	1	1.51	-	G	Towards target	SAVINGS
Average number of reviews per SU per year per pathway: Continuation	1.29	1.31	1.3	1	1.3	-	G	No change	SAVINGS
Reablement									
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	84.8	94.8%	94.3%	83%	N/A	High			82.4%
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	2.8	2.5%	1.6%	2.5%	N/A	High			2.8
Average length of stay in START reablement (days)	20	N/A	N/A	20	N/A	Low			SAVINGS
Percentage of contacts resulting in referral to Programme of Independence (enablement type services)	N/A	N/A	N/A	70%	N/A	High			SAVINGS
Packages of Care and Support									
Number of new packages set up each month	455	547	538	To reduce	530	Low	A	Towards target	SAVINGS
Average package cost for LT and ST services	£466	£491	£488	To reduce	£483	Low	A	Towards target	SAVINGS
Direct Payments									
Proportion of adults receiving direct payments	40.6%	40.0%	40.5%	42%	40.4%	High	A	Away from target	28.30%
Proportion of carers receiving direct payments for support direct to carer	100%	100%	100%	90%	100%	High	G	No change	73.40%
Percentage of new Direct Payments used to purchase a Personal Assistant	19.0%	37.0%	29.5%	50%	25.3%	High	R	Away from target	SAVINGS

Adult Social Care Performance Update - Quarter 2 2020/21									
	2019/20	Q1	Aug	Target	Current Value	Best to be	RAG	Direction of Travel	National Average
Long Term Care									
Long-term support needs of Living Well adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	25.9	4.3	7	19.7	10.5	Low	G	Towards target	13.9
Number of Younger Adults supported in residential or nursing placements (Stat return)	662	671	669	635	677	Low	R	Away from target	n/a
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	612.1	54.6	102.2	563.9	141.0	Low	G	Towards target	580
Percentage of older adults admissions to LTC direct from hospital (BCF)	13.0%	11.8%	5.7%	11%	4.6%	Low	G	Towards target	LOCAL
Number of Older Adults supported in residential or nursing placements (Stat return)	2375	2,122	2,090	2,309	2,073	Low	G	Away from target	n/a
Percentage of LTC admissions that came direct from all types of short term bed based care interventions	45.3%	N/A	N/A	n/a	N/A	Low			SAVINGS
Employment and accommodation									
Proportion of adults with Learning Disabilities in paid employment	2.4%	2.2%	2.2%	2.9%	2.2%	High	R	No change	5.9%
Proportion of adults with learning disabilities who live in their own home or with their family	76.3%	75.8%	75.3%	77%	75.1%	High	R	Away from target	77.4%
Proportion of adults with a Mental Health problem in paid employment	4.4%	4.4%	3.9%	new	4.0%	High	R		LOCAL
Proportion of adults with a Physical Disability in paid employment	3.4%	3.0%	2.8%	new	2.7%	High	R		LOCAL
Safeguarding									
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	85.9%	85.7%	84.2%	90%	83.6%	High	R	Away from target	89.0%
Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return)	86.9%	91.1%	88.1%	85%	88.2%	High	G	Towards target	78.6%
Percentage of safeguarding service users who were asked what outcomes they wanted (stat return)	82.5%	84.4%	82.7%	85%	82.9%	High	R	Away from target	LOCAL
Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved (stat return)	75.0%	78.0%	76.3%	80%	76.4%	High	R	Away from target	LOCAL
DoLS									
Percentage of DoLS assessments received and completed in year	89.0%	57.0%	49.0%	90%	42%	High	R	Away from target	LOCAL

7th December 2020

Agenda Item: 7

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ISSUE OF A CONTRACT USING AN ESTABLISHED NATIONAL PROCUREMENT FRAMEWORK AGREEMENT FOR A PRE-PAID DEBIT CARD PROVIDER

Purpose of the Report

1. To seek permission to issue a contract using an established national procurement framework for a Pre-paid Debit Card provider on behalf of Adult Social Care and Health and Children and Families Services departments, for an initial period of two years, with the option to extend for a further year on two separate occasions, taking the maximum contract length to four years.

Information

2. The Council issued a contract through the North Eastern Procurement Organisation Procurement Framework in April 2017 to Prepaid Financial Service Ltd. The contract is due to expire on 18th April 2021, therefore a new contract is required.
3. Pre-paid Debit Cards are the Council's preferred method of managing a Direct Payment in line with the Direct Payment Policy, agreed at Policy Committee on 13th February 2019.
4. The contract is a partnership between the Council's Adult Social Care and Health (ASCH) and Children and Families Services (CFS) departments, with ASCH having 799 active Direct Payment cards (September 2020) at an average monthly cost of £2,398. CFS have 618 (September 2020) active cards and the Client Finance Team have 716 active cards (May 2020). CFS are liable for their cards and Client Finance card costs are passed on to the card owner.
5. Pre-paid Debit Cards make Direct Payment account management easier for Direct Payment recipients as it is unnecessary for the resident to provide bank statements to Adult Care Financial Services for audit purposes as compared to Direct Payment recipients using a separate bank account. It is also better for Adult Care Financial Services as they can access live account data centrally, enabling a more streamlined auditing process.

6. All partners (ASCH & CFS departments and the Client Finance Team) have confirmed during pre-tender preparation meetings their satisfaction with the quality of service previously received from Prepaid Financial Service Ltd, the current Pre-paid Debit Card provider.
7. Research of the wider market indicates that there are only three providers nationally of Pre-paid Debit Cards of which the Council's current provider is one and the pricing models of each provider are very similar but the other providers programme costs and some transaction costs are slightly higher. The pricing structures are different so it is difficult to determine overall costs precisely, but it is clear that the programme costs are slightly higher with the new providers.

Other Options Considered

8. A full competitive tender exercise could be undertaken. This would have resource implications for the Council and could end up with same provider due to a limited provider market. In addition, the Council would incur the additional costs associated with running a full tender exercise rather than calling off the current framework. This has been estimated by Procurement to be approximately £40,000, largely made up of staff resource costs. Moreover, a full tender cycle takes approximately six months, but the call off process will take less than one week to complete.
9. The Council calls off from an alternative national Procurement Framework with more providers listed. This would involve a secondary competitive stage based on quality and cost. Due to the additional competitive stage involving a cost element, where the providers state their required costs, the same provider could still be awarded the contract at a higher cost than through the North Eastern Procurement Organisation framework.
10. The Council does not look to renew the Pre-paid Debit Card contract and no longer offers this option as a means of managing the Direct Payment, but this would go against ASCH departmental priorities.
11. Alternative technology solutions are considered as a payment method rather than Pre-paid Debit Cards. This model would take time to be fully developed and be a viable alternative service. As the Pre-paid Debit Card Contract through the framework does not guarantee that a set number of cards will be purchased through the card provider, exploration work around other digital platforms could be done alongside any framework agreement.

Reason/s for Recommendation/s

12. All partners and Direct Payment recipients report satisfaction with the quality of service offered by the current provider.
13. Pre-paid Debit Cards enable more autonomy to Direct Payment recipients over payments than a more expensive third party managed account option for a Direct Payment in line with a strength-based approach.
14. Pre-paid Debit Cards streamline the auditing process for the Adult Care Financial Services Direct Payment team without the need to request bank statements which enables more

unused budget to be recouped. This is also the case for recovering Direct Payment surplus funds when a Direct Payment ceases.

15. As it is a partnership across ASCH & CFS departments and the Client Finance Team, savings are made on set-up costs as when three areas of the Council are considered as a single contract by the provider, saving the Council £4,000 in two sets of £2,000 duplicated contract set-up costs. Nottingham City Council and Nottingham and Nottinghamshire Clinical Commissioning Group also use the same provider through the North Eastern Procurement Organisation framework which means a smooth transition process for Direct Payment recipients if they move between Personal Budgets and Personal Health Budgets.
16. Calling off the Council's existing provider from the North Eastern Procurement Organisation framework agreement would prevent the need to disrupt the service offered to existing Pre-paid Debit Card recipients and the training and costs involved for setting up with a new card provider.

Statutory and Policy Implications

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

Financial Implications

18. The costs would remain at the current North Eastern Procurement Organisation framework rates so there would be no extra costs for the Council. All costs though are easily covered by the money recouped through a Pre-paid Debit Card that would take additional resources to audit a separate bank account and, in some cases, money is not recouped at a loss to the Council.

Implications for Service Users

19. There would be no disruption to people who have a Direct Payment as they would be able to remain with the current Pre-paid Debit Card provider with no change to service offered.

RECOMMENDATION/S

- 1) That Committee agrees to issue a contract using an established national procurement framework for a Pre-paid Debit Card provider on behalf of Adult Social Care and Health and Children and Families Services departments, for an initial period of two years, with the option to extend for a further year on two separate occasions taking the maximum contract length to four years.

Melanie Brooks
Corporate Director, Adult Social Care and Health

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Constitutional Comments (AK 23/11/20)

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

Financial Comments (DG 24/11/20)

21. The budget for Direct Payments is £41.1m. The cost of this contract would continue to be met from this budget.

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.

[Direct Payments Policy: update to the Disclosure and Barring Service section - report to Policy Committee on 13th February 2019](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH735 final

7th December 2020

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR, COMMUNITY SERVICES, LIVING WELL AND PROVIDER SERVICES

CHANGES TO STAFFING ESTABLISHMENT IN LIVING WELL SERVICES

Purpose of the Report

1. The report seeks approval of the following changes to the staffing establishment in the Living Well Preparing for Adulthood Team from 1st January 2020 for a further period of nine months (12 months in total):
 - temporary disestablishment of 1.3 FTE Social Worker (Band B) posts
 - temporary establishment of 1 FTE (37 hour) Advanced Social Work Practitioner (Band C) post.
2. The report also seeks approval to extend two temporary posts, subject to final confirmation of funding from the Transforming Care Grant, within the Living Well Complex Lives Team for an additional period of 12 months, from April 2021, as follows:
 - 1 FTE Advanced Social Work Practitioner (Band C)
 - 1 FTE Forensic Social Worker (Band B).

Information

Preparing for Adulthood Team

3. The Preparing for Adulthood Team (previously the Transitions Team) supports young people who are transitioning from children's social care to adult social care. The team works closely with the Maximising Independence Service to ensure that young people who are able benefit from the opportunity to enhance their skills and access opportunities in the community. The team has a strong person-centred ethic, and works closely with young people and their families to support them with this potentially challenging time in their lives of becoming an adult.
4. The placement of the team in the transitions process necessitates strong partnership working with multiple people and agencies. These include:
 - Young people

- Families and carers
 - Special Education Need schools
 - Mainstream schools
 - Further Education Colleges
 - Supported Employment Teams
 - Children's Disability Service
 - Integrated Children's Disability Service (responsible for Education, Health and Care Plans (EHCP))
 - Adult social care teams
 - Maximising Independence Service
 - Children's health professionals
 - Adult specialist health teams
 - Housing teams.
5. These links are established, but could be strengthened and developed further to improve the experiences of young people and their families.
6. Preparing for Adulthood (PFA) is a key area of focus for the department, and will be key to the success of the Strength Based Practice initiative. The Preparing for Adulthood pathway is due for review, and there are plans to strengthen the commissioning links between children's and adult services. The additional senior capacity will support these initiatives.

Rationale

7. Consideration has been given to the balance of leadership in PFA and the continued need to be involved in strategic and developmental work around the Council's responsibilities to young people who have PFA outcomes to meet. Working jointly and collaboratively with health and education colleagues as well as the multiple children's teams to improve the overall response to children who are likely to need Adult Social Care and Health (ASCH) support in the future is very active, and there is a risk that the ASCH perspective cannot be represented in all forums.
8. Current areas of development that the Advanced Social Work Practitioner post will support are as follows:
- pioneering work to develop strength-based approaches when working with young people
 - embedding strength-based approaches in the team and promoting this way of working with partners
 - developing processes with EHCP to align reviews
 - planning future accommodation needs for PFA with the Housing with support team
 - liaising with commissioners in Children & Families Services to align processes and expectations of providers
 - looking at the employment pathway with agencies in and outside of the Council
 - Improving links with health regarding young people transitioning from children's health services
 - improving the experience of young people with mental health needs by joining up with leaving care, Looked After Children (LAC) and Mental Health leads to ensure a good quality response is available
 - working on a digital platform for PFA with Children & Families Services

- improving data and finding ways to better identify the population of children who need to be referred at the right time to ASCH.
9. The team is also focussed on cost avoidance savings, due to a strong focus on links with the Maximising Independence Service and opportunities for young people to access community resources, training and employment. The Transitions Project saved £183,046 in 2019-2020 against a target of £100,000 and has a target of £50,000 for the financial year 2020-2021 (this is a lower target as COVID 19 prevented a lot of promoting independence work from going ahead).
 10. Given the team's strategic and operational activity and specialism and the potential for much improvement to be made across the partnerships, the department would like to use the opportunity to trial strengthening the leadership resource in PFA with an Advanced Social Work Practitioner (ASWP) post.
 11. The Preparing for Adulthood Team has a vacancy for one year to back fill for a social worker who has been recruited to an ASWP post on secondment for one year.
 12. The post has been recruited to on a three month temporary basis subject to Committee approval for a further nine months. The benefits of the additional senior capacity in the team are already evident and are enabling the management team to address areas for improvement both strategically and operationally.

Funding

13. The proposal is that the funding for this post comes from the existing staffing budget of the team. It requires permission for effectively changing a 1 FTE Social Worker (Band B) post and a 0.3 FTE vacant Social Worker (Band B) post to a 1 FTE (37 hour) ASWP (Band C) post for one year. This is within the team's current budget.

Evaluation

14. Additional ASWP capacity will greatly support the strategic partnership work of the team and will help to strengthen external processes and relationships. The team will manage caseloads within the remaining social work posts and this will be supported by the ASWP, who will retain a small case load. Additional ASWP capacity has the potential to greatly enhance the work of the team and strengthen partnership working, which is a vital aspect of improving the experience of young people with disabilities.

Complex Lives Team

15. Currently, the Complex Lives team's main role is to support the Transforming Care programme.
16. Transforming Care is a national programme which helps to support and drive activity to discharge hospital patients into community settings. Specifically, the patients have a learning disability and/or autism and typically display high levels of challenge and risk. Patients are detained under the Mental Health Act in a range of hospitals across the country, which operate various levels of security.

17. The programme is supported by the Transforming Care grant - additional ring fenced funding over the next three years, as announced in the 2020 Budget, to assist with speeding up the discharge of individuals with learning disabilities or autism into the community.
18. Within Nottinghamshire, the lead on assessing, planning and facilitating the discharge of Transforming Care patients sits with the Complex Lives Team in Community Services, Living Well. The team works closely with health colleagues, with the supported living and residential care provider market and with commissioning colleagues in facilitating the best use of current resources and the development of new ones to meet the identified need.
19. The Transforming Care programme was developed in response to the Winterbourne View case, with a drive to ensure that hospital patients with a learning disability and/ or autism are supported to have a discharge plan and, where possible, to return to their local communities. The majority of patients require highly specialised assessments and community placements and, in most cases, a legal framework to support a restrictive care plan on discharge. The work is complex and detailed and requires management by a specialist team.
20. The numbers fluctuate, but currently Nottinghamshire has 26 Transforming Care patients. 16 of these are in secure settings commissioned by NHS England (NHSE). It is these patients in secure settings where there is now the primary focus in terms of discharge plans and the setting of targets by NHSE. It is recognised that this is an extremely challenging process due to the levels of risks to self, others and property, the challenges of developing appropriate community provision and the complexity of establishing appropriate legal frameworks for restrictive care plans.
21. The Council has generally been successful in implementing the Transforming Care programme, but it is recognised (locally and nationally) that the challenges are increasing, given the nature of the need of those remaining in hospital
22. The two roles which Committee is asked to consider are as follows:
 - 1 FTE Advanced Social Work Practitioner (Band C)
 - acting as a bridge between health and social care, particularly with 'receiving' consultants (at the point of transfer of medical responsibility) and the Intensive Community Assessment and Treatment Team
 - supporting community providers to develop expertise and person-centred approaches, based on positive behavioural support through training and awareness raising
 - working with commissioning colleagues to develop the market/new services to meet the new challenges across residential care and supported living services
 - representing Adult Social Care and Health on the 'Discharge Pathway and Community Packages' workstream which sits under the Transforming Care Board
 - developing and sharing expertise and resources in areas of mental capacity and legal frameworks.
 - 1 FTE Forensic Social Worker (Band B)

- providing 'social supervision' for patients who are restricted by the Ministry of Justice – these are patients who have been convicted of criminal offences and require specific restrictions upon discharge – for example this may be in connection with alcohol consumption, community access, sexual risks, etc. Note: 'social supervision' is a legal requirement in these cases
- working closely with patients and community multi-disciplinary teams in supporting and monitoring an individual's behaviours, in order to help sustain them in the community
- involvement in the planning process prior to discharge and helping develop appropriate plans and resources to balance risks and independence
- providing consultation to other team members on the management of risk for non-restricted patients.

Other Options Considered

23. To continue with the current establishment of the Preparing for Adulthood team.
24. To absorb the work into other roles within the Complex Lives team.
25. In addition to the Transforming Care programme, the Complex Lives team supports highly complex mental health service users to discharge and, under the re-modelling, now has a brief to keep cases long-term in support of the community teams and to help avoid re-admissions. Without the continuation of the roles in question, there would be issues of capacity within the team.
26. The Forensic Social Worker is currently integrated into the health Community Forensic Intellectual Disability Team, as it is accepted that an integrated approach is the most effective way to manage these extreme risks. Siting this work with a postholder(s) within the Adult Social Care and Health structure, either within the Complex Lives team or one or more of the community teams, would water down its effectiveness and increase the risk of re-admission. Other workers taking on this role would require specialist training.

Reason/s for Recommendation/s

27. The Advanced Social Work Practitioner (Band C) post in the Preparing for Adulthood team will enable the team to further develop internal and external relationships and processes to improve the experience of young people who require adult social care support.
28. Subject to final confirmation, the additional funding for the proposed posts in the Complex Lives team is available through the Transforming Care grant, without recourse to social care funding, which is the most effective way to support the discharge programme and sustainably manage the risks in the community.

Statutory and Policy Implications

29. 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

30. The cost of the posts to be temporarily disestablished in the Preparing for Adulthood team are:

1 FTE Social Worker (Band B)	£49,186 pa
0.3 FTE Social Worker (Band B)	£14,756
Total cost of posts to be disestablished	£63,942

31. The cost of the 1 FTE (37 hour) Advanced Social Work Practitioner (Band C) post to be temporarily established is £55,955.

32. This change in establishment will generate a saving of £7,987 pa.

33. The posts in the Complex Lives team are costed as follows and, subject to final confirmation, will be funded from the Transforming Care Partnership grant:

1 FTE Advanced Social Work Practitioner (Band C) - £55,955
1 FTE Social Worker (Band B) - £49,186

Human Resources Implications

34. There will be an internal recruitment process for the Advanced Social Work Practitioner post in the Preparing for Adulthood team.

35. The posts in the Complex Lives team are both currently filled on a temporary basis. Human Resources have confirmed that these posts could be extended until April 2022 without recourse to an additional recruitment process, subject to any vacancy control measures.

RECOMMENDATION/S

That Committee:

- 1) approves the following changes to the staffing establishment in the Living Well Preparing for Adulthood Team from 1st January 2020 for a further period of nine months (12 months in total):
 - temporary disestablishment of 1.3 FTE Social Worker (Band B) posts
 - temporary establishment of 1 FTE (37 hour) Advanced Social Work Practitioner (Band C) post.
- 2) approves the extension of the following two posts, subject to final confirmation of funding from the Transforming Care Partnership Grant, within the Living Well Complex Lives Team for an additional period of 12 months, from April 2021:
 - 1 FTE Advanced Social Work Practitioner (Band C)

- 1 FTE Forensic Social Worker (Band B).

Ainsley Macdonnell
Service Director, Adult Social Care and Health

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Constitutional Comments (KK 23/10/20)

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

Financial Comments (DM 25/11/20)

37. The current staffing structure of the Preparing for Adulthood team is comprised as follows:

Post Title	Perm FTE	£
Team Manager	1.00	£56,489
Advanced Social Work Practitioner	1.00	£52,659
Social Worker - B	7.00	£324,031
Community Care Officer	2.50	£83,999
	11.50	£517,178

38. **Paragraphs 30 to 31** confirm the cost of the disestablished posts is £63,942 and the newly established post is £55,955. The request is of a temporary nature and will therefore not have any permanent effect on the establishment or funding of the team; it will however create a temporary saving of £7,987.
39. The post was initially agreed for three months by the department's Senior Leadership Team and this request is for a further nine months from January to September 2021 and will therefore span the 2020/21 & 2021/22 financial years.
40. As stated in **paragraph 33**, the 12 month extension to the Advanced Social Work Practitioner will be at a cost of £55,955 and the Forensic Social Worker £49,186.
41. It is anticipated that both of these posts will be funded by the Transforming Care Partnership Grant, however this is still subject to approval from the Partnership Board. If the funding is

not secured via the grant alternative sources of funding will be required along with subsequent approval.

HR Comments (SJJ 09/10/20)

42. The recruitment to the Advanced Social Work Practitioner post will be undertaken in line with the Authority's recruitment procedures and the successful candidate will be employed on a fixed term contract for the period of the secondment from the team as described 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.

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH737 final

7th December 2020

Agenda Item: 9

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

MARKET MANAGEMENT POSITION STATEMENT

Purpose of the Report

1. To inform Committee about the work undertaken by the Quality and Market Management Team (QMMT) during the Covid-19 pandemic in response to the Local Authority's statutory duty to ensure that there is a robust and sustainable social care market available for people who live in the County.
2. To provide Committee with an update about social care services that have had their contract with the Council suspended; this information is contained in the **Exempt Appendix**.

Information

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

Financial support to Providers

4. In response to the financial difficulties faced by providers the Government has extended the Infection Prevention Control (IPC) Grant Infection Control Fund (ICF) round 2 until March 2021. In order to receive the second instalment, providers will need to be able to demonstrate that they have realistic plans to spend the funding that are consistent with the conditions of the Grant. In particular, before the first instalment can be paid, they will need to have completed either the CQC (Care Quality Commission) Care home tracker or CQC homecare survey, as appropriate, at least twice and commit to completing them weekly going forward. The Grant has specific conditions and below are some examples of how/what the providers can use their allocation on:
 - uplift the pay of staff who are self-isolating in line with government guidance to their normal wages to ensure they do not lose income while doing so. This would uplift the

pay of those who need to isolate and who would normally receive less than their full wages (whether Statutory Sick Pay or a preferential but partial payment) while unwell or isolating.

- dedicated staff to support and facilitate visits. Additional IPC cleaning in between visits. Capital based alterations to allow safe visiting such as altering a dedicated space.
 - payments to staff at their normal hourly rate to attend work or a suitable testing facility when they are not on shift. This includes compensation for travel time taken to reach a testing facility if required. Costs associated with testing, including the costs of fuel or transport to reach a testing facility.
 - the cost of bike, taxi, minibus or car mileage to collect staff teams in a locality. The cost of parking, provided that there is no free parking available on site.
 - costs associated with the creation of a changing facility, including structural changes. The cost of reduced occupancy where this is required to convert a bedroom into a changing facility. Provision of extra facilities such as bike stands.
5. For Care Homes the permitted areas of use for the ICF 2 have now extended to include supporting safe visiting in care homes, and ensuring that staff who need to attend work for the purposes of being tested for Covid-19 are paid their usual wages to do so, but the 'Other' category has been removed (which has removed some flexibility). The QMMT has two dedicated officers that will support providers to access their grant allocations over the next few months.
6. The QMMT continues to support providers in accessing funds for Covid related expenses. Currently there is still the monthly claims process (Sustainability Grant) available for providers to claim additional costs.

Winter Plan and Self Assessment

7. Local Authorities must put in place their own Winter Plans and inform the Department of Health & Social Care (DHSC) that they have done so by 31st October 2020.
8. The DHSC has described three overarching priorities for adult social care in its Covid-19 Winter Plan for 2020/21 which are:
- ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period
 - protecting people who need care, support or safeguards, the social care workforce, and carers from infections including Covid-19
 - making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including Covid-19.
9. The QMMT will be supporting the delivery of the Winter Plan 2020-21 by:
- managing staff movement – between care homes and/or other health services
 - ensuring the availability of Personal Protective Equipment (PPE)
 - supporting the access to Covid-19 testing
 - providing guidance on infection prevention and outbreak management
 - providing guidance on visiting

- monitoring workforce capacity
 - supporting the delivery of the Infection Control Fund
 - monitoring provider sustainability
 - providing CQC support via the Emergency Support Framework and sharing best practice.
10. Local Authorities were also requested by DHSC, in partnership with the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) to complete a Care Market Self-Assessment by 21st October 2020. This Self-Assessment was designed to provide a council by council analysis of the risks to the continuity of services in the provider sector. It also aimed to explore the plans that Local Authorities had in place to mitigate these risks with a focus on the impact of Covid-19 and winter planning arrangements. An example is how risk is analysed in the assessment of financial viability of the care home sector in Nottinghamshire, with a monthly credit status check using Dun and Bradstreet (credit reporting organisation). There has also been a requirement of the Council by the DHSC to complete a self-assessment on progress on the Winter Plan; a report on the Winter Plan 2020-2021 is also on the agenda of this meeting.
11. Nottinghamshire County Council has always had a proactive partnership with social care providers in the County and this has stood us in good stead for the challenges during the current pandemic. The Council has worked very closely with key partners, including Clinical Commissioning Groups (CCG) and the CQC and has robust plans in place to manage market failure. It was also envisaged that it would provide an opportunity to share examples of “what works well” locally to inform national best practice.

NHS Capacity Tracker and Dashboard Data

12. The QMMT is working closely with Care Homes to ensure that they are using and updating the NHS Capacity tracker. Providers are required to update the system on a daily basis with their business continuity data and other Covid related questions. The QMMT ensures that they update their data in a timely manner which allows them to be eligible for ICF Grant (Round 2). In addition to the two dedicated officers the team continues to make contact with providers on a regular basis (often daily).
13. The QMMT still maintains the Local Authority data dashboard to assist with the daily Operational Pressures Escalation Levels (OPEL) ratings, which then feeds into the wider partnership management of the market.

Home Care – Supplementary Providers

14. In October 2020 a procurement exercise was completed and 23 domiciliary care providers were awarded supplementary contracts. These additional providers were sought to support the on-going demand for home care in Nottinghamshire. There are now 49 providers that have contracts with Nottinghamshire County Council.

Covid Positive Care Homes – Designated Care Homes/Units

15. To support safe discharges from hospital for people who are Covid positive a local checklist process was established. This local process enables care homes who are willing to accept Covid positive patients to apply to be on a list of homes that are IPC (Infection Prevention

and Control) compliant and that can evidence that their services can safely manage a resident for the required period. What this means is homes that are able to zone their buildings and isolate positive residents for the required period are likely to be compliant.

16. In October the Department of Health & Social Care wrote to the Local Authority with the guidance that all Covid positive discharges from hospital settings must only be admitted into 'Designated Homes/Units', which will be classified as this following an inspection from the CQC. The Local Authority shared the list of care homes/services for inspection by the CQC with a completion date at the end of November 2020. Until the outcome of these inspections are shared the current process remains with the addition of alternative provision available to support Covid positive discharges from hospitals.

Visitors to Care Homes/Supported Living

17. The Local Authority recognises how important it is to allow care home residents to safely meet their loved ones, especially for those at the end of their lives. The Local Authority recognises the particular challenges visiting restrictions pose for people with dementia, people with learning disabilities and autistic adults, amongst others, as well as for their loved ones.
18. The Local Authority's first priority remains to prevent infections in care homes and protect staff and residents. The challenges faced by care homes, as distinct from other health and care settings, in safeguarding their residents from infection, and the particular risks of outbreaks of infection in care homes, are appreciated.
19. In response to increasing infection rates of Covid-19 across Nottinghamshire, as of 14th October 2020 Nottinghamshire County, including Nottingham City, was designated as a 'high alert level' area. In line with the government's guidance on policies for visiting arrangements in care homes, 'local areas with a high local COVID alert level (high risk or very high risk), visiting should be limited to exceptional circumstances only such as end of life'. In these circumstances, care homes should support visiting in a 'virtual' manner.
20. Alternative ways of communicating between residents and their families and friends should be discussed and offered by the care home. The care home should also provide regular updates to residents' loved ones on their mental and physical health, how they are coping and identify any additional ways they might be better supported, including any cultural or religious needs. To support care homes and relatives there will be local visiting guidance issued which will assist services to implement Covid safe visitation.

Business as Usual - Quality Monitoring and Quality Audit

21. The QMMT continues to support providers and maintains the quality audit process, which is undertaken virtually. The team is risk assessing services based on quality data, Covid data and other intelligence and this will inform the level of monitoring needed for each care home. A high level of contact with care homes/home care remains due to the on-going outbreak management processes.
22. Regulated services are inspected and rated by the CQC. An overview of the current ratings for social care homes in Nottinghamshire for the past two years are as follows:

CQC Rating	Number of Services 2019	Numbers of Services 2020
Outstanding	23	32 (21 care homes)
Good	280	276(249 care homes)
Requires Improvement	60	72 (51 care homes)
Inadequate	14	3 (2 care homes)

23. Since the last report there has been a further decrease in the number of Inadequate rated services as this has reduced to three. The other ratings have remained static due to CQC not carrying out their normal inspection processes.

Contract suspensions

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

Type of service	Number of services	Contract Status	District
Care Home – Older People	5	Suspended	Gedling, Mansfield, Bassetlaw, Newark
Care Home – Younger Adults	1	Suspended	Bassetlaw

26. Since the previous report to Committee there has been a reduction in the number of contract suspensions.

Other Options Considered

27. No other options have been considered.

Reason/s for Recommendation/s

28. 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

29. 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

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

Implications for Service Users

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

RECOMMENDATION/S

That:

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

Melanie Brooks
Corporate Director, Adult Social Care and Health

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Constitutional Comments (18/11/20)

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

Financial Comments (DG 18/11/20)

33. There are no direct financial implications arising from this report.

Background Papers and Published Documents

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

[Market management position statement – report to Adult Social Care and Public Health Committee on 14th September 2020](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH734 final

7 December 2020

Agenda Item: 10

REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

Information

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chairs and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified. The meeting dates and agenda items are subject to review in light of the ongoing COVID-19 period.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human

rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

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

Marjorie Toward
Service Director, Customers, Governance & Employees

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Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
11 January 2021			
Adults Programme		Director of Transformation and Service Improvement	Grace Natoli
Progress of framework agreement for equipment based major adaptations in people's homes	Report on progress with implementation of new framework.	Corporate Director, Adult Social Care and Health	Cate Bennett
National Children and Adult Services Conference November 2020	Report on key messages from the Conference	Corporate Director, Adult Social Care and Health	Jennie Kennington
Your Health, Your Way - Integrated Wellbeing Service	To provide members with an update of the new Integrated Wellbeing Service following its launch in April 2020	Consultant in Public Health	Matthew Osborne
8 February 2021			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 2)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Older Adults Care Homes contracts		Service Director, Strategic Commissioning and Integration	Clare Gilbert
29 March 2021			
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Short Breaks Review Proposals		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Corporate Director, Adult Social Care and Health	

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Day Opportunities Strategy	To present the proposed Strategy for approval	Service Director, Strategic Commissioning and Integration	Mercy-Lett Charnock
Strengths-based programme	To provide an update on the implementation of strengths-based working across ASC&H.	Corporate Director, Adult Social Care and Health	Mary Read
Carers Strategy		Service Director, Community Services (Living Well and Provider Services)	Dan Godley
Hospital Discharge & Rapid Response Services		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Interim evaluation of routine enquiry into Adversity in Childhood (REACH) Programme	To provide members with an update on the findings of the interim report on the REACH Programme in Nottinghamshire	Consultant in Public Health	Sarah Quilty
14 June 2021			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 3)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Review of workforce restructure in Adult Social Care	To update the Committee on progress with the new workforce model implemented in Sept 2020.	Service Director, Living Well/ Service Director, Ageing Well	Sue Batty/Ainsley MacDonnell
Developing Short Breaks services and support for carers in Nottinghamshire		Service Director, Community Services (Living Well and Provider Services)	Dan Godley
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Corporate Director, Adult Social Care and Health	
12 July 2021			