

# **Adult Social Care and Public Health Committee**

**Monday, 03 February 2020 at 10:30**

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

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## **AGENDA**

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|---|--|---------|
| 1 | Minutes of the last meeting held on 6 January 2020   | 3 - 6   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Domestic Abuse Services  | 7 - 20  |
| 5 | Living Well Services - New Model and Future Priorities   | 21 - 30 |
| 6 | Development of the Nottinghamshire Shared Lives Scheme   | 31 - 38 |
| 7 | Work Programme   | 39 - 44 |

### **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:-

- (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	6 January 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	Andy Sissons
	Dr. John Doddy	Steve Vickers
	Sybil Fielding	Muriel Weisz
A	David Martin	Yvonne Woodhead

**SUBSTITUTE MEMBERS**

None

**OFFICERS IN ATTENDANCE**

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

**1. MINUTES OF THE LAST MEETING**

The minutes of the meeting of Adult Social Care and Public Health Committee held on 9 December 2019 were confirmed and signed by the Chair.

**2. APOLOGIES FOR ABSENCE**

The following apology for absence was received:

- Councillor David Martin (other reasons)

**3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

None

**4. PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT 1 JULY 2019 TO 30 SEPTEMBER 2019**

Councillor Francis Purdue-Horan and Nathalie Birkett introduced the report and responded to questions.

Arising from the debate members requested further information on why midwife referral numbers were down in Bassetlaw and clarification of the recently announced worldwide reduction in smoking.

**RESOLVED 2020/001**

That there were no further actions arising from the report.

**5. ADULT SOCIAL CARE CULTURE CHANGE PROGRAMME**

Councillor Boyd Elliott and Melanie Brooks introduced the report, gave a presentation and responded to questions.

**RESOLVED 2020/002**

- 1) That there were no further actions required by the Committee in relation to the development of the culture and conditions needed to enable strengths-based practice to develop.
- 2) That the expenditure to invest in manager and staff practice through the Owning and Driving Performance Programme and strength-based approaches be approved. The costs for this work will not exceed £250,000 over a two-year period.

**6. ESTABLISHMENT OF TEMPORARY SOCIAL WORK POSTS AT KING'S MILL HOSPITAL**

Councillor Francis Purdue-Horan and Sue Batty introduced the report and responded to questions.

Members requested an update report be brought to committee six months from the social workers being in post.

**RESOLVED 2020/003**

That the establishment of 1.5 full time equivalent (FTE) temporary Social Work (Band B) posts for 12 months within the King's Mill Hospital social work team be approved, to be funded by NHS Transformation Funding.

**7. NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE NOVEMBER 2019**

Councillor Tony Harper and Melanie Brooks introduced the report and responded to questions.

**RESOLVED 2020/004**

No further actions were required.

**8. WORK PROGRAMME**

Members had requested that the following additional item be added to the work programme:-

- An update report on the implementation of the temporary social work posts at King's Mill Hospital to be brought to Committee in October 2020.

**RESOLVED 2020/005**

That the work programme, with the additional item, be agreed.

The meeting closed at 11.55 am.

**CHAIRMAN**



**3 February 2020****Agenda Item: 4**

## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **DOMESTIC ABUSE SERVICES**

#### **Purpose of the Report**

1. To advise Committee of progress on the recommendations within the Domestic Abuse Joint Strategic Needs Assessment and highlight considerations for the authority.
2. To advise Committee that it endorse the outcome of the procurement exercise for Nottinghamshire Domestic Abuse support services, and the Domestic Abuse Prevention, Promotion of Services and Training service.
3. To seek Committee approval to publicly launch and promote Domestic Abuse services, including the Helpline number and Prevention, Promotion of Services and Training elements, to residents and stakeholders across Nottinghamshire for the duration of the contract.

#### **Information**

##### **Strategic Context**

4. Tackling Domestic Abuse is a strategic priority for both the Safer Nottinghamshire Board and the Health and Wellbeing Board and is highlighted as a key issue in the Health and Wellbeing Strategy 2018-2022. Domestic Abuse services also contribute to achieving Nottinghamshire County Council's Plan 'Your Nottinghamshire, Your Future 2017-2021'.
5. The updated Nottinghamshire Domestic Abuse Joint Strategic Needs Assessment (JSNA) set out the needs for Nottinghamshire. This has informed the procurement of the services commissioned by the authority which are currently accessed by more than two thousand women, men and children each year.
6. Recommendations from the JSNA and progress against them is summarised below, followed by a report of the outcome of the procurement

##### **Domestic Abuse JSNA summary of key recommendations**

7. The JSNA groups its recommendations under the four themes of: partnership working, prevention, provision and protection.

8. Recommendations for which there are considerations for the authority are highlighted below. Details of the full set of recommendations are set out in Appendix 1.

### **Partnership working (which also addresses governance and oversight)**

9. The Safer Nottinghamshire Board has strategic oversight of domestic abuse. The Board is chaired by the Chief Executive of Nottinghamshire County Council and is made up of leaders and senior officers from statutory agencies across the county, including the Director of Public Health and service directors.
10. Nottinghamshire County Council also contributes to partnership working through the Domestic and Sexual Abuse Executive which reports to the Safer Nottinghamshire Board. It is chaired by the Director of Public Health and brings together executive officers from partner organisations including providers. It is this group through which submission of a countywide bid for government funding is also being coordinated by the public health team.
11. In 2019 Ministry of Housing, Communities and Local Government (MHCLG) conducted a consultation and subsequently released a funding prospectus on the support for survivors of domestic abuse and their families within safe accommodation. This highlighted a new role for upper tier authorities to oversee bids for and management of safe accommodation. The authority will also be expected to provide updates to the National Domestic Abuse Commissioner.

### **Prevention**

12. The authority is addressing recommendations under this theme by procuring prevention services using the public health grant. To date, prevention interventions have focused on children and young people in school setting through whole year group training on healthy relationships. However funding is insufficient to provide full coverage for all schools in the county.
13. The authority also commissions a service tailored for young people and children who have experienced domestic abuse. This is funded through public health reserves and is time-limited.
14. Work to address misunderstandings and discrimination is undertaken through the media and in community settings
15. Evaluation of these interventions by the public health team will be important to establish their impact and to develop recommendations about further funding.

### **Provision**

16. The most immediate considerations for the authority have been addressed through the reprocurement of services which is reported in more detail later in this report.
17. Alongside the reprocurement of services funded using the public health grant, officers from public health are coordinating the submission of a countywide bid to replace the end of current MHCLG funding in March 2020. The issue of maintaining the present number of refuge spaces in Nottinghamshire remains a key area of concern. A summary paper highlighting the concerns, risks and impacts of a reduced funding will be presented to the Safer Nottinghamshire Board in March 2020.



18. The JSNA highlights that there is an increasing volume and complexity of demand for domestic abuse services. This demand continues to exceed service capacity which can cause delays for survivors and constrain their access to support. One example of this is that the number of referrals to the local Multi-Agency Risk Assessment Conference (MARAC) remains high. The public health team is working with the Office of the Police and Crime Commissioner and other partners to review referral criteria and monitor demand. Options and recommendations will be taken to the Domestic and Sexual Abuse Executive scheduled for 12 March 2020.

## **Protection**

19. Action on recommendations relating to protection falls within the remit of the Office of the Police and Crime Commissioner, the Police and district community safety colleagues. Further detail is available in Appendix 1.

## **Summary and outcome of the procurement process**

20. Committee gave approval in April 2019 to tender for Domestic Abuse services to meet the needs identified in the JSNA.
21. Domestic Abuse services are funded and jointly commissioned by Nottinghamshire County Council using the public health grant and by the Police and Crime Commissioner. The overall investment by the authority is £1,085,250 for 2020-2021, which represents 70% of the overall combined budget.
22. The procurement was structured around three “lots”, each one comprising a series of “call offs”. The contract is a “framework agreement” which is an arrangement under which the authority has flexibility to commission additional services and capacity as funding allows.
23. These “lots” and details of the financial allocation 2020-2021 against each of them are shown in table 1.
24. Potential providers qualified to participate in the tender on the basis of various criteria relating to capacity for specialised work in a partnership setting with survivors of domestic abuse, and with reference to arrangements for workforce, delivery and governance.
25. The outcome of the procurement is that (subject to finalisation) contracts will be awarded to Nottinghamshire Women’s Aid Ltd, Juno Women’s Aid and Equation. The new services will commence April 2020. The lot which each provider is to be awarded is shown in Table 1.
26. Alongside the awards made through competitive tender, a direct award has been made for the contract to provide the Nottinghamshire 24 Hour Freephone Domestic and Sexual Violence Helpline. The rationale for making a direct award is that the service operates across the whole of Nottinghamshire including the city and is funded by various charitable and statutory sources including the Police and Crime Commissioner and Nottingham City Council. It would be detrimental to potential users in the county and unaffordable for the authority to fund a separate helpline dedicated to county residents. Therefore a direct award has been made to Juno Women’s Aid to enable them to continue to deliver this important service.

Table 1: Domestic Abuse Service in Nottinghamshire from 2020-21

	Contract length	2020-21 investment
<b>Lot 1: Domestic Abuse Support Services – South Nottinghamshire, Awarded to Juno Women’s Aid</b>		
Call off 1a: Domestic Abuse Support Services in South Nottinghamshire: Ashfield, Broxtowe, Gedling and Rushcliffe	4 years +2+2	£580,000
Call off 1b: Young People’s Violence Advocate (YPVA) Service - South	1 year	£40,000
Direct award - Local Domestic Abuse Helpline (Countywide)	4 years +2+2	£84,894
<b>Lot 2: Domestic Abuse Support Services – North Nottinghamshire Awarded to Nottinghamshire Women’s Aid Ltd</b>		
Call off 2a: Domestic Abuse Support Services in North Nottinghamshire: Bassetlaw, Newark & Sherwood and Mansfield	4 years +2+2	£580,000
Call off 2b: Refuge Support Services in North Nottinghamshire	4 years +2+2	£174,852
Call off 2c: Young People’s Violence Advocate (YPVA) Service - North	1 year	£40,000
<b>Lot 3 – Prevention, Promotion and Training Awarded to Equation</b>		
Call off 3a: Prevention, Promotion & Training Services (Countywide)	4 years +2+2	£20,000
Call off 3b: Domestic Abuse Prevention, Service Promotion and Training – Children Affected by Domestic Abuse	1 year (1 Sept 2020 – 31 Aug 2021)	£35,000
<b>Total</b>		<b>£1,554,746</b>

### Financial Implications

27. The Service contracts are affordable as contained within budget and met from the Public Health Grant and the PCC.

### Procurement

28. The procurement of the Domestic Abuse Services is being finalised by NCC Corporate Procurement.

## Reasons for Recommendations

29. The Local Authority has lead roles and responsibilities with the prevention of and delivery of services to support victims of DA. The progress against the recommendations of the JSNA highlights achievements to-date and areas for future work to progress.
30. A rigorous procurement process has been conducted.
31. Whilst the providers will be primarily responsible for their own communication and service publicity, it is important that the Local Authority is able to support promoting and on-going delivery of the services through its own media channels.

## Statutory and Policy Implications

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

## RECOMMENDATIONS

- 1) To consider whether there are any actions arising from the report
- 2) To endorse the outcome of the procurement process for the Nottinghamshire Domestic Abuse support services and the Domestic Abuse Prevention, Promotion of Services and Training service (subject to finalisation of contracts) and their commencement from April 2020
- 3) To approve the launch and ongoing promotion of Domestic Abuse services, including the Helpline number and Prevention, Promotion of Services and Training elements, to residents and stakeholders across Nottinghamshire for the duration of the contract

**Jonathan Gribbin**  
**Director of Public Health**

**For any enquiries about this report please contact**  
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## Constitutional Comments (LW 16/01/2020)

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

## **Finance Comments (DG 16/01/2020)**

34. The contract value of £1.555m will be met from the Public Health Grant £1.085m, and the balance, £0.47m met from a contribution by the Office of the Police and Crime Commissioner.

## **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.

- Domestic Abuse Joint Strategic Needs Assessment ([published](#))

## **Electoral Division(s) and Member(s) Affected**

- All





# Appendix 1. Domestic Abuse Joint Strategic Needs Assessment – recommendations and current status

	Recommendation	Responsibility	
Partnership working			
1	Maintain the Nottinghamshire Domestic and Sexual Abuse Executive Group, ensuring broad representation, including the specialist DSA voluntary sector; to ensure partners are working to an over-arching strategy with an action plan and analysis.	Domestic and Sexual Abuse Executive with support from the Safer Notts Board and Health & Wellbeing Board	Nottinghamshire Domestic and Sexual Abuse (DSA) Executive has continued to meet every quarter, (exception Sept, 2019). Key stakeholders attend the meetings, which are chaired by Nottinghamshire Director of Public Health. Delivery and forward plans provide the strategic oversight and direction, as well as, recording progress against the objectives. Issue of concern are escalated to the SNB for strategic insight and direction.
2	To maintain a co-ordinated commissioning approach to Domestic Abuse across Nottinghamshire	Statutory bodies with responsibility for commissioning e.g. Nottinghamshire County Council and Police and Crime Commissioner	A coordinated commissioning approach between Nottinghamshire County Council and the Office of the Police and Crime Commissioner has continued. The statutory commissioned services for Nottinghamshire have been provided by Nottinghamshire Women's Aid Ltd and Juno Women's Aid, with the male service being subcontracted by these providers to Equation. The commissioners and providers have all meet for quarterly review meetings. A commissioner partnership approach was adopted in the preparation of the new Domestic Abuse (DA) procurement for services commencing April 2020. Informal oversight meetings have also been held with Nottingham City Council, and the Coordinator of the City Domestic Abuse Services attends to DSA Exec, enabling wider partnership insight across the sector.
3	All agencies to develop and promote policy and procedures for work with survivors, children and perpetrators, including workforce training and employee domestic violence policies	All public sector agencies alongside voluntary and community sectors	Policy and workforce development is an on-going programme of work within the public sector and voluntary agencies. Specialist training has been provided through commissioning sub-contracting to the provider 'Equation'. A core training package is available to all staff free of charge, and additional seminar sessions are available three times a year. The CCGs have included the Local Safeguarding Children Partnership S11 quality framework in the provider contracts.

4	Agencies to acknowledge the importance of maintaining provision of refuge and other specialist services and work with the Safer Nottinghamshire Board to address sustainability	Local Authorities with support from Safer Notts Board	The DSA Exec submitted a joint response to the MHCLG consultation (July 2019) regarding 'the future delivery of support to survivors and their children in accommodation-based domestic abuse services in England'. Many organisations also provided individual organisational responses too. Subsequent to feedback, the MHCLG published guidance in the Autumn (Nov, 19) requesting for funding proposals from Top Tier Local Authorities to source funding for the accommodation-based DA services for April 2020 – March 2021. The granting of refuge and other accommodation support financing via the County Council is new so Authority agreement has secured committee approval for a partnership proposal bid. The MHCLG submission deadline is the 17 <sup>th</sup> January 2020, with funding dispersal in April 2020. The preparation of a funding proposal for submission to the MHCLG has commenced, and a summary paper highlighting the concerns, risks and impacts of a reduced funding scenario will be presented to the next SNB (March 2020).
5	Further ongoing engagement work with survivors to continually inform practice is valuable therefore it is suggested that the DSA Exec develop a Domestic Abuse Engagement Strategy.	DSA Exec	The recommendation to develop a 'Domestic Abuse Engagement Strategy' remains relevant but one that is yet to progress.
6	Assess the implications of the Domestic Abuse Bill published January 2019	DSA Exec	The Domestic Abuse Bill was not successful in completing its route through the parliamentary process prior to the dissolution of parliament. Further developments will depend on its return to the legislative agenda by the new government following 12 <sup>th</sup> December 2019 elections.
<b>Prevention</b>			
7	Continue to support and promote campaigns to promote healthy relationships, gender equality and raise awareness of domestic abuse.	All public sector agencies alongside voluntary and community sectors	A new 'DA prevention, service promotion and training service' (PPT) contract has been developed to be accessible to all partners and professionals working on the domestic abuse agenda in the County. The contract will be awarded in



			December 2019 with a launch date of April 2020. In addition, new survivor information cards and posters in ten languages are being circulated by the specialist provider 'Equation' including information cards for men and the LGBT population. Equation's 'Help a Friend' campaign has been run over the past three years in targeted County areas through the 'Violence against Women and Girls' (VAWG) transformation funding.
8	Encourage more schools to take up specialist early intervention and prevention programmes for children and young people, building on mandatory healthy relationships and sex education (RSE) from September 2020.	DSA Exec with support from Safer Notts Board and Notts County Council	<p>A programme engaging with primary and secondary schools to support healthy relationship education has continued to be delivered by the specialist provider 'Equation'. Across the County forty-five 'GREAT' (Good Relationships are Equal and Trusting) projects are booked in primary schools for 2020 as are three full 'Equate' projects in secondary schools. In addition, three focused 'Choices' for young men and 'Know More' training for young women have been scheduled.</p> <p>The funding for these initiatives comes from several funding streams including SNB finance, Violence Against Women and Girls (VAWG) monies, and RC Big Lottery Funding. The LA PPT contract will facilitate some support going forward but other monies are of a fixed term, including the VAWG monies which complete March 2020. The overall sustainability of a comprehensive County wide school setting provision, therefore remains unclear</p>
9	Develop targeted interventions to support at risk survivors and young people that harm	DSA Exec with support from Safer Notts Board	Targeted interventions to support at risk survivors and young people that harm have been developed by Equation and funded by NCC PH reserves. VAWG funding has supported specific projects with girls which will finish with the funding as of March 2020.
10	Programme to ensure a mixed economy of risk and needs based services and approaches, for example through Change that Lasts	All public sector agencies alongside	Nottinghamshire continues to be a part of national Women's Aid Federation England pilot, 'Change that Lasts' (CTL). This

		voluntary and community sectors	has included a targeted “Help a friend” campaign being delivered in 2019. CTL will continue to 2021.
<b>Provision</b>			
11	Support and promote awareness of access to Women’s Aid Nottinghamshire 24 hour Freephone Helpline and other local services	All public sector agencies alongside voluntary and community sectors	The 24 hour Freephone Helpline continues to be supported and promoted. The helpline is provided by Juno, with a NCC contract awarded for four years from April 2020, with an option to extend for a further period of up to four years. This JUNO Women’s Aid Helpline is a provision spanning the County and City and is an important route for women to access support. The telephone service is well known and continues to be promoted. The same service is offered in Nottingham City. New promotional information cards have been launched this year with the cards available in ten languages.
12	Ensure maintenance of, at least, essential specialist community-based Domestic Abuse services in line with NICE PH50 guidance, including for women, men, teenagers and children.	Nottinghamshire County Council and Police and Crime Commissioner	Nottinghamshire County Council is presently recommissioning the essential specialist community-based DA services in-line with NICE PH 50 guidance. The services have been recommissioned on two geographic area of North (Bassetlaw, Newark and Sherwood, and Mansfield) and South (Ashfield, Broxtowe, Rushcliffe and Gedling). The overall commissioning budget was £1.3M, including refuge provision in the North. This level of funding is of a similar level as when the services were previously commissioned in 2015. The services commissioned are in-line with NICE guidance, however, statutory funded provision is not able to fully match the overall need. This service gap is addressed in part by a high level of additionality brought by the 3 <sup>rd</sup> Sector. This support includes both financial funding and engaging volunteer support.
13	Professionals and specialist services respond effectively: for example, professionals to be trained to identify Domestic Abuse, utilise the DASH RIC to identify levels of risk and referral routes	All public sector agencies alongside voluntary and community sectors	Specialist training for staff continues as a key consideration. Workforce skill sets, competency assessment and training were a quality criterion adopted in the procurement for the new DA service contract. In addition, for all working in DA, are the professional development seminar opportunities offered

			<p>through the training contract by Equation, enabling staff to improve their knowledge and response. Recent seminars this year have been on the understanding of 'complex needs' and 'stalking and the use of tech in DA'.</p> <p>DA is included in the mandatory safeguarding training of all NHS organisations; and key health professionals, including the midwives, receive training in completing the Domestic and Sexual Harm Risk Assessment Checklist (DASH RIC).</p>
14	Improve identification and response across healthcare settings, including mental health (women, men, teenagers and children) e.g. therapeutic counselling	NHS Commissioner and Provider agencies	<p>Discussions between the Office of the Police and Crime Commissioner (OPCC) and the NHS Clinical Commissioning groups have agreed on pilot service models for mental illness pathways. A Nottinghamshire model for the specialist therapeutic support is being sought for commissioning as part of CCG mental health services budgets. DA providers have sourced additional funding to build other models of engagement with health to provide new services to survivors including Independent Domestic Violence Advocates (IDVA) provision in hospitals, maternity units and a GP referral project. NHS organisations have assured that all NHS staff receive mandatory safeguarding training which includes domestic abuse depending on the level of need identified in the intercollegiate safeguarding roles and competencies document 2019.</p>
15	Access to specialist housing, refuge and post-refuge support	District Councils, Notts County Council and specialist providers	<p>Funding for specialist housing, refuge and post refuge support continues to be a key area of concern due to the high and complex needs of users, and the limited and short-term nature of the funding. The largest portion of the refugee provision in the County (24 units) is financed through MHCLG funding, and coordinated by the Districts, with Ashfield District Council as lead in 2019/20. The current MHCLG funding expires as of March 2020, with a new proposal for funding requests to be submitted to the MHCLG in Jan 2020, as discussed under recommendation four. The County Council funds provision for</p>

			15 units in the North. There is 'Sanctuary' provision in some but not all areas of the County.
16	Develop support for survivors of harassment & stalking	Police alongside public and voluntary sector	A monthly stalking clinic has been piloted by OPCC. The service enables every stalking crime to be reviewed and those deemed high risk presented to the clinic. The clinics are supported by multi-agency professionals including the mental health team and the IDVA support services.
17	Increase capacity for support for children affected by domestic abuse, both in the community and in refuge	DSA Exec	Increase capacity for children affected by Domestic Abuse has been funded through County Council's public health reserves initiatives. The young people's violence advocate (YPVA) service is funded through to March 2021.
<b>Protection</b>			
18	Ensure decision making about undertaking of DHR's and the learning from DHR's is shared across Nottinghamshire through the development of a process that is both consistent and best value	Domestic Homicide Review Assurance, Learning and implementation Group (DHR ALIG) Community Safety Partnerships with DSA Exec	The Domestic Homicide Review Assurance Learning and Implementation Group (DHR ALIG) is now established and led by the Police. The meetings rotates around the seven Districts supporting its ability to engage widely.
19	Identify effective and evidence based ways of working with perpetrators, ensuring programmes are aligned with the RESPECT guidelines and running in parallel with specialist women's services.	DSA Exec	The Nottinghamshire Integrated Offender Management pilot evaluation report was completed in August 2019 outlining fourteen recommendations. These recommendations include for the Domestic Violence and Abuse Integrated Offender Management (DVA IOM) teams to be maintained and function in a multi-agency manner and to be co-located. The recommendation is also for the Independent Domestic Violence Advocates (IDVAs) to continue as an integral part of the programme. The DSA Exec will review the evaluation and make recommendations for the Safer Nottinghamshire Board.

**3<sup>rd</sup> February 2020****Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, COMMUNITY SERVICES (LIVING  
WELL AND PROVIDER SERVICES)****LIVING WELL SERVICES – NEW MODEL AND FUTURE PRIORITIES****Purpose of the Report**

1. To provide a detailed description of the new model for Living Well services and seek approval of the future strategy and key priorities for the service area.

**Information****Living Well Services**

2. The new Living Well service combines all Younger Adult teams with the intention of creating multi-speciality teams supporting adults of any age with learning disabilities, mental health issues, Autism Spectrum Disorders or physical disabilities.
3. Although the service predominantly supports adults under the age of 65 yrs, it encompasses an all age disability approach where this is the best outcome for individuals.
4. The service aims to support people to access the right service at the right time, first time with a strengths-based approach which helps people to help themselves and maximises independence as far as possible.
5. Living Well teams will be aligned with key partners such as health, housing and the voluntary sector through local Primary Care Networks, providing greater opportunities for place based working with local citizens.

**Need and Demand**

6. Demand for services remains high and continues to grow, not just in numbers but also in terms of levels of complexity.

**Learning Disability**

7. It is broadly estimated that approximately 2% of the adult population will have a learning disability, however a significant proportion of this group will not be known to health or social care services. Evidence shows estimates vary because many adults with mild learning

disabilities do not use specialist learning disability services and are unlikely to self-identify as having a learning disability.

8. It is estimated that the number of adults in Nottinghamshire with a learning disability is expected to increase from 15,227 in 2017 to 16,660 in 2035. The greatest increase in prevalence will occur within the 65+ age group.

## **Physical Disability**

9. Disability affects a large proportion of our population. Approximately 1 in 10 adults in Nottinghamshire aged 18-64 yrs live with moderate/ severe physical disabilities, which may impact on an individual's ability to be independent with daily living tasks, participate fully in family life, gain or retain employment or access their local community.

## **Mental Health**

10. The causes and influences of mental health problems are wide ranging and interacting. They are often associated with adverse events in people's lives and other circumstances, such as poverty, unemployment, levels of supportive networks, levels of education and the broader social environment. These factors interact and affect how resilient people are in coping with these challenges. Often mental health problems result in stigma and discrimination that makes it harder for those with mental health problems to live a normal life.
11. The Nottinghamshire Joint Strategic Needs Assessment states that there were approximately 510,000 people in Nottinghamshire aged 16 - 74 yrs in 2014/15, of whom:
  - 4.3% experienced high levels of anxiety
  - 7.9% experienced both anxiety and depression
  - 0.7% are known to GPs with a Serious Mental Illness.

## **Autism Spectrum Disorder**

12. Autism Spectrum Disorder (ASD) in adults is often under-diagnosed, under-reported and misdiagnosed. As there is no definitive test for ASD, diagnosis is based on a range of social and communication features evaluated by a combination of specialists who work together to make an assessment.
13. It is predicted that around 700,000 people in the UK may have ASD, or more than 1 in 100 in the population, with the prevalence being higher in men (1.1%) than in women (0.2%).
14. In Nottinghamshire, it is estimated that there are 5,715 males and 667 females with autism (a combined total of 6,382). Locally, one of the key issues for adults with autism is that they risk falling into the gap between services for people with learning disability and services for people with mental health conditions if they have no diagnosed or recognised comorbidities so could struggle to receive the help they need.

## **Complex Lives**

15. Many people live with multiple coexisting conditions above, alongside other health and social care needs such as people with offending or criminal behaviours, hoarding and

chaotic lifestyles, survivors of recent or historic sexual abuse, armed forces veterans, people with addictions or substance abuse issues, victims of domestic abuse or those who are homeless.

16. Individuals with complex circumstances such as these may be difficult to engage and often need creative and bespoke support arrangements which can take a significant amount of time and input to develop.

## **Transforming Care**

17. In addition to the people with complex lives described in **paragraphs 15 & 16**, there are 23 Nottinghamshire adults with learning disabilities living in hospital settings who are part of our Transforming Care cohort.
18. 14 of the 23 individuals are still receiving treatment and are not yet ready for discharge whilst the other nine are being actively worked with to find alternative placements in the community. It is likely, due to the complex needs and legal frameworks relating to many of these people, that they will not be discharge ready for some time, but when they are discharged from hospital, will need specialist bespoke care and support arrangements.
19. There is also a growing issue of people with ASD living on mental health wards with no plans for discharge.

## **Preparing for Adulthood**

20. Future demand for social care services is expected to remain high, if not increase, with the greatest pressure being people with multiple and complex needs. There are estimated to be between 5,000 and 12,000 disabled young people (aged 0-19 yrs) living in Nottinghamshire.
21. There has been a 70% increase in 0 - 17 year-old claimants of Disability Living Allowance in the County over the last decade and more than 1 in 6 Nottinghamshire pupils have some kind of special educational need (SEN) with 1.1% having a Statement of SEN.
22. A survey conducted by the Office for National Statistics (ONS) in 2004, focusing on school-aged children living in private households, found that 1 in 10 school-aged children in the UK had a clinically recognisable mental health disorder. Given the high profile of child and adolescent mental health issues over recent years and local anecdotal evidence from schools, it is likely that this number has increased and for many children and young people, mental ill health will continue into adulthood.

## **The new model of service delivery**

### **Initial contact**

23. The Customer Service Centre (CSC) provides a 'front door' for all Council services through a variety of channels including telephone, SMS, email, mail, web and face to face. The team undertakes detailed triage of social care enquiries to ensure that these are managed effectively and, where appropriate, resolved at first contact or passed to the relevant team for further investigation, help and support if needed.



24. The Multi-Agency Safeguarding Hub service (MASH) is the first point of contact for new safeguarding concerns, helping to protect the most vulnerable children and adults from harm, neglect and abuse. The MASH receives safeguarding concerns from professionals and members of the public and for concerns that meet the threshold for social care involvement, representatives from the different agencies in the MASH and outside will collate information from their respective sources to build up a holistic picture of the circumstances of the case and the associated risks to the child or adult.

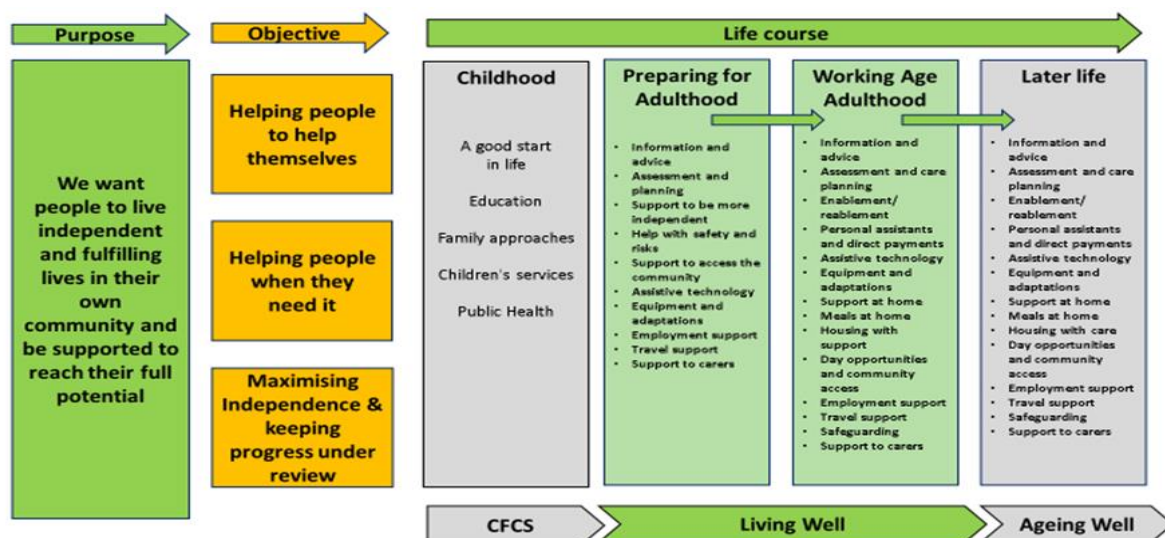
### **Maximising Independence Service**

25. The Maximising Independence Service (MIS) will provide a consistent offer for all new service users to maximise their independence and resolve their needs quickly through the utilisation of community assets, signposting, aids, adaptations and equipment, technology enabled care, carer support, therapy led reablement and enablement, co-production and employment support.
26. This offer is for all, even where cases are assessed as being complex and require ongoing case management and support. The MIS will be available to be referred to for existing service users at any stage of their journey where they might benefit from the service.

### **Living Well Service**

27. Where ongoing case management and support is required for more complex cases, referral will be made to the appropriate locality Living Well team.
28. The new Living Well teams are intended to be place based and multi-speciality, supporting adults with learning disabilities, mental health issues, Autism Spectrum Disorders or physical disabilities. The service will support people to access the right service at the right time, helping people to help themselves, but giving support when needed, whilst maximising their independence and keeping progress under review through multi-disciplinary working with partners, both internal and external, taking a strengths-based approach.
29. Although the service predominantly supports adults under the age of 65 yrs, there will be an all age disability approach where this is the best outcome for individual service users. What this means in practice is the support of young people with disabilities on their Preparing for Adulthood journey or retaining people beyond age 65 if their primary need relates more to their disability than age associated needs.





30. Multi-speciality does not mean generic. It is expected that each place-based team will be comprised of specialist staff across a range of fields, supported by senior practitioners for each area.
31. Specialist staff will have the most up to date knowledge and practice in their particular field and a programme of continuous professional development will be implemented later this year to support this, alongside a culture change programme, which will encompass the Owning and Driving Performance programme and strengths based approaches.
32. Occupational therapy will be available in all place-based teams, embedding a therapy led approach to support, which is in line with a strengths-based ethos.
33. There are a few exceptions to place based multi-speciality teams, where teams will remain as single countywide functions, as follows:
  - **AMHP (Approved Mental Health Professionals) team** – highly skilled, approved mental health professionals carrying out our duties under the Mental Health Act in a timely and responsive way.
  - **Preparing for Adulthood team** – leading on the transition of young people with disabilities into adulthood, building and maintaining strong relationships with children's services, education and health partners to ensure that the journey is smooth, well-informed and strengths focused for all young people and their families.
  - **Complex Lives team** – supporting people with multiple coexisting conditions alongside other health and social care needs as described in **paragraphs 15 & 16**.
  - **Flexible Response team** – resources to be deployed in response to particular areas of pressure and will also provide support to prisons, where demand is sporadic.

## Integration

34. Primary Care Networks provide the local infrastructure that will deliver a person-centred, holistic approach to continuous lifetime care. They comprise integrated, cross-

organisational and cross-professional groups of staff who come together as an integrated community offer.

35. Living Well teams will be aligned with their local Primary Care Networks, and alongside their Ageing Well colleagues, in order to build relationships with their counterparts in other organisations and embed a strong social care identity as part of the local health and care system.
36. Where possible, opportunities for co-location or touchdown space with partners to provide greater opportunities for place-based working will be explored.
37. Living Well Group Managers will be instrumental in the A&E Delivery Boards and Integrated Care Partnership (ICP) for their area and in the delivery of the ICP place plans whilst Team Managers will be expected to lead the building of relationships with their respective Primary Care Networks.

### **Future strategy and key priorities**

38. The future strategy and key priorities are as follows:

#### **Mental Health**

- Joint development with partners of a clear and robust Adult & Older Adult Community Mental Health offer, to include:
  - a range of community-based services that help to prevent escalation of issues, promote mental wellbeing and support continued recovery
  - improved support for people in crisis
  - alternatives to hospital admission
  - better place-based working between health, social care and others, focused around Primary Care Networks.
- Develop a business case for 24/7 AMHP cover to ensure that our duties under the Mental Health Act are able to be met in a timely and responsive way and alleviate pressure on the current AMHP service.
- Implementation of the Mental Health Act reforms, once approved by Government, which may increase pressure on community mental health services.

#### **Autism Spectrum Disorder**

- Development of an all age autism strategy.

#### **Transforming Care**

- Work with health partners to develop a strategy regarding future commissioning that:
  - gives clarity about joint funding and pooled budgets
  - develops alternatives to hospital in the community

- reviews the outcomes, learning and best practice identified within the Transforming Care Partnership and explores ways that this learning can inform the planning of care and support for the wider learning disability population. This may include staffing models, effective training, effective environments and accommodation options.

## **Preparing for Adulthood**

- Review of the Transitions Pathway and Protocol to ensure that it remains effective and fit for purpose. The review will include engagement with young people and their families.

## **Housing**

- Continued implementation of the Housing with Support strategy, ensuring that:
  - the right support is provided at the right time, in the right place for all Nottinghamshire residents who have an assessed need
  - individuals have access to the right kind of housing to ensure maximum independence whilst their care and support needs are appropriately met
  - people lead as fulfilling and positive lives as possible in a place they can call home and with their own front door.
- Work with health and housing partners to review housing pathways for people with mental health issues and improve access to settled accommodation.
- Work with health and housing partners to develop appropriate accommodation options for people with multiple and complex needs stemming from both mental illness/personality disorder and a combination of substance use, forensic history and challenging behaviours. This a client group who are likely to have received support and interventions from a range of organisations including social care, health, police, local authorities and the criminal justice system.

## **Employment**

- Through participation in the Council's Employment and Health programme and the development of an inclusive employment strategy, work with partners and the wider community to increase the number of adults with disabilities in meaningful employment and seek to reduce the gap in the employment rate for people with long term health conditions.

## **Technology Enabled Care**

- Increase the use of technological solutions to enhance, complement or replace more traditional forms of support, where it is suitable to do so, whilst managing risk appropriately.

## **Service and Market Development**

- Strategic Commissioning to undertake a review of day opportunities, including internally provided day services, and develop a plan for future services which informs the utilisation of internal and external centre based provision, develops a more flexible offer

that promotes independence and considers carer needs. Development of the plan will involve stakeholders in the co-design and co-production of provision.

- Strategic Commissioning to undertake a review of short breaks services, including internally provided services, and develop a plan for future services which informs the utilisation of internal and external provision, explores opportunities for closer alignment with health partners and promotes a choice based offer to people with disabilities and their families. Development of the plan will involve stakeholders in the co-design and co-production of provision.
- Seek approval for the expansion of the Shared Lives scheme in order to further promote the scheme and support more people in a Shared Lives setting, expanding the current customer base to address a wider range of support needs, i.e. address issues of loneliness and isolation and help people recover after hospital treatment or mental ill-health.
- Work with providers to ensure that commissioned services are of a high quality, with appropriately skilled staff and are able to support people with complex needs, in line with the Adult Social Care Market Position Statement 2019-2021.

### Partnership Working

- Work collaboratively with other Council departments, e.g. Public Health, Children's services, Place to capitalize on opportunities and initiatives that will support the Living Well agenda.

### Workforce Review

- Implementation of the agreed workforce model which will provide the right structure, functions, staff roles and sharing of skills to effectively deliver Living Well services with an emphasis on:
  - Supporting people to make **positive contributions** - being active members of their communities and networks, being in or working towards paid employment or taking part in activities that add meaning to their lives.
  - Supporting people to be as **independent** as possible - providing the right support at the right time, resolving issues early with effective and timely interventions, and aspiring to the most independent form of accommodation possible with their own front door.
  - Supporting people and their carers to have a good **quality of life** – ensuring that our approaches are personalised to the individual and their family and that our staff are supported to do their jobs well.
  - Supporting best **use of resources** – ensuring that our Adult Social Care budgets are spent effectively and consistently to provide the best outcomes for people and that our staff are spending more time working with people than on processes.
- Aligning Living Well services with key partners such as health, housing and the voluntary sector through local Primary Care Networks, providing greater opportunities for place-based working with local citizens.

## **Other Options Considered**

39. The model and key priorities for Living Well services have been developed with the consideration of many other options; however, the priorities proposed are deemed to be the most appropriate in relation to best practice, improved outcomes for individuals and delivery of the departmental plan and Adult Social Care Strategy.

## **Reason/s for Recommendation/s**

40. There is considerable opportunity to improve the delivery of services to people with disabilities. Implementation of the new Living Well model and delivery of the key priorities will be the route to supporting people with appropriate, effective and responsive services that improve their outcomes and improve their experience of services.

## **Statutory and Policy Implications**

41. 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**

42. There are no financial implications arising from this report. As priorities are taken forward, any issues requiring Committee approval for funding will be the subject of further reports as appropriate.

## **Implications for Service Users**

43. The new model of Living Well services is intended to support people with a holistic, multi-speciality and multi-disciplinary response in their own locality, building on integration and reducing duplication to ensure that people with disabilities have access to the right advice and support when they need it.
44. The key priorities set out at **paragraph 38** aim to support people with appropriate, effective and responsive services that improve their outcomes and improve the customer experience.

## **RECOMMENDATION/S**

- 1) That Committee approves the future strategy and key priorities for Living Well services as detailed in **paragraph 38**.

**Ainsley Macdonnell**

**Service Director, Community Services (Living Well & Provider Services)**

**For any enquiries about this report please contact:**

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**Constitutional Comments (EP 07/01/20)**

45. The recommendation falls within the remit of the Adult Social Care and Public Health Committee.

**Financial Comments (DM 23/01/20)**

46. The required Workforce model was agreed at Committee in November 2019 and can be funded through existing Adult Social Care & Public Health budgets.
47. There are no further financial implications arising directly from this report, and as confirmed in **paragraph 42**, any service developments with financial implications will be subject to further reports.

**HR Comments (SJJ2 22/01/20)**

48. There are no HR implications arising from this report. As priorities are taken forward, any issues that impact on employees and require HR support approval will be the subject of further reports as appropriate.

**Background Papers and Published Documents**

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

Joint Strategic Needs Assessment  
[Nottinghamshire Insight JSNA 2019](#)

[Review of the Staffing Structure within Adult Social Care – report to Adult Social Care and Public Health Committee on 11th November 2019](#)

[Younger Adults \(18-64 years\) Housing with Support Strategy – report to Adult Social Care and Public Health Committee on 4th February 2019](#)

Adult Social Care Market Position Statement 2019-2021  
[Nottinghamshire County Council Adult Social Care Market Position Statement 2019-21](#)

**Electoral Division(s) and Member(s) Affected**

All.

ASCPH698 final

**3<sup>rd</sup> February 2020****Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, COMMUNITY SERVICES  
(LIVING WELL AND PROVIDER SERVICES)****DEVELOPMENT OF THE NOTTINGHAMSHIRE SHARED LIVES SCHEME****Purpose of the Report**

1. To seek Committee approval to increase the staffing capacity of the Nottinghamshire Shared Lives scheme to promote and expand the scheme and support more people in a Shared Lives setting.

**Information**

2. Shared Lives is officially the highest quality form of registered social care, with 96% of schemes rated as Good or Outstanding by the Care Quality Commission (CQC). Nottinghamshire County Council's scheme has recently received a rating of Outstanding by the CQC, one of only 10 schemes in the country to achieve this rating.
3. Shared Lives is used by about 15,000 people in the UK and is available in nearly every area. It is a personalised alternative to residential care for adults. Support can be provided on a long-term basis for people who cannot live on their own or with family or through short breaks to provide respite for their families and carers or as daytime and outreach support. Carers, once approved, are self-employed and contracted with the Council to support vulnerable adults.
4. A Shared Lives carer opens and shares their home and life with a person with additional support needs. They can help the person to maintain or develop their independence and for some people work towards living independently, encourage greater involvement in the community and in many cases reduce the cost of care. The goal of Shared Lives is for people to have an ordinary family life, where everyone gets to contribute, have meaningful relationships and are able to be active, valued citizens.
5. The potential for reduced costs is in the region of £20,000 per person per year for those with learning disabilities, when compared to the cost of care in a long-term residential placement or supported living, and around £8,000 for people with mental ill health.
6. Research by Shared Lives Plus (SLP), the national body for Shared Lives, reported the following from people being supported by a Shared Lives scheme:



- 97% of people in Shared Lives felt that they were part of the family most or all of the time
- 89% of people felt that their Shared Lives carer's support improved their social life
- 85% of people felt that their Shared Lives carer's support made it easier for them to have friends
- 89% of people in Shared Lives felt involved with their community
- 86% felt that their Shared Lives carer's support helped them have more choice in their daily life
- 83% and 88% of people felt their physical and emotional health had improved respectively.

## Nottinghamshire County Council's Shared Lives Scheme

7. The Adult Social Care and Health department has been reviewing its Shared Lives offer with a view to expanding the service to reach more people. Over the past four months the department has been working closely with Shared Lives Plus (SLP), the national body for Shared Lives, to understand whether the full potential of the Nottinghamshire service is being realised and what, if any, investment would be required to grow the service to support more people.
8. The Nottinghamshire Shared Lives scheme currently supports 79 people in 67 carer households through a combination of long-term, short breaks and daytime support arrangements.
9. The tables below gives a breakdown of the current number of people supported by the Nottinghamshire scheme and the split of support offered by Shared Lives carer households.

Primary Support Reason	Number of People Supported
Learning Disability	75
Mental Health	1
Older Adult	1
Physical Disability	2

Breakdown of Current NCC Provision	Long Term	Short Breaks & Daytime Support	Long Term & Short Breaks	Daytime Support	Total
Number of carer households	25	22	18*	2	67

\* 6 of these households are actively looking for long-term placements and the remaining 12 are approved for long-term but do not wish to move on from providing Short Breaks at this point in time.

## Expansion potential

10. The 25 people with a learning disability who are in a long-term Shared Lives placement represent only 2% of the total number of people with learning disabilities that the Council currently supports in either long-term care or a supported living arrangement. If the Council were to increase the number of people with a learning disability supported by Shared Lives

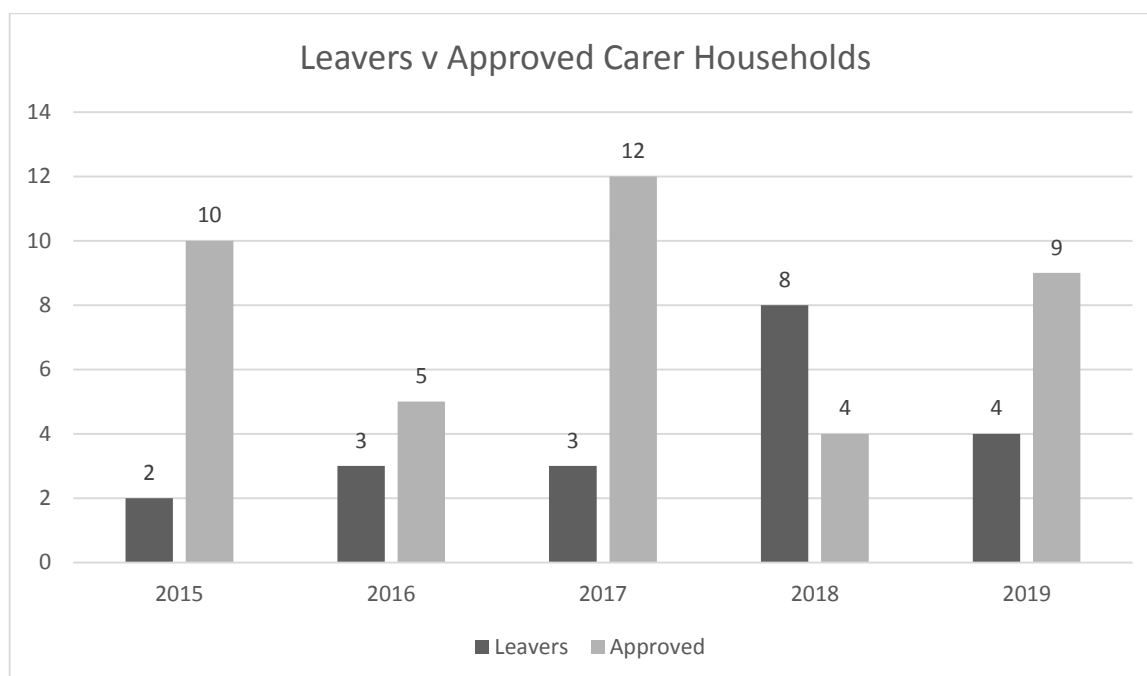


in a long-term placement to 75, this figure would increase to 6% of those who would otherwise be in long-term care or a supported living arrangement.

11. Shared Lives carers also provided 1,398 nights of care in the form of short breaks in 2018/19. This equates to an average of 35 nights per carer per year. If the Council were to increase the number of Shared Lives carers providing short breaks from 40 to 90, there is potential for them to provide 3,145 nights of short breaks per year.

## Carer Recruitment and Retention

12. Shared Lives Plus has advised that in order to increase the usage of long-term Shared Lives placements to 6%, the Council would need to recruit an additional 50 carers. These additional carers would mean that the scheme could potentially support a further 50 people to live with them in a Shared Lives setting.
13. One of the main caveats around carer recruitment is that the majority of new carers prefer to start by providing short breaks before deciding if they want to become a long-term carer. Some carers never make the transition to being a long-term carer and stay as a provider of short breaks. For this reason, it is proposed that the Council also recruit a further 50 carers to support people to have short breaks with a Shared Lives carer.
14. Development of Shared Lives is dependent on engaging the right people to become Shared Lives carers. Since 2015, the Nottinghamshire Shared Lives scheme has recruited 40 new carer households but during the same period, 20 households have left the scheme through a combination of retirement and ill health, as shown below.



15. Analysis of the scheme's current cohort of carer households shows that 25% of these will reach retirement age in the next few years and whilst not all will choose to retire, some households will decide to leave the service.

## Shared Lives Plus Report on the NCC Scheme

16. Shared Lives Plus has completed a healthcheck on the Nottinghamshire scheme and a demographic analysis of Nottinghamshire and has reported back on areas of potential growth and development. Their recommendations include:
- Phased recruitment of additional scheme coordinators to enable the scheme to support and retain 100 new carers
  - Dedicate one of the new coordinator posts to the promotion of the Shared Lives service, externally and internally to the Council, and the recruitment of new carers
  - Identification and appointment of Shared Lives Champions to promote the service
  - Work closely with commissioning teams, particularly in areas where Shared Lives is not currently being used, such as older adults
  - Develop the scheme to provide placements for younger adults in need of emergency short-term care instead of relying on residential placements
  - Continue to develop the Home from Hospital service to provide placements for people leaving hospital and in need of a short-term period of care
  - Review and streamline assessment processes
  - Use demographic analysis to run a targeted social media recruitment campaign and potentially target younger carers
  - Revision of the Shared Lives material on the internet to include more case studies, improved information for applicants and improved information about the service
  - Investigate the possibility of carers looking after more than one person at the same time
  - Target health and social care professionals and volunteer organisations to recruit carers.

## Current Shared Lives Team Structure

17. The current Shared Lives team is made up of 1 fte Team Manager, 1 fte Senior Coordinator, 5.3 fte Coordinators and 1 fte Support Officer as detailed in the table below:

Role	Band/Grade	Number of Posts	FTE
Team Manager	C	1	1
Senior Coordinator	A	1	1
Coordinator - Permanent	5	6	4.5
Coordinator – Temporary until March 2020	5	1	0.8 Currently funded by Better Care Fund & SLP
Support Officer	3	1	1

18. It is proposed that in order to continue to support the current cohort of carers and simultaneously recruit new carers, the number of coordinators in the team should increase as follows:
- 1 fte Coordinator to be recruited in April 2020 on a permanent contract

- 2 fte Coordinators to be recruited in September 2020 on permanent contracts (this second wave of recruitment will depend on the success of the scheme in recruiting new carers in the first six months of 2020).
19. In addition to any new requirements there is a temporary Grade 5 Coordinator post in the current Shared Lives team, and it is proposed that this post is made permanent from April 2020. This role's primary focus will be to promote the service and recruit new carers.
  20. The cost of each Grade 5 fte Coordinator post is approximately £36,000 per annum when including estimates for mileage and monthly ICT costs. In year the total cost, including the current temporary post being made permanent, would be £108,000 in 2020/21 and £144,000 from 2021/22 onwards.

### **Other Options Considered**

21. The Council does not develop the Shared Lives scheme and limits the scheme to supporting the current numbers of people.

### **Reason/s for Recommendation/s**

22. Growing the scheme will bring a huge number of benefits to the Council and its customers. In addition to the financial benefits, the consistently high standards of care and support within Shared Lives placements can potentially address the issue of loneliness and isolation and help people recover after hospital treatment or mental ill health. The scheme's current emphasis has been on providing personalised support predominantly to individuals with a learning disability, but the potential customer base can be expanded to address other areas of support e.g. older adults. In this way, Nottinghamshire County Council's commitment to a personalised, high quality service would continue to be reflected in the scheme's offer to vulnerable members of the community.

### **Statutory and Policy Implications**

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

### **Financial Implications**

24. The cost of each Grade 5 fte Coordinator is approximately £36,000 per annum when including estimates for mileage and monthly ICT costs. In year the total cost, including the current temporary post being made permanent, would be £108,000 in 2020/21, and £144,000 per year from 2021/22 onwards. The required funding can be met from within the current Adult Social Care & Public Health budget.

## **Human Resources Implications**

25. HR implications are that 4 fte permanent coordinator posts will be established at Grade 5.

## **Implications for Service Users**

26. Expansion of the Shared Lives scheme would give more people with care and support needs the opportunity to benefit from good quality support in a family environment.

## **RECOMMENDATION/S**

- 1) That Committee approves the establishment of the following permanent posts in order to promote and expand the Shared Lives scheme and support more people in a Shared Lives setting:
- 2 fte Coordinator posts at Grade 5 from April 2020
  - 2 fte Coordinator posts at Grade 5 from September 2020.

**Ainsley Macdonnell**  
**Service Director, Community Services**  
**(Living Well and Provider Services)**

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## **Constitutional Comments (EP 07/01/20)**

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

## **Financial Comments (DM 22/01/20)**

28. The current net budget for the Shared Lives Team is £313,441. This includes grant funding of £23,000 from a combination of Winter Pressures and Shared Lives Plus to fund the temporary coordinator post.
29. When taking salary costs, mileage and mobile working equipment costs into account, a full time coordinator post will cost approx. £36,000 per annum.
30. The proposal to make the current temporary post permanent and phase recruitment of a further 3 posts, all on permanent contracts, will cost in total £108,000 in 2020/21 and £144,000 per year from 2021/22 onwards.
31. The required funding can be met from within the current Adult Social Care & Public Health budget.

32. In 2019/20 the department is forecast to have a gross spend of £800,000 on Shared Lives packages.

**HR Comments (SJJ2 22/01/20)**

33. The posts will be recruited and appointed to on permanent contracts.

**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.

[Shared Lives Scheme - report to Improvement and Change Sub-Committee on 7th January 2019](#)

**Electoral Division(s) and Member(s) Affected**

All.

ASCPH697 final



**3 February 2020****Agenda Item: 7****REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND  
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme.

**Information**

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

**Other Options Considered**

5. None

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty,

safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

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

**Marjorie Toward**  
**Service Director, Customers, Governance & Employees**

For any enquiries about this report please contact: Sara Allmond – [sara.allmond@nottsc.gov.uk](mailto:sara.allmond@nottsc.gov.uk)

### **Constitutional Comments (HD)**

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

### **Financial Comments (NS)**

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

### **Background Papers and Published Documents**

- None

### **Electoral Division(s) and Member(s) Affected**

- All



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

<b>Report Title</b>	<b>Brief Summary of Agenda Item</b>	<b>Lead Officer</b>	<b>Report Author</b>
<b>16 March 2020</b>			
Performance in Adult Social Care and Health	Quarterly update report to committee on performance, progress with savings projects and the Improving Lives portfolio and the departmental budget.	Corporate Director, Adult Social Care and Health	Vicky Myers/Stacey Roe/Kath Sargent
Progress with development of County Horticulture (Brooke Farm)		Service Director, Living Well Services	Jane McKay
Developing integrated intermediate care		Service Director, Ageing Well Services	Sue Batty
Approval for tender for Direct Payments Support Services		Service Director, Strategic Commissioning and Integration	Malcolm Potter
Market management position statement	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning and Integration	Cherry Dunk
Fees and charges annual report		Service Director, Strategic Commissioning and Integration	Paul Johnson/Cherry Dunk
All Age Substance Misuse Service	To inform committee of key performance indicators	Director of Public Health	Sarah Quilty
Summary of the Violence Against Women and Girls (VAWG) Project Evaluation	To inform committee of the outcome of the Violence Against Women and Girls (VAWG) Project Evaluation	Director of Public Health	Rebecca Atchinson
LGA/ADPH Annual Public Health Conference on 24 <sup>th</sup> March 2020	To seek approval to attend conference	Director of Public Health	Will Brealy
<b>20 April 2020</b>			
Spend and outcomes review for Adult Social Care and Public Health		Corporate Director, Adult Social Care and Health/Director of Public Health	Melanie Brooks/Jonathan Gribbin

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Self-assessment and sector-led improvement in Adult Social Care and Health and Public Health	Progress update on outcomes of annual sector led improvement process in Adult Social Care and Health, including regional challenge and introduction of process in PH.	Corporate Director, Adult Social Care and Health/ Director of Public Health	Jennie Kennington/Will Brealy
Public Health Grant – proposals for investment of additional funding	To seek approval for proposals to invest additional Public Health Grant funding	Director of Public Health	William Brealy
Progress update on Liberty Protection Safeguards	Update on the introduction and implementation of the new approach.	Service Director, Ageing Well Services	Annie Greer
Day opportunities vision	To inform committee of the outcomes of the review and the plans for development of day opportunities.	Service Director, Strategic Commissioning and Integration	Clare Gilbert
Commissioning strategy for Short Breaks Services	To inform committee of the work undertaken on the need for short breaks services across the county.	Service Director, Strategic Commissioning and Integration	Mercy Lett-Charnock/Clare Gilbert
Progress on co-production approach in Adult Social Care and Health	To seek approval of the co-production approach to be used within Adult Social Care and Health.	Corporate Director, Adult Social Care and Health	Sarah Craggs/Mike Deakin
<b>11 May 2020</b>			
Integrated Wellbeing Service update		Director of Public Health	Matthew Osborne
Adult Social Care Digital Strategy	Progress report on the Digital Strategy, outcomes already achieved and future priorities within the Strategy.	Service Director, Strategic Commissioning and Integration	Anne Morgan
Refresh of Adult Social Care Strategy	Report on proposals for refresh of the Adult Social Care Strategy.	Corporate Director, Adult Social Care and Health	Stacey Roe
<b>8 June 2020</b>			
Performance in Adult Social Care and Health	Quarterly update report to committee on performance, progress with savings projects and the Improving Lives portfolio and the departmental budget. Also including end of year update on progress against the ASC&PH departmental strategy.	Corporate Director/Director of Public Health	Vicky Myers/Stacey Roe/Kath Sargent/ Will Brealy/Jennie Kennington

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Progress of framework agreement for equipment based major adaptations in people's homes	Requested by Committee December 2019, a follow-up report on progress with implementation of new framework.	Service Director, Strategic Commissioning and Integration	Cate Bennett
<b>13 July 2020</b>			
Market management position statement	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning and Integration	Cherry Dunk

