Nottinghamshire County Council

Adult Social Care and Public Health Committee

Monday, 09 July 2018 at 10:30

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

AGENDA

12	Quality and Market Management Team Quality Auditing and Monitoring Activity - Care Home and Community Care Provider Contract Termination/Suspensions	95 - 102
13	Adult Social Care and Public Health – Events, Activities and Communications	103 - 108
14	Work Programme	109 - 114

15 EXCLUSION OF THE PUBLIC

The Committee will be invited to resolve:-

"That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of 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 ITEMS

16 Exempt Appendix to Item 11: Public Health Performance and Quality Report for Contracts Funded with Ring-fencved Public Health Grant January to March 2018

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

17 Exempt Appendix to Item 12: Quality and Market Management Team Quality Auditing and Monitoring Activity - Care Home and Community Care Provider Contract Termination/Suspensions

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

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact 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

Nottinghamshire County Council

minutes

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	11 June 2018 (commencing at 10.30 am)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Boyd Elliott
David Martin
Mike Pringle
Francis Purdue-Horan
Andy Sissons
Muriel Weisz
Yvonne Woodhead

OTHER MEMBERS PRESENT

Councillor Paul Henshaw

OFFICERS IN ATTENDANCE

Kerrie Adams, Senior Public Health Commissioning Manager, Adult Social Care and Health
Sara Allmond, Advanced Democratic Services Officer, Resources
Sue Batty, Service Director, Adult Social Care and Health
Jonathan Gribbin, Director of Public Health, Adult Social Care and Health
Dawn Jenkin, Consultant in Public Health, Adult Social Care and Health
Jennie Kennington, Senior Executive Officer, Adult Social Care and Health
Ainsley MacDonnell, Service Director, Adult Social Care and Health
Jane North, Transformation Programme Director, Adult Social Care and Health
David Pearson, Corporate Director, Adult Social Care and Health
Bridgette Shilton, Team Manager, Adult Social Care and Health

APPOINTMENT OF NEW DIRECTOR OF PUBLIC HEALTH

Members gave their congratulations to Jonathan Gribbin who had been appointed as the new Director of Public Health.

1. CHAIRMAN AND VICE-CHAIRMEN

The appointment by the County Council on 10 May 2018 of Councillor Stuart Wallace as Chairman of the Committee and Councillors Tony Harper and Steve Vickers as Vice-Chairmen was noted.

2. COMMITTEE MEMBERSHIP

The membership of the Committee for 2017/18 as Councillors Joyce Bosnjak, Boyd Elliott, Sybil Fielding, Tony Harper, David Martin, Francis Purdue-Horan, Andy Sissons, Steve Vickers, Stuart Wallace, Muriel Weisz, Yvonne Woodhead was noted with a change to the membership of Councillor Mike Pringle in place of Councillor Sybil Fielding for this meeting only.

3. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 14 May 2018 were confirmed and signed by the Chair.

4. APOLOGIES FOR ABSENCE

None

5. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

6. RE-COMMISSIONING THE NOTTINGHAMSHIRE SUPPORT SERVICE FOR SINGLE HOMELESS ADULTS IN TEMPORARY ACCOMMODATION

Councillor Stuart Wallace and Dawn Jenkin introduced the report and responded to questions.

RESOLVED 2018/046

1) That approval be given to tender for a four year Framework Agreement with an 18 month Call-Off Contract, for Single Homeless People in Temporary Accommodation in Nottinghamshire

2) That delegated authority be given to the Director of Public Health (or their authorised deputy) in consultation with the Chair of the Adult Social Care and Public Health Committee to award to the successful bidder(s) once the tender is concluded.

7. CHANGES TO UNIVERSAL DEFERRED PAYMENT SCHEME LEGISLATION

Councillor Stuart Wallace and Jane North introduced the report and responded to questions.

RESOLVED 2018/047

1) That the revised Deferred Payments Policy, as attached as Appendix 1 of the report be recommended to Policy Committee for approval.

2) That approval be given for information on the 'loan type' Deferred Payment Agreement to be provided to service users who are being funded by the Council during the 12 week property disregard period, in addition to signposting to independent financial advice.

8. OUTCOME OF CARERS CONSULTATION AND PROPOSALS FOR SERVICE DEVELOPMENT

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

RESOLVED 2018/048

1) That the proposed principles and associated workstream for next steps in the development of carers services be approved.

2) That a revised Carers Joint Commission Strategy for Nottinghamshire, be received by the Committee in Autumn 2018.

9. PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH

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

RESOLVED 2018/049

That there were no actions required in relation to the issues contained within the report.

10. ADULT SOCIAL CARE AND HEALTH – CHANGES TO STAFFING ESTABLISHMENT

RESOLVED 2018/050

1) That approval be given to disestablish a part-time (12 hours) Unqualified Rehabilitation Officer (Grade 5) post in the Adult Deaf and Visual Impairment Service team and establish a part-time (9 hours) Qualified Rehabilitation Officer (Band A) post

2) That approval be given to disestablish 1 fte Programme Officer (Band B) post and establish 1 fte Strategic Development Assistant (Grade 3) post within the Transformation Team for an extended period of 15 months to September 2019, thereby requiring a change of use of iBCF funding of £30,517

3) That approval be given to an extension of a 0.5 fte Business Support Officer (Grade 3) at a cost of £5,853 post to support social worker recruitment for six months until the end of September 2018.

4) That approval be given to disestablish 1.5 fte Community Care Officer posts and establish 1 fte Social Worker (Band B or A) post in the Community Deprivation of Liberty Team.

11. RETENDER FOR INTERPRETATION SERVICES FOR THE DEAF COMMUNITY

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

RESOLVED 2018/051

That approval be given to continue to participate in a partnership with commissioning partners to jointly re-commission the British Sign Language interpretation service and for the Video Relay Service to be integrated into the revised specification.

12. PLANNING FOR DISCHARGE FROM HOSPITAL

Councillor Stuart Wallace and Sue Batty introduced the report and responded to questions.

RESOLVED 2018/052

1) That there were no actions required in relation to the issues contained within the report.

2) That the changes to the staffing establishment be approved as follows:

- temporary extension of the conversion of 1 fte Team Manager post (Band D) to an Advanced Social Work Practitioner post (Band C) in the START Team from end of June 2018 to end of March 2019.
- establish 1 fte permanent Community Care Officer (Grade 5) post at King's Mill Hospital
- permanently disestablish 0.5 fte Social Worker (Band B) vacant post and permanently increase the Advanced Social Work Practitioner Post (Band C) from 18.5 hours to 34.5 hours at Bassetlaw Hospital.
- disestablish 1 fte Community Care Officer (Grade 5) post and establish 1 fte Project Manager (Band D) post for seven months (April – October 2018) at Nottingham University Hospitals Trust.

13. ADULT SOCIAL CARE AND PUBLIC HEALTH: EVENTS, ACTIVITIES AND COMMUNICATIONS

Members were advised that an additional event in relation to Each Amazing Breath would be taking place on 13th July. Due to the late notification a decision would be taken under Chief Executive's Urgency Powers and would be reported back to the next meeting.

RESOLVED 2018/053

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

14. WORK PROGRAMME

RESOLVED 2018/054

That the work programme be updated to include:

- An update on the re-commissioning of the Nottinghamshire Support Service for Single Homeless Adults in Temporary Accommodation in early 2019.

- A revised Carers Joint Commission Strategy for Nottinghamshire, be received by the Committee in Autumn 2018.

The meeting closed at 12.21 pm.

CHAIR

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 July 2018

Agenda Item: 4

REPORT OF DIRECTOR OF PUBLIC HEALTH

PROGRESS OF PUBLIC HEALTH COMMISSIONED SERVICES: HEALTHY FAMILIES PROGRAMME

Purpose of the Report

1. To provide elected members with insight into the delivery and impact of the targeted support provided by Nottinghamshire Healthy Families Programme to families in need of additional support

Information and Advice

Background and information

2. A procurement process took place across 2016 to commission an integrated healthy child and public health nursing programme combining care previously provided by Health Visitors, School Nurses, the Family Nurse Partnership Programme and the National Child Measurement Programme. The contract for the service known locally as the Healthy Families Programme (HFP) commenced on 1st April 2017 and is delivered by Nottinghamshire Healthcare NHS Foundation Trust.

3. The HFP is an early intervention and prevention public health programme aiming to support local families to provide their children with the best start in life. With the Department of Health Healthy Child Programme at the centre of its delivery, the HFP offers every child and family a programme of screening tests, immunisation advice, developmental reviews and information and guidance to support parenting and healthy choices, to ensure that children and families achieve optimum health and wellbeing. The service promotes early intervention aiming to prevent issues escalating by identifying and supporting families in need. Whilst this programme is universally available to all families, this paper will focus on the support provided to families identified at risk of poor health outcomes.

4. Healthy Family Teams are located in geographical areas that relate to local communities and incorporate families of schools. Workforce modelling to ensure appropriate provision across Nottinghamshire has been aligned to population need and is based on a combination factors including Governments Income Deprivation Affecting Children Index (IDACI), strategic needs assessment, and local intelligence based on experience of delivering services. Underpinning the model is the principal that all children, young people and families will receive the support they need, when they need it, regardless of where they live in Nottinghamshire.

5. Public health practitioners support all children, young people and families in 20 locally based Healthy Family Teams (HFT) and have the knowledge and skills to work with all children and young people from the age of 0 to19. Each multidisciplinary team has a combination of Nursing and Midwifery Council qualified public health practitioners (Health Visitors, School Nurses Family Nurses and Midwives) and support workers with a range of skills, who are able to work together to assess public health needs and provide appropriate support to children, young people and families in their local area.

6. Nottinghamshire County Council and Nottinghamshire Healthcare NHS Foundation Trust have worked collaboratively to ensure the new model was implemented as seamlessly as possible.

Introduction to the Healthy Family Programme (HFP)

7. The HFP delivers the Department of Health's Healthy Child Programme, which is a statutory responsibility for Local Authorities; and each family receives a schedule of universal checkpoint reviews:

- Antenatal contact (in pregnancy)
- New baby review
- 6 to 8 week review
- 1 year health and development review
- 2 to 2.5 year health and development review
- School entrant health check (parent questionnaire)
- Year 7 health check (parent/child questionnaire)
- Teenage health check (young person's questionnaire)
- Transition to adulthood (health and wellbeing information pack)

8. The service has just completed the first year of delivery and the programme is now embedding across the County. Locally we have set performance targets for these reviews at 95% in line with national recommendations. Performance in areas where there is a full staffing establishment is improving and Nottinghamshire data for mandated reviews (antenatal, new baby, 6 to 8 weeks, 1 year and 2 to 2.5 years) is comparable with, or better than the England average.

2017/18 Quarter 3 (April 2018 release)							
Mandated Review	New birth visits within 14 days	New birth visits after 14 days	6 - 8 week reviews	12 month reviews by 12 months of age	12 month reviews by 15 months of age	2.5 yr reviews by 2.5 yrs of age	2.5 yr reviews using ASQ 3
England	88.4%	9.6%	86.1%	77.1%	83.2%	76.5%	91.2%
East Midlands	90.2%	7.6%	91%	78.6%	83.1%	72.7%	93.6%
Nottinghamshire	85.6%	12.8%	88.7%	78.9%	85.8%	77.9%	95.2%

9. One of the key roles of the HFP is to identify children with specific needs and risks and ensure these families receive a targeted and personalised service. Whilst there are processes in place to ensure all families have the opportunity to receive their child development reviews, the HFP work hard to prioritise vulnerable families in need of additional support. To facilitate

this, there are four tiers of service provision based around the levels of needs identified in the Healthy Child Programme:

- **Your community:** the Healthy Families workforce has an important public health leadership role in the community and a broad knowledge of community needs and resources available, linking families to support and working in partnership with other key stakeholders to promote health and wellbeing across settings.

- **Universal:** every new Mother, Father and child or young person has access to a public health practitioner. Each family receive a programme of health and development checks and information and support, to provide the best start in life. This includes promoting good health and identifying problems early.

- **Universal plus**: provides a swift response to families when specific help and support is required. This might be identified through a health check or through the provision of easily accessible Healthy Family team services. This could include offering time limited evidence based interventions for specific issues, managing long-term health issues and additional health needs, reassurance about a health worry, advice about public health concerns such as diet or smoking, and support for emotional and mental health wellbeing.

- **Universal partnership plus**: ongoing support is provided to families as part of a range of local services working together to deal with more complex problems over a longer period of time. This might include partnership working with children's social care, voluntary sector organisations, and specialist NHS services such as child and adolescent mental health services (CAMHs)

A snapshot taken in May 2018 identified that the HFP had 46,605 children aged 0 to 5 on their caseload, of which 2,858 were receiving universal plus provision and 1,446 universal partnership plus provision.

Safeguarding is a core element of the HFP and Nottinghamshire Safeguarding Children Board procedures are fully embedded within each of the tiers of service provision. In May 2018 the HFP were working with 1,466 children in need, and 1,111 children subject to child protection plans.

10. Families are encouraged to access the HFT locality specific telephone advice lines for information, advice and support about their family's health, wellbeing and development. Calls range from parents seeking advice regarding minor injury to social workers seeking child protection information. The HFP receive an average of 1,200 calls each week to these advice lines.

Targeted work delivered in partnership

11. The HFP works in partnership with other organisations and services as part of a joined-up children's health, social care and early year's system co-ordinating provision to ensure the needs of children, young people and families remain central, reducing the need for more specialist interventions where appropriate, and building resilience in families.

12. The HFP works closely with children's centres to provide help and support to young children and their families as soon as it is needed. NCC commissioners in Public Health and

Children's Services work together to align the NCC offer to families so that seamless provision is available locally. In the community, Healthy Family Teams and children's centres hold regular Acting Early meetings to discuss and agree the most appropriate support for each family.

13. The HFP works in partnership with Nottinghamshire County Council's Family Service to support children and young people over the age of 5, and their families, to help resolve significant problems and provide support. This might include problems with behaviour in the home or at school, drugs or alcohol, attendance at school. In addition, Family Nurses within the HFT's pro-actively identify families with children aged 0-2 years, who are eligible for access to the NCC 'Supporting Families' programme to ensure that every potential offer of help is available to those most in need of additional support.

14. Safeguarding children and young people is a core role for Healthy Family teams who identify and support vulnerable families at increased risk in line with Nottinghamshire's Pathway to Provision (2018). HFT's work in partnership with key stakeholders to help promote the welfare and safety of children and young people, and they contribute to multi-agency decision-making, assessments, planning and interventions relating to children in need, children at risk of harm and Looked After Children, including carrying out assessment of health need. By the end of Quarter 3 of 2017-18, Healthy Family teams had participated in 640 Initial Child Protection Conferences. Teams also deliver preventative and early help work with families aiming to reduce the need for social care intervention.

15. HFT's deliver level one interventions for a range of emotional and mental health issues including depression, low mood, self-harm, anxiety, risk-taking behaviour, and anger management, working closely with schools and families. Healthy Family teams assess risk and deliver clinical interventions including goal setting and coping strategies in line with National Institute for Clinical Excellence (NICE) guidance. Teams work closely with Primary Mental Health workers who offer advice, guidance and consultation to schools, GP's and other community services to ensure children and young people access the right service at the right time to best meet their mental health needs. The pathway of care from HFT's is integrated with local child and adolescent mental health pathways, supporting escalation and de-escalation between services as children and young people's needs change. In Quarter 4 of 2017-18 209 secondary school aged young people in Newark and Sherwood received a level one intervention for emotional and mental health.

Work that takes place before a child is born

16. Healthy Family teams offer an antenatal contact to all women, carrying out a holistic assessment of the expectant mother and father's needs, assessing mental health and welling, supporting the transition to parenthood and promoting health. This is underpinned by strong links with maternity services. Where women have complex health or social factors affecting their pregnancy, or potential safeguarding needs, information about care is shared between maternity services and HFT's throughout the pregnancy. Practice liaison meetings with GP's extend information sharing about the needs of vulnerable families to primary care services who work together with Healthy Family Teams and midwives to support parents and safeguard children.

17. Healthy Family teams work to build resilience and put in place appropriate early support strategies to enhance women's emotional health and wellbeing as part of the universal offer

of support. Mild to moderate post-natal depression has a significant impact on a mother, her baby and her wider family, with the potential to affect attachment, child development and longer term outcomes such as school-readiness. HFT's assess and support maternal mental health beginning in pregnancy, in Quarter 4 of 2017-18, 100% of women having an antenatal contact had a review of their maternal mental health. Where additional needs requiring targeted support are identified, structured active listening sessions are offered in all cases, and women may also be supported by the HFT to access Footsteps perinatal services provided by children's centres or psychological therapy services commissioned by Clinical Commissioning Groups. Women with serious mental illness receive care from the Perinatal Psychiatry Service and shared cared plans are developed across maternity services, HFT's and the psychiatry team.

18. Healthy Family teams work closely with specialist midwives for mental health, drugs and alcohol, teenagers and other complex social factors. In Bassetlaw the multi-agency pregnancy liaison model of care has achieved national recognition for the positive outcomes secured for vulnerable women and there are plans to roll this out in Mansfield, Ashfield, and Newark and Sherwood.

Work with at risk families

19. The Family Nurse Partnership (FNP) forms part of the Healthy Families programme in Nottinghamshire. FNP is a licenced, evidenced-based, intensive nurse led prevention and early intervention programme for vulnerable first time young parents and their children, delivered by specially trained Family Nurses. It is the first part of the preventive pathway for the 2-5% of most disadvantaged children. Locally, FNP supports up to 375 first time teenage mothers and their babies, providing weekly or fortnightly visits up until the child's second birthday. In 2017-18, when first enrolled on the programme, 34.8% of clients reported that they had previously had mental health problems, 35.9% reported that they had been abused by someone close to them and 56.3% were on a very low income or living entirely on benefits. Robust partnership working between FNP practitioners, Children's Centres, the supporting families programme, children's social care and voluntary sector organisations ensures that young families in Nottinghamshire have the opportunity to reach their potential.

20. The HFP includes a specialist public health practitioner role who works closely with the gypsy roma traveller community. The practitioner, who is a qualified Health Visitor, has specialist knowledge, skills and training, enabling her to reach out to the community by building trusting and effective relationships. The aim of this role is to maximise the engagement of these communities in universal and targeted support, and to facilitate access to health protection through immunisation, and to education through close working with colleagues in education services. In April 2018, there were 212 children on the specialist practitioner's caseload, and 700 recorded contacts across 2017-18.

21. A specialist practitioner with additional knowledge and skills also works with families who are homeless or at risk of becoming homeless liaising with appropriate agencies and services and advocating on behalf of these vulnerable families.

22. Healthy Family Teams are integral to the multi-agency Concerning Behaviour pathway where a range of services including schools and GP's work together to explore the reasons for a child or young person's challenging or concerning behaviour. Children and young people with behavioural needs, and their families, are supported by HFT's who deliver a targeted

intervention across a number of weeks tailored to the needs of the child or young person. This tier one intervention enables families to get the right help at the right time through one-to-one work, additional signposting, or through support to access more specialist services if required.

23. Under the HFP contract a pilot service in Mansfield known as Small Steps is also available to support children and young people with behaviour that challenges. Small Steps work with children and young people displaying challenging behaviours indicative of ASD and/or ADHD and those with a formal diagnosis of ASD or ADHD. Family support workers support families on a one-to-one basis at home and in school to help manage behaviour, delivering a range of evidenced based interventions. The pilot is evaluating well with families and partners and is improving outcomes for children and young people. By the end of Quarter 3 2017-18, 127 families had received support from the service, 44 of whom had1) been paired with a support worker for 1:1 support.

The Small Steps pilot service is being expanded across all Nottinghamshire districts in 2018-19. Currently the majority of Small Steps provision is focused on support after a child or young person receives a clinical diagnosis. The Healthy Family Programme are a key partner in the ongoing redesign of the Concerning Behaviour pathway to better support the needs of children and young people. Challenging behaviour is a set of problems rather than a clinical diagnosis, and there are plans to shift focus from clinical diagnosis to early intervention, helping children, young people, their families and communities to learn strategies to best manage behaviour regardless of the underlying factor which may be biological, psychological and social or in reality a complex combination of these factors.

Supporting children who are not ready to learn by 2, or ready for school by 5

24. School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. Though it is measured at the end of the Early Years Foundation Stage (around 5 years of age), it starts much before this. A child's ability to learn and to be ready for school is dependent on multiple factors that require robust multi-agency partnerships including those between parents, health services, community based children's services such as children's centres, early years education providers and schools.

25. A critical 1001 days, from conception to a child's second birthday, create the psychological and neurological foundations that optimise lifelong social, emotional and physical health, as well as educational and economic achievement. In pregnancy the physical and mental wellbeing of the mother has lifelong impacts on the child, and from birth the support of parents and carers helps young children to acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life.

26. HFT practitioners impact on a child's ability to be ready for school by using their knowledge and skill to assess child development, proactively identify problems, and support families and carers to promote readiness for learning and school across a child's early years. They support children's early development by working with all families to:

- Improve emotional and social wellbeing through strong parent-child attachment, positive parenting and supportive family relationships
- Promote early speech and language development
- Detect and act early to address development delay, abnormalities or health concerns

- Enhance health by eating well and playing actively
- Promote creative and imaginative play
- Detect and act early to reduce the adverse impact of psychosocial issues such as poor parenting, disruptive family relationships, domestic violence, mental health issues and substance misuse

27. HFT's play an important role in increasing access to early year's education. They widely promote the 15 hour childcare offer for eligible 2 year olds, and the 30 hour childcare offer for 3 and 4 year olds, and act as an advocate for early year's education, explaining the benefits that spending time in an early years setting brings, and encouraging families to access their funded places.

28. School readiness in Nottinghamshire continues to be a challenge for all commissioners of services for children. Locally we recognise, from anecdotal evidence and measures of 'school readiness' at the end of school Reception age (5 years), that some children may not be ready to learn. A journey to school readiness developed in partnership between NCC Public Health/Early Years commissioners, HFT's and children's centres supports parents and carers to maximise opportunities for learning and development.

29. HFT's undertake a comprehensive assessment of a child's health, social, emotional, behavioural and language development at one year of age, and again at two years of age using the evidence based Ages and Stages Questionnaire to assess communication, gross motor, fine motor, problem solving and personal-social skills, and the Ages and Stages: Social-Emotional to assess social and emotional development.

30. Where a child is not meeting developmental milestones an appropriate intervention will be delivered, for example for speech, language and communication needs, social and emotional development, fine or gross motor skills. Teams will also refer for targeted or specialist care where further support is needed for example children's centre support, parenting support or assessment by hospital paediatric teams.

31. At two years the development review is delivered in partnership with early years settings who also assess a child's development via the early year's foundation stage framework. This is known as the integrated review. Information about assessment is shared between HFT's, early years settings and parents, and where either party identifies concerns, discussion takes place about a child's developmental needs and practitioners work in partnership to ensure appropriate strategies are put in place and progress reviewed. In Quarter 4 of 2017-18, 1685 children received a 2 year development review using an evidence based tool, of which 232 (13.7%) were assessed as not achieving a good level of development. Partnership discussions between HFT's, early years settings and parents were undertaken to plan appropriate interventions to support each of these children, and to improve their opportunity to be ready for school.

32. Speech, language and communication development is an important part of school readiness. Children's understanding and use of vocabulary at two years is strongly associated with their performance on entering primary school. The number of books available to the child, the frequency of visits to the library, parents teaching a range of activities, and the number of toys available are all important predictors of a child's expressive vocabulary at two years. The two year review conducted as part of the HFP core offer, includes an assessment of speech, language and communication. Where needs are identified targeted interventions

may be delivered by HFT's directly, families may be encouraged to access HomeTalk speech and language therapy delivered under the children's centre contract, or specialist speech and language therapy commissioned by the Clinical Commissioning Groups.

33. A further review is under development for targeted children at risk of not being school ready. Children who have not reached the expected level of development in any one of the areas assessed at the two year review, any child on a child in need or child protection plan, or children where practitioners may have other concerns based on their professional judgement, will receive an additional targeted review tailored to the child and family's needs to review development and support school readiness.

34. School readiness is also supported by strategies described earlier in this paper such as the Family Nurse Partnership and efforts to improve maternal mental health.

Other options considered

35. No other options were considered in the writing of this report.

Statutory and Policy Implications

36. 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

37. There are no financial implications contained within this report.

Human resource implications

38. There are no human resource implications contained within this report.

RECOMMENDATION/S

1) That members consider whether there are any actions they require in relation to the targeted support provided by the Healthy Family Teams to local families as part of the NCC Healthy Families Programme

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:
Kerrie Adams, Senior Public Health and Commissioning Manager
Kerrie.Adams@nottscc.gov.uk

Constitutional Comments (CEH 25.06.2018)

39. The recommendation falls within the delegation to the Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (DG 07.06.2018)

40. The financial implications are contained within paragraph 37 of this report.

Background Papers and Published Documents

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

- Integrated Healthy and Public Health Nursing Programme 0-19 years – Tender outcome http://www.nottinghamshire.gov.uk/dmsadmin/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3914/Committee/507/Default.aspx

- Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 19 May 2016 http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3698/Committee/507/Default.aspx

- Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 17 March 2016 http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3500/Committee/507/Default.aspx

Electoral Division(s) and Member(s) Affected

- 'All'

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9th July 2018

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING, SAFEGUARDING AND ACCESS

PROGRESS ON A RANGE OF PREVENTION INITIATIVES

Purpose of the Report

1. This report provides a progress update on the following prevention projects and services, as requested by the Committee, and asks the Committee to consider whether there are any further actions it requires arising from the information contained in the report:

   a) Aged Veterans (in partnership with the Defence Medical Welfare Service)
   b) Connect services
   c) Age Friendly Nottinghamshire pilot
   d) Falls prevention project.

Information

Aged Veterans Project

2. This project has been funded with a £106,242 award (over two years) from the Armed Forces Covenant under a portfolio of projects in Nottinghamshire and Herefordshire co-ordinated by the Defence Medical Welfare Service (DMWS). The the work being delivered by the Council focusses on identifying aged veterans, supporting them to access appropriate support networks and services and working with the aged veteran population to co-produce a range of health and wellbeing projects and activities. The project is part of a portfolio of projects for Nottinghamshire that includes a DMWS delivered welfare service to support people on healthcare pathways, DMWS delivered Mental Health First Aid training and Alzheimer's Society delivered aged veteran dementia awareness training. The report to Adult Social Care and Health Committee on 18 April 2017, which set out the details of the bid, is available as a background paper.

3. The two year funding approval was received in April 2017 and approval has since been received to extend the period over which the funds can be used to September 2019, to reflect the time that was required at the start to put agreements in place and recruit to funded posts.

4. A Nottinghamshire County Council Co-production Development Worker has been in post since November 2017 and is making good progress against the milestones for the project, which fall into six main areas:

a. Promotion & Stakeholder planning and engagement:
The project was formally launched on 6th March 2018 under the name 'Veterans Together Network'. The launch was covered by ITV's Central News, BBC Radio Nottingham and several local newspapers, and was attended by Armed Forces champion, Councillor Keith Girling. The project is being promoted in line with a communications plan that has been developed with the support of the Senior Communications Business Partner. The Council's 'Supporting armed forces' web page has been updated and there was a 134% increase in hits following the launch. A new page for the Veterans Together Network has been developed through which people can join the Network. 12,000 promotional leaflets and 400 posters have been produced and are being disseminated to promote the project. The Co-Production Development Worker has engaged with a wide variety of organisations that have a specific remit around aged veterans, such as Royal British Legion, the Nottinghamshire Veterans' Meeting, SSAFA and Newark Patriotic Club. The Co-Production Development Worker is also building links other potential partners and stakeholders who might identify and connect veterans to the project, such as the Council's older adults teams, hospital discharge teams, day services, libraries, Age UK, G.P. practices, Borough and District Councils, Balderton Salvation Army, County Enterprise Foods and East Midlands Reserve Forces and Cadets Association.

b. Identification of aged veterans:
Customer Service Centre staff are now engaging with callers to the Council around their veteran status and using this to help direct people to the Network and other appropriate groups and services. The Co-Production Development Worker has worked with appropriate people within the Council to develop an online, self-referral form (embedded within the webpage), and also a radio button within the Council's social care recording system so that existing and new customers can be identified as veterans.

c. Advising and signposting:
Advising and signposting activity is now happening as part of the work of Customer Service Centre and this is being recorded.

d. Engagement of Aged Veterans and Five Ways to Well-being (5WW) Assessment:
A Welcome Pack has been developed to introduce veterans to the project. Sixteen people have completed an assessment based on 5WW (see **Appendix 1**) with the Co-Production Development Worker. This is on target against milestones for development at this stage. The ambition is to have engaged 250 veterans across at least 8 co-produced activities or projects by September 2019, with wellbeing measures scored for 100 people. The wellbeing score, and the legacy of the work completed, will form the basis for impact measurement.

e. Well-being reviews:
This activity is due to start during June, to assess the impact that this engagement has had on veterans' wellbeing.

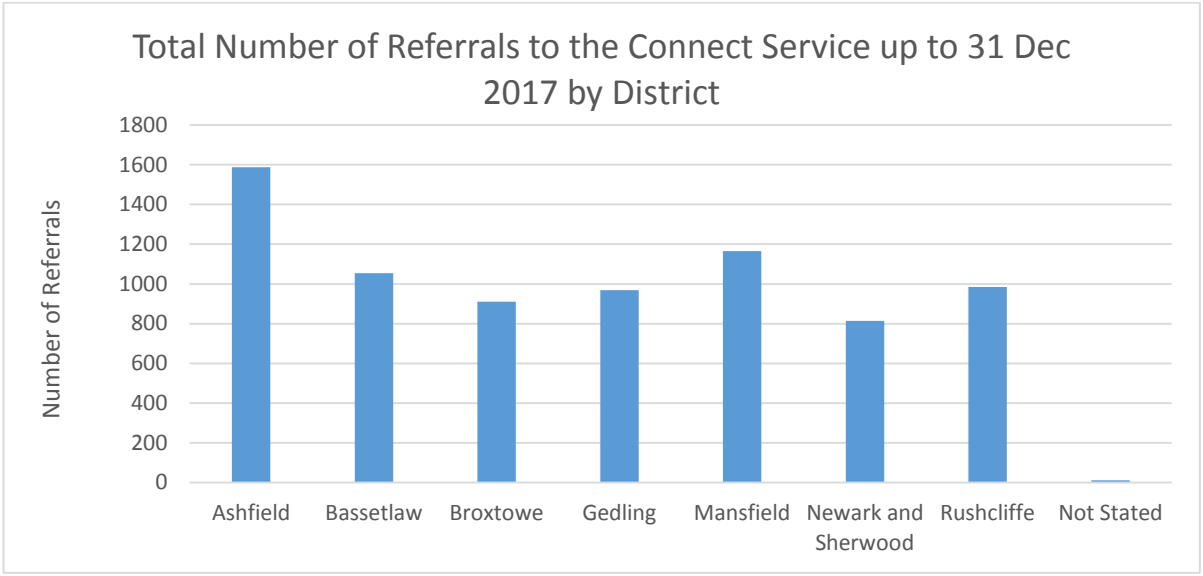
f. Development of co-produced projects and activities:
This project is just getting going, but as a result of engagement with veterans who have been identified to date, a number of groups and projects have been started. These include a Health & Wellbeing Group/Reminiscence Group in Broxtowe, which has led

to a variety of activities including artefacts shown and time in the forces discussed; a Health and Wellbeing Group in Bingham, which since April has become 'This is Me' dementia portfolio for veterans and their families; and Tesco Toton Health and Wellbeing Group, which has initiated a photography project and is also going to work with the Toton group to support the Beeston Rylands Heritage Centre by having two raised beds as part of their community project. There are further groups forming, including a newly formed Netherfield Loco Centre group; and a joint project with Volunteer Action Broxtowe Carers' Café and a local history group on a competition around photographs people took during their time in the forces.

Connect Services

5. The Connect services were commissioned during 2015 and commenced in January 2016. Three contracts were awarded for an initial period of three years with two, one-year extension options. The combined annual contract value for the three services is £1.1 million. As a new service offer, they were designed, linked to duties under the Care Act, to promote well-being and to prevent, reduce and delay the need for higher level interventions. They were designed and commissioned jointly with Public Health and incorporated the brief intervention role of existing Community Outreach Workers, but built onto this a short term support offer. Reflecting evidence from the Institute for Public Care around the risk factors that are most likely to result in escalating need, demand for social care and admission to residential care, the support element was commissioned to deliver positive outcomes around improving health management; managing independence; reducing the impacts of social isolation; achieving safe and suitable accommodation; and improving economic well-being.

6. Around 8,000 people have used the Connect services since they commenced. Activity varies from district to district with higher activity levels in more densely populated areas.



7. People access the services through a very broad range of other services and also by contacting the provider direct. From April 2016-March 2018, the top ten referral source categories were as follows:

Referral Source	Total Referrals April 2016 to March 2018
Self	2,381
Voluntary/Charitable	1,334
Family	1,093
Health Service	887
Social Care	659
NCC Customer Service Centre	362
Not Known	240
Other	187
Housing Association	134
Friend/Neighbour	104

8. In reality, the breadth of referrers is huge, as any one of these categories can include a multitude of sources, e.g. 'health' will include referrals from GP surgeries, occupational therapists, respiratory nurses, community matrons, hospital-based staff, palliative care and others.

9. Of the people who access a Connect service, around 90% receive brief interventions, through which the provider might offer information and advice about how to use Notts Help Yourself and the services, activities and resources available; referrals to services required; or direct support e.g. to resolve a problem, or complete an application form.

10. Where this is not enough to address the needs identified, people are provided with a short period of support (up to 12 weeks) and, in these cases, the provider records the outcomes that are achieved against the specified outcomes framework. On average, people supported achieve three positive outcomes. The most common achieved outcomes are: maximising income, building social connection, solutions to maintaining independence and better management of mental health and emotional well-being. It is often the case that income is maximised through the claiming of attendance allowance or personal independence payments and that this additional income enables people to achieve other outcomes by funding transport, buying in help at home or paying for social activity.

Case Study

HT is a 91 year old lady who lives alone in a large privately owned bungalow. She has mobility issues and is in constant pain which renders her housebound. She has no close family and was very isolated in her bungalow. HT felt vulnerable due to people walking through her garden as a short cut. She was frightened of opening her door.

HT said that she had recently paid a gardener £2,000 for work, but it was very obvious the garden had not been maintained. Connect staff reported the matter to the police, who told HT that the people concerned were known to them as fraudsters. The bank was then contacted and Connect staff managed to stop the cheque on behalf of HT.

Connect staff then supported HT to have a six foot fence erected around her property with locked gates on both sides, using the recovered £2,000 to pay for this. HT then felt

safe to once again open her doors and use her garden. Connect staff also identified a recommended local gardener who now calls to maintain her garden every two weeks.

HT was also helped to find a safe and trustworthy cleaner, who visits her once a week. This provides HT with social contact and gives her another safe point of contact.

Connect staff identified that HT was not claiming the correct benefits and she was supported to complete an attendance allowance application form. The additional income will now enable her to fund the cost of the additional services that she needs to continue to manage at home.

HT commented "Ironically, now that I am fenced in, it has opened up my life, and I feel safe in my garden."

11. Whilst the services are monitored through quarterly provider returns and contract review meetings, a more detailed evaluation of the impact of the services has been designed and will be undertaken in the coming months.

Age Friendly Nottinghamshire Pilot

12. An Age Friendly Nottinghamshire pilot has been funded with £275,000 of Better Care Fund and commenced in January 2017. The project aims to use community organising methods to build the capacity of communities to support each other, particularly in relation to social isolation and loneliness. The pilot has been centred on two localities within Beeston and Mansfield. The work has involved Nottinghamshire County Council employed Neighbourhood Co-ordinators talking with and listening to people in the identified communities, and identifying and supporting people to train as community organisers. Nearly 30 community organisers have then been supported to build the skills to engage with local people and to develop a range of social groups and activities including a breakfast club, coffee mornings, singing groups and a volunteer befriending scheme, often recruiting the voluntary support of others to achieve this.

13. People involved in developing many of these activities benefit hugely from this role. One man in his seventies who was isolated, lonely and not looking after himself well now organises a whole schedule of groups and events, transforming his life through new-found confidence, purpose and connection. The concept of service provider and recipient becomes redundant as the givers and the beneficiaries significantly overlap.

14. There have been over 800 attendees at community events, and around 180 people are thought to attend regularly held activities, although it is more difficult to keep track of activities and participant numbers through this pilot as the activities are owned by the community, not the Neighbourhood Co-ordinators.

15. In Mansfield, the work has more recently spread into the town centre where there are now over 20 people, some new to the area, others recently bereaved, who meet in a community room provided, free of charge and with free refreshments, by the Four Seasons Shopping Centre. Within four weeks, new friendships are visible and people have organised themselves into going on to have lunch together after the group gathering.

16. The work has also resulted in a community led response to anti-social behaviour from bored young people, which was impacting how safe older people were feeling in their Mansfield community. A young community organiser has now been offered the pool room in the local pub in which to hold a regular pool group; has worked with young people in the area to build bridges e.g. with the local shop keeper who had been targeted by them; and has supported an inter-generational clean-up of the park (with cakes supplied by an older resident).

17. The Neighbourhood Co-ordinators have also built the Take a Seat campaign. Supported by Councillor Wheeler, shops and businesses in Beeston, Stapleford and Mansfield are signing up to being 'age friendly', providing a seat and a more personal approach to people who might struggle to shop without access to a welcome place to rest. Some businesses which sign up are also able to offer a drink or access to toilet facilities.

18. The pilot will run to December 2018 and an evaluation report, commissioned from Nottingham Trent University, is expected in September.

Falls Prevention Project

19. From January 2017 a one year, Better Care Fund falls prevention project commenced to increase awareness of the risks and impacts of falls, improve the identification of people at risk and promote actions that can reduce the likelihood of falling.

20. The project focussed on:

    a. delivery of a broad communications programme that included:

        - Sharing over 20,000 copies of the 'Get Up and Go' guide (developed by the Chartered Society of Physiotherapy) through older adults teams, Connect providers, other voluntary sector organisations working with older people, GP surgeries, libraries and at events.
        - Social media campaigns that led to over 6000 hits on the Falls webpage and further downloading of the Get Up and Go guide
        - 25 Get Up and Go events held with a range of partners over the fortnight period around Older People's Day. 750 people attended these events, some taking part in Tai Chi taster sessions, and four new strength and balance classes were established as a result.

    b. Delivering training to front line staff through both face-to-face sessions and through an online module. Those in key, frontline social care and voluntary sector roles are targeted for face to face training, led by NHS falls leads, in which they learn about using a *Guide to Action* tool to assess risks and identify appropriate actions. 125 staff have completed this training to date, with a further 135 having completed the online training to the end of March.

    c. Collaborative working under a shared agenda. This aspect of the work has helped make the project successful. Not only did Public Health colleagues play a vital role in bringing expertise to, and sharing oversight of, the project, but partnerships across health and voluntary sector have meant ambitions have been shared and that messages have been consistent.

21. In December 2017, Committee approved the extension of the Falls Prevention Project from April 2018 for a further two years, using £150,000 of Public Health reserves. Work is now under way against the three strands of the continuation project:

a. Embedding key prevention messages – under this strand, the training of front line staff will continue with sessions schedule for July and October, each with capacity to reach around 100 staff. Work is also planned to review how this is being translated in action in the workplace.

b. Developing a falls prevention exercise offer – 14 exercise instructors from six of the districts' leisure providers, Public Health's physical activity and weight management provider (Everyone Health) and freelance instructors, have now been trained to deliver OTAGO, a form of strength and balance exercise with good evidence of falls prevention impact. Everyone Health will, through a variation to their contract, support this programme by establishing exercise classes with a social element in a range of community settings. The Commissioning Officer for the Falls Prevention Project will be working with the same pool of instructors to establish classes in care home, extra care and other group settings, such as lunch clubs. Processes for this are currently being established and a first session will take place within a Mansfield care home in June.

c. Improving falls prevention through hospital discharge processes – this element of the project is working with a broader project to improve hospital discharge processes in order to ensure co-ordination of approaches and communication.

Other Options Considered

22. No other options have been considered.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Financial Implications

25. There are no financial implications to report linked to this progress update.

RECOMMENDATION/S

1) That the Committee considers whether there are any further actions it requires arising from the progress update on the range of prevention projects and services contained in the report.

Paul Johnson
Service Director, Strategic Commissioning, Safeguarding and Access

For any enquiries about this report please contact:

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Constitutional Comments (LM 14/06/18)

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

Financial Comments (DG 13/06/18)

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

Background Papers and Published Documents

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

Defence Medical Welfare Service bid to develop Aged Veteran Services in Nottinghamshire – report to Adult Social Care and Health Committee on 18th April 2017
April 2017 Committee report

Extension of Falls Prevention Project – report to Adult Social Care and Public Health Committee on 11th December 2017
December 2017 Committee report

Electoral Division(s) and Member(s) Affected

All.

ASCPH566 final

Appendix 1 - The Five Ways to Well-being

The Five Ways to Wellbeing are a wellbeing equivalent of 'five fruit and vegetables a day'. It is recommended that individuals build the Five Ways (which are described in the boxes below) into their daily lives to improve their wellbeing.

The Five Ways to Wellbeing are:

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 July 2018

Agenda Item: 6

REPORT OF DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE AND HEALTH – CHANGES TO THE STAFFING ESTABLISHMENT

Purpose of the Report

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

Information

2. The posts in the report, covered in **paragraphs 3 to 5**, are required to meet operational needs and requirements. The posts will be funded from existing budgets.

Three Tier Conversation

3. Following a pilot of the three tier conversation approach to ascertain how more social care enquires could be resolved earlier in the customer journey it has become evident the Customer Service Centre requires additional social care support to achieve this effectively.

4. There are currently 1.5 FTE Community Care Officer (CCO) post vacancies in the Adult Access Service, however these posts have never been recruited to due to the difficulty in recruiting. Evidence from the three tier conversation pilot suggests that greater resolution can be achieved by a qualified worker supporting existing service advisors within the Adult Access Service and Customer Service Centre. Therefore, by converting these vacant 1.5 FTE CCO posts to 1 FTE Social Worker post it provides an additional qualified worker to give advice, direction and support to the Adult Access Service and Customer Service Centre. The cost of 1.5 FTE (Grade 5) CCO posts is £50,125 and the cost of 1 FTE Social Worker (Band B) post is £46,678. There will therefore be a reduction in the planned use of reserves as a result of this change, of £3,447.

Changes to staffing structure in Rushcliffe and Broxtowe and Hucknall Community Mental Health Teams

5. The Rushcliffe and Broxtowe and Hucknall Community Mental Health Teams (CMHT) are managed by one Team Manager post. The CMHT in Rushcliffe has had difficulties in recruiting to a 30 hour per week vacant social work post. A social worker at Broxtowe and Hucknall is reducing their hours by 7 hours per week. It is unlikely that a 7 hour per week

post would be filled and it is proposed to transfer the 7 hours to the CMHT in Rushcliffe to add to the 30 hour vacancy, and therefore create 1 FTE post. This would help to manage the additional demand in the Rushcliffe CMHT. The impact on the Broxtowe and Hucknall CMHT of the loss of 7 hours would be kept under review.

Other Options Considered

6. The structure of the Adult Access Service could remain the same at it is at present. However, evaluation of the pilot of the three tier model to date suggests that more support from a Social Worker level would be most beneficial to promoting and expanding this new approach in the Adult Access and Customer Service Centre.

7. The alternative option for the CMHTs would be to make no changes to the staffing establishments in either team. This would put at risk the ability to recruit into the 30 hour post at Rushcliffe (which has already occurred in a previous recruitment attempt) and also put at risk the ability to fill a 7 hour per week post at Broxtowe and Hucknall CMHT.

Reason/s for Recommendation/s

8. The Social Worker post to support the three tier conversation model will support early resolution of people's needs and the delivery of savings identified in the committee report on 12th March 2018.

9. This option will allow the Rushcliffe and Broxtowe and Hucknall teams to resolve a recruitment and capacity issue within the teams by creating 1 FTE Social Worker post. There are no cost implications to the movement of the hours and creation of this post.

Statutory and Policy Implications

10. 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

11. Three tier conversation – changes to staffing establishment – this change will effect a £3,447 reduction in the planned use of reserves.

12. Rushcliffe CMHT Social Worker post will be funded by moving hours from Broxtowe and Hucknall CMHT.

Human Resources Implications

13. The establishment changes in the report will be effected in accordance with the Council's HR procedures. There is no impact to existing staff by disestablishing 1.5 FTE CCO posts from the Adult Access Service as these posts are currently vacant.

RECOMMENDATION/S

That the Committee approves the:

1) disestablishment of 1.5 FTE Community Care Officer posts (Grade 5) and the establishment of 1 FTE Social Worker (Band B) post in the adult access service

2) disestablishment of 7 hours per week social work post (Band B) at Broxtowe and Hucknall CMHT and establishment of 1 FTE Social Worker (Band B) post at Rushcliffe CMHT, through the transfer of the 7 hours.

Paul McKay
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Constitutional Comments (LM 26/06/18)

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

Financial Comments (CT 29/06/18)

15. The financial implications are contained within paragraphs 11 and 12 of this report.

HR Comments (SJJ 25/06/18)

16. Any HR Implications are included in the body of the report and paragraph 13.

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.

Assessment and advice provided by external savings partner Newton to support savings programme – report to Adult Social Care and Public Health Committee on 12th March 2018

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9th July 2018

Agenda Item: 7

REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING, SAFEGUARDING AND ACCESS

DIRECT PAYMENTS POLICY REFRESH

Purpose of the Report

1. The report invites the Committee to recommend the proposed Direct Payments (DP) policy amendments to Policy Committee for approval.

Information

Background Information

2. In line with Adult Social Care Health guidelines, the attached DP Policy (**Appendix 1**) has been reviewed and revised to ensure that it remains compliant with The Care Act (2014) and the principles set out within the Adult Social Care Strategy. It has also been revised to accommodate the recommendations of the internal audit that took place in November 2017 which reviewed the direct payment financial auditing process.

3. The changes that have been made to the DP Policy are highlighted within the attached DP Policy.

Legal Duties

4. In addition to the changes recommended by Internal Audit, It has been confirmed by the Council's DBS Lead Counter-Signatory and Lead of the Safer Working Group that the role of a Personal Assistant (PA) would be deemed as 'involved in regulated activity'. This means that there is a statutory requirement for an Enhanced Disclosure and Barring Service (DBS) check to include the appropriate barred list check.

5. Clarification guidance received from the Council's Legal department is that a "Local Authority is entitled to ensure that the Service User makes appropriate checks as to the suitability of a carer before agreeing to provide a DP. This is supported by statutory guidance [The Care Act 2014; The Care and Support (Direct Payments) Regulations 2014; Care and Support Statutory Guidance] which highlights that in 'signing off' or agreeing a personal budget or personal health budget a local authority may add conditions such as a DBS check as part of its risk assessment of safeguarding in specific cases. The local authority may also require personal budget holders using Direct Payments to specify whom they are employing to the local authority."

6. The legal responsibility for undertaking the check lies with the service user, however the Council has a safeguarding responsibility to ensure any support arrangement set up is safe and that in any given circumstance, giving a person a DP is an appropriate way to meet that person's needs.

7. Nottinghamshire County Council is a registered body with DBS. The Council also acts as an "umbrella organisation", on behalf of those employers who are unable to deal directly with DBS due to the low volume of checks that they would submit. As an umbrella organisation the Council has the express consent of the individual being checked to view data relating to their DBS application. Any information disclosed as a result of a check can only be viewed through the applicant presenting their disclosure certificate.

8. If a DBS check reveals any convictions, the DP recipient will be required to carry out a risk assessment to determine the suitability of the applicant considering carefully whether it is safe and appropriate to employ the person as a PA. A Council Officer will be required to advise and assist with this process, which will involve the Council Officer having sight of the DBS certificate. This will require the permission of both the DP recipient and the prospective employee, in line with the DBS Code of Conduct. Consent is required in order for the Council to be meaningfully involved in the suitability decision, otherwise the Council cannot be confident that sufficient measures are being taken to safeguard the DP recipient from harm. In circumstances where consent is refused, the Council will take the view that a DP is not an appropriate way to meet the individual's care and support needs and the offer of a DP will be withdrawn.

9. The two newly recruited Direct Payment Quality Officers (DPQOs) will be utilised to perform the ID verification and Right to Work checks with the support of the Authority's counter signatories within the Business Support Centre.

10. Currently, dependent on which Direct Payment Support Service (DPSS) is being used, between £66 and £75 per PA is automatically allocated to a DP recipient's support plan to cover the costs the DPSS charges to undertake each DBS check.

11. In contrast, when DBS checks are completed by the Council, it costs £51.50 per DBS check. By bringing the DBS process in-house, this would realise a saving of between £14.50 and £23.50 per DBS processed on a three year recurrent cycle.

Cost implication of proposal:

<u>DBS checks for all new and existing to be undertaken in - house:</u>

12. Projections based on 2017/18 figures of 655 New DPs commencing and 50% of these being PA Packages there will be approximately 328 new PAs employed each year. This would cost the Council £16,892 a year in DBS checks. This equates to an annual saving of between £4,756 and £7,708 when compared to the cost of DPSS' completing the DBS checks.

13. Undertaking DBS checks for all existing PAs would lead to an additional cost of £61,800. (This is based on research undertaken by the Council in 2016 reviewing the PA sector in Nottinghamshire, which identified that around 1,200 PAs were employed using DPs). The total cost to the Council to complete DBS checks in-house would

therefore be a minimum of £78,692 in year 1. This compares favourably to the cost of DPSS currently completing the checks, releasing an annual saving of between £22,156 and £35,908. In year 2 and year 3 the cost of completing DBS checks for new PAs (**paragraph 12**) would reoccur to reflect the new PAs entering the market in those years.

14. Due to DBS checks only being valid for up to 3 years, from year 4 onwards, there would be the additional annual costs associated with repeating DBS checks on the PAs initially checked three years earlier, as well as the costs of checking the new PAs that enter the market during year 4 and every consequent year onwards.

Recommendation:

15. It is recommended that DBS checks are brought in-house so that the Council can be meaningfully involved in suitability decisions based on any positive DBS disclosures. This would be the case for both established and newly employed PAs.

16. There would be a short term pressure on staff resource to process the DBS applications for established and new PAs, but this could be minimised by temporarily running appointment based 'DBS clinics' from local offices around the County.

17. There are still the same associated risks as per the original DP policy agreed at Committee in January 2015 in that existing service users and PAs may be resistant to undergoing a DBS check which could lead to the breakdown of packages of care that are currently working and result in more expensive packages being required.

18. Where a close family relative is being used as the PA, there is no legal entitlement to undertake any DBS check as laid down in Section 58 of the Safeguarding Vulnerable Groups Act 2006.

19. By rolling out the DBS process to all new and existing PAs, it will mean that there is parity across all means of accessing support. It will ensure that all support staff, will have had an enhanced DBS check regardless of whether they are working for an agency or directly employed by a service user.

Roll out of the revised DP Policy

20. With the exception of the pending decision regarding the implementation of DBS checks, there are no material changes to the structure of the refreshed policy. It is therefore envisaged that it will be sufficient to develop digital mechanisms to raise awareness of the changes amongst frontline staff in collaboration with colleagues in the Communications Team. Articles will be published in 'Team Talk'; the 'Transformation' weekly email for Adult Social Care and Health staff; and in the News section of the intranet to ensure all staff are made aware of the amendments to the DP Policy. In addition to these communications, the DPQOs within the Strategic Commissioning team will advise colleagues of the DP policy updates as part of their core support function when attending front line team meetings.

21. Following guidance from Legal Services, the Council has undertaken a public consultation on the Council offering their DBS checking services as an "Umbrella Organisation". This involved an online survey and six face to face focus groups across the County. From the feedback only 15 out of 97 respondents (15.5%)

disagreed or strongly disagreed to the proposal. The key points of concern raised through the feedback were that service users wanted on the option to choose whether they used the Council or an alternative agency to complete DBS checks on their behalf. Some service users wanted assurance that they would be involved in the suitability decision for PAs and felt they should have the final say as they are the employer. Other feedback was that if their PA already has a DBS check in place and this can be evidenced, they should not need another one as this would be a waste of money. The feedback has been incorporated into Section G of the policy document **(Appendix 1).**

Other Options Considered

22. The alternative would be to not revise the policy and for the ACFS revisions to sit outside the DP policy. However, to take this option would result in the Council not being compliant with Internal Audit recommendations.

23. Additionally the DBS checks could remain with the DPSS, but this would be at an increased cost and a loss of market management and market shaping opportunities. For the Council not to be requesting the DBS check there will be no guarantee that a DBS check is undertaken which is a statutory requirement due to the PA role involving regulated activity. It would also mean that the Council would not be able to be involved in the suitability decisions due to not having consent to access the PA DBS information.

24. DBS Checks for all new and existing PAs to be brought in-house, but where an individual does not wish the Council to be the “Umbrella Organisation” money will be made available for a DBS Check to be undertaken by an accredited DPSS on their behalf. This would be more expensive for the Council and would cost between £14.50 and £23.50 more than being undertaken in-house. It would also mean that the Council would be unable to access the DBS certificate information so would not be able to be involved in the suitability decision process, and therefore could not guarantee that the support arrangement meets the Council’s safeguarding requirements.

Reason/s for Recommendation/s

25. The DP Policy has been refreshed to embed the recommendations from the recent internal audit that was undertaken in August 2017. The audit recommendations advised that the DP audit process become more stringent and include escalation processes with clearer worker roles and responsibilities for when ACFS have identified where an individual is not complying with the terms within the DP agreement. The improvements are now reflected in the process maps and within the main body of the DP Policy. The changes make the end to end auditing process clearer to follow and provides clearer direction on how potential breaches of the DP agreement will be escalated, including how the Council will recover funds that have been inappropriately spent.

26. By implementing the policy for all new and existing DP recipients employing a PA to have an Enhanced DBS and barred list check carried out in-house by the Council, this will increase the safeguarding protections it offers to DP recipients.

27. The Care Act 2014 does delegate the employment responsibilities to the service user, but the Council retains its responsibilities for safeguarding individuals who

access support and for determining whether a DP is an appropriate way to meet an individual's care and support needs.

28. It is important for the Council to be involved in the decision making around a PA's suitability in cases where the DBS check has revealed positive information. The Council taking on the role of requesting and administering the checks is the only practical and meaningful way to achieve this.

29. The DBS being requested in-house is more cost effective than the current model that delegates the function to external DPSSs. It will also help the Council to better understand the PA workforce and carry out its wider market management role.

Statutory and Policy Implications

30. 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

31. The adoption of a more rigorous DP ACFS audit process is likely to result in more DP funding being recouped.

32. New DBS checks will cost £51.50 per PA, but this will be offset against the savings generated by avoiding the higher cost of using a DPSS as the alternative. The cost associated with bringing the DBS checking process in-house for all 2,184 PAs is projected to be £112,476 every three years. (1,200 existing PAs and three years' worth of newly recruited PAs averaging 328 per year). This funding is currently in the individual DP allocation and if not used is clawed back as a recoup.

33. The administration of the DBS checks will be completed using existing staff resource from within the Strategic Commissioning Team and the Business Hub and Recruitment Team.

Human Resources Implications

34. Whilst this report does not impact on direct NCC employees, in seeking to safeguard service users advice has been taken from relevant HR managers with regard to recruitment and safer working.

Safeguarding of Children and Adults at Risk Implications

35. The policy requirement for DP recipients to carry out DBS checks on individuals the DP recipient intends to employ to support them promotes the safeguarding of children and vulnerable adults.

Implications for Service Users

36. A more stringent ACFS auditing process may uncover misuse of DP funds. In some instances, this may lead to a decision to move the DP recipient onto a Managed Service as a more suitable mechanism for meeting their support needs.

RECOMMENDATION/S

1) That the Committee recommends the proposed changes to the DP Policy, attached as **Appendix 1**, to Policy Committee for approval.

Paul Johnson
Service Director, Strategic Commissioning, Safeguarding and Access

For any enquiries about this report please contact:

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Constitutional Comments (LM 13/06/18)

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

Financial Comments (KAS 25/06/18)

38. The financial implications are contained within paragraphs 31 - 33 of the report.

Background Papers and Published Documents

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

Direct Payments Policy – report to Adult Social Care and Health Committee on 5 January 2015

Electoral Division(s) and Member(s) Affected

All.

ASCPH540 final

Appendix 1

Sections highlighted in yellow below are the sections of the Policy that have been amended based on Internal Audit and DBS and Recruitment Team advice.

Nottinghamshire County Council

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

Title: Direct Payments Policy

Aim / Summary: To set out the Council's position in respect of: the way that Direct Payments are provided to service users with eligible needs; and the way that Direct Payments are administered, monitored and reviewed.

Document type (please choose one)			
Policy	X	Guidance	
Strategy		Procedure	

Approved by: Policy Committee	Version number: 1
Date approved:	Proposed review date:

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

Author: Commissioning Officer	Responsible team: Strategic Commissioning Unit
Contact number:	Contact email:

Please include any supporting documents	
1.	
2.	
3.	
Review date	Amendments

Nottinghamshire County Council

Direct Payments Policy

Section A – national and local policy context

1. **National and local policy context**

1.1 Direct Payments are monetary payments made by the Council to individuals and carers who request to receive one to meet some or all of their eligible care and support needs. Direct Payments are the Government's preferred payment mechanism for personalised care and support. They provide independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs. The aim is to encourage people to take ownership of their care planning and be free to choose how their needs are met.

1.2 Priority Four of the Council's Strategic Plan deals with providing care and promoting health. It sets out the Council's intentions to develop individual and community resources to prevent, delay and reduce the need for care and support. While the provision of quality social care and health services for children, adults and the vulnerable has always been a priority for the County Council, the provision of these services is facing the new challenge of increasing demand due to a variety of factors. At the same time the Council is facing significant financial restraints. The Plan states that;

"We will always consider the needs and preferences of the individual, but we have a responsibility to balance this against the effective and efficient use of resources."

1.3 The Council's Adult Social Care Strategy states that:

"When commissioning services for people, we will place greater emphasis on the achievement of outcomes and value for money over the level of choice available. We will always aim to maximise people's independence and take their preferences into account, but the funding made available to support an individual will be determined by the most cost effective care package, based on the local care market, the availability of local care providers and the cost of community based and residential care. All situations will have to be assessed and considered on an individual basis"

1.4 The legislative context for Direct Payments is set out in the Care Act, Section 117(2C) of the Mental Health Act 1983 (the 1983 Act) and the Care and Support (Direct Payments) Regulations 2014. Care and Support Statutory Guidance 2014 sets out how the Council should go about performing its care and support responsibilities.

1.5 The challenge for the Council is to balance the principles of individual choice and control, which are reflected in various ways in the requirements set out in the Care Act, with the need to use resources effectively and efficiently and to be accountable for the use of public money.

1.6 This policy sets out how the Council interprets its duties and responsibilities in relation to Direct Payments where the Care Act allows scope to do so, in line with the local strategic priority aim of ensuring the effective and efficient use of resources.

2. Scope of this policy

2.1 This policy covers:

a) The agreement to receive a Direct Payment
b) The amount of Direct Payment that an individual can hold at one time
c) The use of pre-paid debit card accounts to manage the Direct Payment
d) Self-employed Personal Assistants
e) The employment by a Direct Payment recipient of close family members to provide assistance with the management and administration of Direct Payments
f) The employment of people who are also acting in another capacity in relation to the Service User's finances
g) The use of Disclosure and Barring Service and Right to Work checks for Personal Assistants
h) The use of Direct Payments to purchase residential care
i) The use of Direct Payments to purchase health services
j) Using a Direct Payment to buy general equipment or appliances

k) Using Direct Payments to purchase local authority services or contracted services
l) The use of Direct Payment Support Services.

Section B – Principles and Commitments

3. **Principles and Commitments**

3.1 This policy upholds the following principles:

a) Direct Payments will enable people to experience choice and control over how their care and support needs are met

b) Service users and any children and/or vulnerable adults who are part of their households will be safeguarded from abuse

c) People receiving Direct Payments who choose to become employers will meet all of their legal responsibilities

d) The Council may impose conditions on the receipt of a Direct Payments to ensure that the arrangements made are safe to the service user and others, and may require the disclosure of information in order to determine this

e) Arrangements that are made to manage and use Direct Payments will avoid any potential conflicts between the best interests of the service user and those of others who are party to the arrangements

f) The use of Direct Payments and any arrangements made to support people to manage Direct Payments will represent an effective and efficient use of resources

g) Service users will be encouraged and supported to be as independent as possible in managing their Direct Payments

h) People will be enabled to manage the risks inherent in independent living

i) The Council will share responsibility with individuals, families and communities to maintain their health and independence

j) Personal assistants will be well trained and supported.

4. **Key actions to meet the commitments set out in the policy**

4.1 The Council will:

a) Carry out assessments of need, and produce support plans for individuals that identify the outcomes of care and support services that are to be provided. **The Direct Payment can only be spent on outcomes set out within the Support Plan. This needs to be explained to all Service Users when completing the Direct Payment Agreement Form** *[Highlighted section added in response to Internal Audit requirement for increased clarity emphasising to staff the importance of explaining the process clearly to service users]*

b) Set the personal budget that is to be made available as the Direct Payment

c) Provide information about Direct Payments and ensure that service users who choose to receive a Direct Payment understand their roles and responsibilities. This will include responsibilities as an Employer where appropriate

d) Help service users to obtain support that they need to manage the Direct Payment safely and effectively

e) Review service users' needs and the way that Direct Payments are used to meet assessed need

f) Monitor the status of Service User accounts

g) Carry out financial audits of Service User accounts

h) Take steps to recoup from the Direct Payment account surplus monies above an agreed amount which is currently 6 weeks work of DP Monies *[Addition to the Policy in response to Internal Audit feedback that the Council needs to explicitly state the number of weeks of surplus DP funding that can be retained in a DP recipient's bank account prior to ACFS recoup processes being triggered]*

i) Take steps to recover money where it is not known how the money has been used. This could include invoicing for the full Direct Payment paid out for any period where the bank statements have not been provided *[Response to Internal Audit feedback requiring a stronger emphasis clearly stating that steps will be taken to recoup DP funds where evidence of appropriate spending is not provided to the Council]*

j) Recover money if the Direct Payment is misused

k) Recover all unspent monies when a Direct Payment is ended *[Same as point as paragraph 'l' – Response to Internal Audit feedback emphasising the Council's intention to recoup funds where evidence of appropriate spending is not provided]*

l) Act as the "Umbrella Organisation" through which checks on prospective employees must be carried out using the Disclosure and Barring Service

[Update of the Council's function as an Umbrella Organisation to ensure compliance with Safeguarding Vulnerable Groups Act 2006]

m) Commission, monitor and review Direct Payment Support Services

n) Provide information, advice and guidance to operational teams on policy and practice issues relating to Direct Payments

o) Ensure that service users, carers and provider organisations are actively involved in work to develop and improve the Direct Payment "offer" in Nottinghamshire

p) Work with partner organisations providing other forms of state support to service users to develop approaches to harmonising the Direct Payments so that people do not have multiple payments.

Section C - The Direct Payment Agreement

5. Agreement to receive a Direct Payment and who is responsible for managing the Direct Payment

5.1 In order to receive a Direct Payment, service users must sign an agreement with the Council. This agreement sets out the conditions under which Direct Payments can be made by Nottinghamshire County Council and includes details of what the service user and the Council must do. The agreement reflects the Council's policy and requires that, although service users will use the Direct Payment to purchase and contract for services in their own right, they will do so within parameters set by the Council to ensure that arrangements are legal and safe and that public money is properly accounted for.

5.2 The Direct Payment Agreement will be signed by the individual where they have capacity to manage the Direct Payment themselves and they will take on the responsibilities set out within the Direct Payment Agreement. An individual with capacity can choose to have a **Nominated Person** to assist them in managing the Direct Payment. This person would sign the agreement as a Nominated Person, but the individual would still maintain responsibility for ensuring that all the conditions of the Direct Payment Agreement are met.

Where an individual receiving support lacks capacity to manage a Direct Payment, an **Authorised Person** can be appointed to receive, manage and take legal responsibility for the Direct Payment. In these circumstances it will be the Authorised Person that signs the Direct Payment Agreement and not the individual receiving support. An Authorised Person can also choose to have a Nominated Person to provide support to manage the Direct Payment, but the Authorised Person would still maintain responsibility for ensuring that all the conditions of the Direct Payment Agreement are met.

5.3 Definitions of Authorised and Nominated Persons

Authorised Person

Direct Payments can be made to pay for the care and support of *individuals who do not have the mental capacity* to request them. In these circumstances an "Authorised Person" can request the Direct Payment on behalf of the person who lacks mental capacity. **The Authorised Person receives the Direct Payment and takes on the full legal responsibilities associated with this**.

The Authorised Person can nominate another person to assist with the management of the Direct Payment money. However, the full legal responsibilities of the Direct Payment including those associated with being an employer remain with the Authorised Person. Staff must be satisfied that the Authorised Person is able to understand and take on the responsibilities of managing a Direct Payment, taking account of any support that is available, for example from friends or relatives or from a Direct Payment Support Service.

In line with Care Act Section 33 regulations, Nottinghamshire County Council will make payments to the Authorised Person as long as the following conditions are met:

- The Local Authority is satisfied that the Authorised Person will act in the adult's best interests in arranging for the provision of the care and support for which the Direct Payments under this section would be used;
- The Local Authority is satisfied that the Authorised Person is capable of managing Direct Payment by himself or herself, or with whatever help the authority thinks the Authorised Person will be able to access;
- The Local Authority is satisfied that making Direct Payments to the Authorised Person is an appropriate way to meet the needs in question.

Nominated Person

A Nominated Person is someone who takes responsibility for managing the Direct Payment money (not the legal responsibility) on behalf of a service user who ***has capacity*** to request a Direct Payment (or an Authorised Person acting for a service user who lacks capacity). This responsibility could include:

- Setting up and managing the bank account into which the Direct Payment is paid
- Taking responsibility for paying bills and keeping records.

Unlike the Authorised Person, the Nominated Person does not take on the legal responsibilities related to having the Direct Payment or of being an employer. These responsibilities remain with the service user or the Authorised Person. It is the service user or Authorised Person who is the main signatory of the "Agreement and Set-up Document", which is the formal contract between the Council and the Direct Payment recipient. However, the Nominated Person should co-sign the "Direct Payment Agreement form" as evidence of their consent to support with the management of the Direct Payment money.

A Nominated Person can be a friend, a family member or a Direct Payment Support Service.

- The adult has the capacity to make the request
- The Nominated Person agrees to receive the payments
- The Council is satisfied that the Nominated Person is capable of managing the Direct Payments

The Council is satisfied that making Direct Payments to the adult or Nominated Person is an appropriate way to meet the needs in question.
[Response to Internal Audit feedback requiring insertion of definitions of 'Nominated and Authorised Persons' and their respective roles]

5.4 In circumstances where the terms and conditions of the agreement are not met, the Council will take reasonable steps to address the situation. In the event that the situation remains unresolved the Council will consider whether the Direct Payment is still an appropriate way to meet the service user's assessed needs. If necessary, and subject to appropriate alternative services being put in place, the Council will discontinue the Direct Payment and invoice for any money not used, where bank statements have not been provided for or misuse has been confirmed in line with DP agreement. It is also a requirement that where a service user has been assessed as having to pay a contribution, this should be made regularly 4 weeks in advance.

5.5 If there is a none return of bank statement after the original 3 weeks that is provided by ACFS for this to be completed, a further letter will go out by the Direct Payment Team giving 2 weeks to return the information. Telephone contact will also be undertaken. If bank statements are still not returned a final letter will go out giving 1 final week to return the information. It will also advise that failure to do so could lead to the Direct Payment being ended. An Alert will then be sent to the social work team to make contact with service user to arrange a review within 2 weeks of receiving the Alert.

5.6 Where ACFS have identified potential misuse on an account or a service user has not paid in their assessed contribution an ACFS Alert will be sent through to the Front line Team. It is expected that the social work team would arrange a review to look into this matter within 2 weeks of receiving the Alert.

5.7 Where deliberate misuse of the Direct Payment is suspected at review, this may trigger a fraud investigation by the Council, and/or a criminal investigation by the Police if there is sufficient evidence to suggest that a crime is being committed.
[Response to Internal Audit feedback requiring clarification of the steps the Council will enact if the DP recipient does not comply with the terms and conditions of having a Direct Payment]

Section D – How much money can be held at any time

6. **The amount of Direct Payment that an individual can hold at one time**

6.1 The amount that is included in a Direct Payment must be sufficient to meet the assessed needs that the Council has a duty or power to meet. This may include an amount that is not needed on a week by week basis, but is required to meet additional costs that arise periodically, for example to employ alternative staff, to cover for periods when regular staff are using their statutory leave entitlements. People who receive Direct Payments may accrue money in their Direct Payment accounts up to an amount that will be agreed as part of the individual support planning process (this is usually a maximum of 6 weeks Direct Payment monies) and recorded in their support plan. The Council will recoup any funds that are in addition to this amount and are not required to meet assessed needs, in line with the support plan.

6.2 Any legitimate costs that cannot be paid for from the amount held in the service user's Direct Payment account will normally be met through the provision of a one-off payment. Such one-off payments must be authorised by a Team Manager and recorded in the support plan.

Section E – Using a pre-paid debit card account

7. **The use of pre-paid debit card accounts to manage the Direct Payment**

7.1 The use of a pre-paid debit card account is Nottinghamshire County Council's preferred option for managing Direct Payments and should be considered when setting up and/or reviewing the Direct Payment. The benefits of having a pre-paid card should be advised to all service users. This should include that the payment goes direct onto the card enabling individuals to pay for their eligible support easily. They can view and manage their account online. It also allows them to set up regular payments such as direct debits and standing orders and purchase goods and services they need in-store and online. There is no need to set up a separate bank account or send in regular statements as this is done automatically by the Council. The Direct Payment Staff Guidance will provide more detail in relation to this issue. *[Response to Internal Audit feedback to make it clear that the Pre-payment Debit Card is the Council's preferred vehicle for Service Users to receive a DP and to make it clear to staff that the benefits of using a Pre-paid Debit Card must be explained to all DP Recipients]*

Service users will have the opportunity to request that the payment is made into a conventional bank account and will be made aware of this during the support planning stage of the assessment and support planning process. The Council

will make available the option of advocacy support to any individual who requests that the Council considers other arrangements.

7.2 Care and Support Statutory Guidance states that the use of pre-paid cards should not be provided as "the only option to take a Direct Payment. The offer of a "traditional" direct payment paid into a bank account should always be available if this is what the person requests and this is appropriate to meet needs. Consideration should be given to the benefit gained from this arrangement as opposed to receiving the payment via a pre-paid card."

7.3 Service users cannot use the pre-paid debit card to withdraw cash unless it is demonstrated that there are no reasonable alternative ways to purchase an appropriate service and this has been recorded in the support plan.
[Response to Audit feedback to minimise the use of cash withdrawals due to the difficulties of auditing expenditure to ensure it is the appropriate use of DP funding in line with the associated support plan]

Section F - Using a Direct Payment to employ someone

8. **Self-Employed Personal Assistants**

8.1 The Council will not make Direct Payments available in cases where the prospective recipient proposes to employ an individual who claims to be self-employed without evidence being supplied to demonstrate that the self-employed status is authentic in relation to the specific job role in question.

8.2 In order to demonstrate the employment status of the proposed working relationship, the individual must complete the HMRC Employment Status Indicator (ESI) Tool with the Council's assessment worker. The answers given must accurately reflect the job description and the terms and conditions under which it is proposed the services are to be provided at the relevant time of the contract, therefore these must be provided to the assessment worker at the time of completing the ESI tool. HMRC will be bound by the ESI outcome where the employer or their authorised representative provides copies of the printer-friendly version of the ESI Result screen.

9. **The employment of people who are also acting in another capacity in relation to the service user's finances**

9.1 Best practice guidance would be that people who are acting in the capacity of a Personal Assistant employed by the service user should not normally take on the role of Authorised Person / Nominated Person unless there are exceptional circumstances that make it the most appropriate way of meeting the needs. This would need to be agreed in advance by the Council.

9.2 Where it has been determined in an exceptional circumstance by a Team / Group Manager that an Authorised or Nominated Person can also be paid to provide support to an individual, it is very important that this is done in line with the conditions of the Direct Payment Agreement. As per the Council's Auditing policy the Authorised / Nominated Person manging the finances would need to provide full receipts and invoices for any money paid to them when requested to do so at Audit. The Authorised / Nominated Person managing the Direct Payment cannot make a payment to themselves which is higher than what is stated within the support plan or for reasons not included in the support plan without obtaining prior approval from the relevant Assessment and Reviewing Team.

9.3 Where a Personal Assistant is also acting in the role of an Authorised or Nominated Person, the social work team should also make ACFS aware of this so that this can be monitored during ACFS Audits.

9.4 In circumstances where the terms and conditions of the agreement are not met, the Council will take reasonable steps to address the situation. In the event that the situation remains unresolved the Council will consider whether the Direct Payment is still an appropriate way to meet the service user's assessed needs. If necessary, and subject to appropriate alternative services being put in place, the Council will discontinue the Direct Payment and invoice for any money not used, where bank statements have not been provided for or misuse has been confirmed in line with DP agreement.
[Response to Audit feedback that the Council needs to minimise the occurrences of the Nominated or Authorised Person also being the Personal Assistant. The risk in this situation is the conflict of interest that comes from the same person being the employee and the employer]

10. **The employment by a Direct Payment recipient of close family members to provide assistance with the management and administration of Direct Payments.**

10.1 The Council will consider allowing Direct Payments recipients to pay close family members living in the same household to provide support to manage and/or administer the Direct Payment on a case by case basis and is not the usual accepted practice.

Section G - Using Disclosure and Barring Service (DBS) Checks

11. **The use of Right to Work, and Disclosure and Barring Service checks for Personal Assistants**

11.1 For service users intending to use their Direct Payment to employ a Personal Assistant (PA) for the first time, the provision of the Direct Payment will be subject to;

a) The requirement to carry out a “right to work” check and an “enhanced check with adults barred list check” on the prospective employee by the Disclosure and Barring Service (DBS) using the County Council as the “Umbrella Organisation” for the purposes of submitting applications for checks. As the generic role of a Personal Assistant is deemed to contain regulated activity it is therefore a statutory requirement for an Enhanced DBS and barred list check to be undertaken

b) In cases where a check reveals information recorded, the DP recipient will be required to make a “suitability decision” in order to determine whether it is safe and appropriate to employ the person. A Council Officer will be required to advise and assist with this process, which will involve the Council Officer having sight of the DBS certificate. This will require the permission of both the DP recipient and the prospective employee, as there is no legal requirement within the DBS checking process for the Council to be involved in this way. However, unless consent is given in order for the Council to be meaningfully involved in the suitability decision, the Council cannot be confident that sufficient measures are being taken to safeguard the DP recipient from harm. In such circumstances the Council will take the view that a Direct Payment is not an appropriate way to meet the individual’s care and support needs and the offer of a Direct Payment will be withdrawn

c) The sharing of any disclosed information included on certificates issued to prospective employees by the DBS with nominated Council Officers.

11.2 In order to use a Direct Payment to employ people to provide their care and support, prospective recipients must sign a form of agreement with the Council, which includes details of the Council’s requirements in relation to DBS and “right to work checks”.

11.3 Where service users are already in receipt of a Direct Payment and employing a PA, the status of any DBS check will be established at the annual review of the care and support plan. Service users will be required to sign the agreement relating to Council requirements for DBS checking. Subject to sight of the certificate by a nominated Council Officer, service users with existing PAs for whom checks were made in relation to their current job role within the last 3 years will not be required to take any further action, but may request that a new DBS check is carried out.

11.4 Existing service users whose PAs do not have a relevant DBS certificate or whose certificate is more than 3 years old will be required to undertake DBS checks for these PAs.

11.5 Service users who start to employ a PA who already has a DBS certificate that was applied for through the Council’s Environment and Resources Department within the previous three years will not be required to apply for a new check, but may request that a new DBS check is carried out.

11.6 DBS checks for all PAs must be renewed after 3 years at most.

11.7 The Council will maintain a record of all people who are employed by Direct Payment recipients for the purpose of ensuring that current DBS checks are in place and are renewed as necessary.

11.8 The requirement for DBS checks to be carried out can be waived in exceptional circumstances for both existing and new PAs where the PA is a close family member as a DBS check cannot be requested for close family members. This rationale needs to be included within the individual's Support Plan and the decision to waive the requirement for a DBS needs to passed to the Team Manager.

[Adjustment to Policy to ensure Council compliance with the Safeguarding Vulnerable Groups Act 2006 which makes the DBS check a statutory requirement. It is also a response to GDPR and consultation feedback regarding the Council becoming an Umbrella Organisation. The Umbrella Organisation Status will enable the Council to meaningfully participate in suitability of employment decisions with the DP recipient when they are employing PAs. This will enable the Council to fulfil its safeguarding responsibilities.]

Section H – What Direct Payments can be used to buy

12. **The use of Direct Payments to purchase residential care**

12.1 Nottinghamshire County Council has participated in a government pilot project to test the use of Direct Payments in long term residential care, as a result of which staff working with service users entering residential care can offer them a Direct Payment.

12.2 The use of Direct Payments to purchase health services

12.3 Local authorities must not meet needs by providing or arranging any health service or facility which is required to be provided by the NHS, However, local authorities can commission health services on behalf of clinical commissioning groups (CCGs), therefore, where CCGs provide funding for this purpose for individuals as part of a joint funding agreement to provide health and social care services, the health element will always be funded by the CCG.

13. Using a Direct Payment to buy general equipment or appliances

13.1 A Direct Payment can be used to purchase general equipment/appliances, for example, a computer or washing machine, if:

a) All alternative funding streams have been explored first

b) It has been identified that the equipment will meet an identified outcome in the most cost effective way and reduces the need for long term support.

14. Using Direct Payments to purchase local authority services or contracted services

14.1 Direct payments may be used to purchase services provided directly by the County Council:

a) If the use of such services is an appropriate way to meet an individual's needs and;
b) The need to use such services arises on a one off or irregular and infrequent basis.
c) It is less burdensome for the Council to accept the Direct Payment amount, rather than providing the service and then reducing the personal budget and Direct Payment accordingly.

14.2 Otherwise, where an in-house service has been chosen these will be provided via a managed personal budget.

Section I – Direct Payment Support Services

15. **The use of Direct Payment Support Services**

15.1 Direct Payment Support Services are organisations that are paid to provide help to the service user or Authorised Person, to manage the Direct Payment. Support should only be made available after an assessment of an individual's capability to manage the various tasks associated with managing the Direct Payment has been completed and it has been established that help is necessary. The support that is provided should be the minimum that is required to enable the Direct Payment to be managed effectively and the level of support must be reviewed at least annually.

15.2 The Council will maintain a list of accredited providers of Direct Payment Support Services. The accreditation process will establish standards in relation to service provision and the working relationships between providers, service users and the Council.

15.3 The Council strongly recommends that where a Direct Payment Support service is required that it will be an accredited provider that will be chosen to provide this. The Service User can though choose to use a provider who is not on the list, but if it is a Third Party Managed Account being offered they still need to meet the requirements needed by the Council.
[Policy revision to improve Care Act 2014 compliance – improved clarification that the Council cannot insist that a DP recipient use a particular Direct Payment Support Service. The final decision about selecting a DPSS will always sit with the DP recipient rather than the Council].

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 July 2018

Agenda Item: 8

REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

FINDINGS OF PILOT OF SOCIAL CARE ASSISTANTS WITHIN LOCALITY TEAMS

Purpose of the Report

1. To provide an evaluation following the conclusion of the short-term Social Care Assistant pilot that has taken place within locality teams. Also to seek approval to trial a tailored business support offer using existing business support staff with operational teams to incorporate more social care related support tasks but less generic business support.

Information

Background

2. Following approval by the Adult Social Care and Public Health Committee on 13 November 2017, the Social Care Assistant (SCA) pilot was carried out to test whether the role could support recommendations presented in a report by the LGA called 'Managing demand in adult social care' namely:

- How we respond when people approach us for care
- Reducing new admissions to residential care
- Focusing on help that supports recovery/progression
- Using community/family/ neighbourhood solutions rather than formal care
- Not prescribing "dollops of formal care" as an easy solution
- Helping people live with long-term conditions.

3. A £75,000 budget was agreed from the Improved Better Care Fund (IBCF) monies and would have funded the recruitment of 7 fte SCA posts at Grade 3 for a period of five months.

4. Due to the short-term nature of the pilot, only 3 SCA posts were recruited to from the beginning of January 2018 until the end of March 2018. A Grade 3 costs £23,412 per annum so 3 SCAs for three months was at a cost of £17,559 (excluding any expenses/mileage) which left an underspend of £57,441 that was not utilised from the BCF.

5. The SCAs were placed within the following teams:

a. Broxtowe, Gedling & Rushcliffe Physical Disability Team
b. Gedling Community Learning Disability Team
c. Bassetlaw/Newark Older Adults Team.

6. The following tasks were identified through time task exercise carried out throughout the pilot:

- **Acting as a central point of contact for the team and service users/their families**
  This worked well and feedback has been gathered from the team, partners and service users/their families expressing the difference this has made in terms of response times, confidence levels and ease of access to information, advice and signposting.

- **Covering/supporting Duty**
  Having the SCA cover the Duty telephone calls meant that tasks that did not require assessing staff involvement were dealt with quickly by the SCA therefore cases often did not need to be allocated which meant that assessing staff only received the complex pieces of work that actually required their input. Substantial feedback has been gathered around the amount of time this saved for assessing staff and how this reduced the pressure on them and their time was freed up to focus on active reviewing and creative support planning.

- **Carrying out minor but time intensive social care related tasks that do not require assessing staff expertise**
  The SCAs undertook some of the work normally done by assessing staff that did not require their qualified expertise such as:
  - making referrals to services
  - requesting Assistive Technology
  - submitting requests for transport
  - chasing equipment/services
  - responding to requests for information
  - minor changes/updates to care packages/personal details within the social care recording system
  - clarifying/confirming information/updates with service users/agencies
  - completing financial information forms including resolving financial queries and liaising with Health
  - supporting assessing staff with commissioning requests.

7. These tasks being carried out meant that assessing staff had additional time to carry out their assessments and reviews in a timely manner and carry out more active reviewing when required. Assessing staff also reported having the headspace to think more creatively when it came to support planning. For service users and their families, it meant that their queries were responded to more quickly. This meant they received requested information sooner and requests for low level equipment/ changes to care and support were processed quicker.

8. A large amount of very positive qualitative feedback was gathered from team managers, team members and the SCAs' mentors which evidenced how invaluable their support had been to the teams.

9. All feedback received reaffirmed the benefit to assessing staff of having the SCA within the teams and how, in a short timescale, they had freed up the capacity of assessing staff by carrying out the social care related support tasks that did not need to be undertaken by an experienced/qualified assessing colleague. This allowed the assessing staff to spend more time with service users, promoting their independence and carrying out active reviewing work where appropriate.

10. The teams involved in the SCA pilot experience increases in productivity (assessments and reviews completed) and also an increase in the timeliness of these assessments.

11. To test the approach 3 SCAs were also established within the Countywide Reviewing Teams, as part of the Targeted Reviews Project where they screen work for allocation, follow up paperwork with people in advance of reviews, make appointments, facilitate and support reviews clinics and ensure that the organisation of teams' workloads is as efficient as possible. Since their introduction all teams have reported increases in service capacity and an increase in the volume of reviews undertaken.

12. The Children's Social Care department introduced a similar pilot called the Social Work Support Officer (SWSO) pilot in April 2015 which has recently been extended until 31st March 2019. Some notable findings from a recent review of the pilot to date which were taken to the Children and Young People's Committee in February 2018 are:

    a. improved sickness rates and morale within teams
    b. more time for direct work with children and families and to progress cases
    c. An estimated average time saved per social worker in teams with SWSOs of 6.5 hours per week, which equates to £408,000 worth of paid social worker time per year across those teams.

Next steps

13. The next phase of the evaluation of the SCA role is to explore whether social care related support tasks could be undertaken within existing resources by existing business support staff and the impact this would have on the business support offer.

14. It is proposed to trial this for six months. The outcome of this trial will be evaluated and a further report will be brought back to Committee with recommendations.

Other Options Considered

15. To only integrate the role into the operational team structure and advise teams to fund this role when staff leave: based on experience with the Hub Worker role, the majority of teams will not be able to find sufficient funds/resourcing gaps to do this without their productivity being affected.

16. To not change anything and for teams to carry on as before.

Reason/s for Recommendation/s

17. It was evidenced during this short pilot that operational teams have benefitted from having a SCA working with them.

18. To support the Adult Social Care Strategy by maximising the time freed up for assessing staff to allow them time to focus on active reviewing and promoting independence. The SCA also supported the Improving Lives project.

19. To ensure that staff are being used efficiently and economically and are doing tasks that befit their grade and pay and to maximise and maintain the positive impact on staff wellbeing, this has led to assessing staff thinking more creatively when support planning and feeling more receptive to change.

20. The pilot with business support will evaluate if the role of the Social Care Assistant can be incorporated within the Grade 3 Business Support role.

Statutory and Policy Implications

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

Financial Implications

22. There are no financial implications to this as the proposal is to use existing resource.

Human Resources Implications

23. This will mean working with Business Support colleagues to tailor a bespoke support offer for operational teams.

RECOMMENDATION/S

1) That Committee gives approval to trial a tailored business support offer using existing business support staff with operational teams to incorporate more social care related support tasks but less generic business support.

2) The outcome of this trial will be evaluated and will come back to Committee with recommendations.

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Constitutional Comments (LM 25/06/18)

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

Financial Comments (CT 27/06/18)

25. The financial implications are in paragraph 22 of this report.

HR Comments (SJJ 21/06/18)

26. Managers will be required to establish any Social Care Assistants through the usual Committee Process using existing staffing budgets. The trial will involve existing staff in Business Support.

Background Papers and Published Documents

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

Report to Adult Social Care and Public Health Committee dated 13 November 2017

John Bolton's Managing demand in adult care paper for the LGA dated February 2017

The Munro Review of Child Protection dated May 2011

Social Care Innovations pilot by Department of Health in Hampshire dated 20 March 2017

Extension of the Social Work Support Officer Programme – report to Children and Young People's Committee on 12 February 2018

Electoral Division(s) and Member(s) Affected

All.

ASCPH564 final

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9th July 2018

Agenda Item: 9

REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING, SAFEGUARDING AND ACCESS

UPDATE ON TENDER FOR HOME BASED CARE AND SUPPORT SERVICES

Purpose of the Report

1. This report provides an update for Members on the progress of the procurement of the home based care and support services, as agreed at the previous meeting of the Committee in March 2018. This includes notification of the awards of the new contracts.

2. The report seeks approval of additional temporary resources to enable the implementation and delivery of the new service.

3. The report seeks approval of permanent additional resource to maintain the ICT electronic system.

Information

Background

4. A number of reports have already been presented to this Committee over the past two years in preparation for the launch of the new tender for home based care and support services. Previous reports highlighted the considerable work that had been undertaken to understand the complexities and challenges of the home care market. They also referred to the future model of services which has been developed to address some of these issues by offering fair financial remuneration and greater security to providers, whilst in return expecting better quality services that provide person-centred care to service users and their carers.

5. The service will deliver home based care and support services for a period of five years with the option to extend up to a maximum of 10 years in total. It will be part of and contribute to a system of services to keep people living at home including reablement, rapid response, hospital discharge, carers' support, assistive technology and housing with care (Extra Care).

Update on the procurement of the new Home Based Care Services

6. There were two tenders for the new home based care and support services which were published in February 2018 and then ran concurrently. The two tenders were to procure a 'Lead Provider' for each of the six areas or 'lots' plus 'Additional Providers', also for each

lot. The lead providers are required to pick up the majority of new referrals in their area whilst the additional providers will deliver extra capacity and ensure that any referrals that are not picked up by the lead will be responded to quickly and positively.

7. The lot areas are:

- Bassetlaw
- Broxtowe
- Gedling
- Mansfield and Ashfield
- Newark and Sherwood
- Rushcliffe.

8. The lead provider will be also be required to provide care and support services to all nominated service users in the Housing with Care schemes (previously known as Extra Care).

Tender results and award of contracts

9. Following extensive evaluation of the tender submissions preferred bidders were identified on 31st May and contract awards confirmed on 11th June. The new contracts commence on 1st July which is followed by an implementation and transition phase until October 2018. The details of contracts awards for the lead and additional providers, by lot area, are specified in **Appendix 1**.

10. No award of Lead Provider has been made in Lot 6 (Rushcliffe) and the standstill period has been extended until 5th July. However, new work will be offered to Additional Providers under the new contract.

11. Where there are gaps in provision for Additional Providers the Council will be re-tendering.

12. To allow sufficient preparation and transition time for the new services the contract with the existing four core providers has been extended to the end of September 2018. This will allow for the lead providers to start by picking-up all new referrals and any outstanding referrals that have been waiting allocation to the on-going provider.

Implementation and Transition Phase

13. With the implementation of the new contracts a new electronic system is being developed to improve the efficiency of the commissioning of services for individual service users. It will provide a means of secure communication between the Council's system i.e. Mosaic and the various providers, and will enable both the swift transfer of service requests and the collection of data from the providers to inform robust monitoring and contract management.

14. This will not be available from the commencement of the new contracts as it is a complex and bespoke system being developed by the Council's own ICT services. The system will replace the current monitoring service, CM2000, which comes to the end of its contract extension in September.

15. CM2000 costs the Council **£150,000** per annum so the creation of an in-house solution will be cost effective.

16. The development costs for the in-house system will be **£264,000**.

17. Upgrades, enhancements and support for the service (licencing) will be **£53,000** per annum.

18. There will be an interim period pending the launch of the electronic system where some systems will still be operated manually.

19. During the transitional phase significant work will required to physically re-commission all of the existing care packages on to the Mosaic system in addition to the new work. Most of this work will fall to the Data Input Team (DIT) and Community Partnership Officers (CPOs).

20. A detailed business case has been developed for the temporary recruitment of 3 fte CPO (Grade 4) posts and 3 fte DIT (Grade 3) posts to support CPO and DIT teams in re-commissioning and management during transitioning from current core providers to the new lead and additional providers. Costs will be **£98,400** for the 3 fte CPO posts for 12 months plus **£22,800** for 3 fte DIT posts for four months.

21. The existing team of Community Partnership Officers will manage the contracts and will be available to look at individual packages that will be commissioned via the lead and additional providers and also via the supporting Dynamic Purchasing System (DPS).

Communications, Engagement and Co-production

22. The Council continues to work with the 'Experts by Experience' engagement group, who were involved in the evaluation of the tenders and have also offered advice to officers on producing appropriate communications for service users and carers.

23. The Council will continue to inform and involve service users, carers, providers, staff, health partners, stakeholders and the public in the ongoing work and implementation of the new services.

Other Options Considered

24. Retendering for an external supplier of an ICT system to meet the Council's requirement; this has been discounted as no supplier has such a system on the market and using a limited system such as CM2000 would cost the Council **£1.5m** over the life of the contract.

Reasons for Recommendations

25. The Council is required to re-procure services in line with its statutory obligations.

Statutory and Policy Implications

26. 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

27. As outlined in the report to Committee in November 2017, the overall possible impact of the increase in the home based care rate could be £3.7m. The final cost will be dependent on the number of Direct Payments that also have to be changed, but indicative additional annual costs of the tender are £2.8m.

28. The ongoing cost of £53,000 for licencing and support of the new ICT solution will be funded from the budget currently used to support CM2000. This will release £97,000 per annum from next year.

29. The additional temporary staff will cost £121,200 and the ICT costs are £264,000.

30. The additional cost of the temporary posts and ongoing new homecare contract will be met, in part, by a request from contingency. As part of the 2018/19 budget process a pressure bid of £3.7m for 2018/19 – 2020/21 was submitted for the Homecare tender to deal with the projected increase in cost. Although a provision for this pressure was made within contingency, should it arise, the amount of any bid may be reduced. Finance and Major Contracts Management Committee or the Section 151 Officer are required to approve the release of contingency funds.

Public Sector Equality Duty Implications

31. The nature of the services to be commissioned mean they will affect older adults and people with disabilities, including people who have multiple and complex health and social care needs. The Council has completed an Equalities Impact Assessment to consider the implications of the tender process on people with protected characteristics and to identify and put in place mitigating action to ensure that these groups of people are not disadvantaged as a result of the tender process.

Implications for Service Users

32. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. The purpose of the tender process has been to enable the Council to commission sufficient volumes of home care services and to ensure these services are sustainable and able to meet current and future needs.

33. It is envisaged that the new services will be able to offer staff improved terms and conditions which will encourage a more reliable and consistent workforce which in turn will improve the quality of services being delivered.

34. The award of the contracts for the new services will impact on those people who are in receipt of services from a core provider in areas where there is a new lead provider. Where

this is the case, the Council will work with the service users, their carers and providers to ensure that the transition is managed carefully so that any disruption in services is minimised through appropriate mitigating action.

Human Resources Implications

35. Temporary posts will be required to support the transition and implementation of the new services as described in **paragraph 16** and will be recruited to on fixed term contracts

Implications for Sustainability and the Environment

36. The suggested payment rate and model will offer a more realistic rate to independent sector providers who will be able to invest in their workforce.

RECOMMENDATIONS

That the Committee:

1) considers whether there are any further actions it requires arising from the information on the progress of the procurement of the home based care and support services.

2) approves the temporary establishment of the following at a cost of £121,200 and ICT development costs of £264,000 for implementation and delivery of the new service:

- 3 fte Community Partnership Officer (Grade 4) posts for 12 months
- 3 fte Data Input Team (Grade 3) posts for four months.

3) approves the annual licencing costs of £53,000 per annum.

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Constitutional Comments (EP 15/06/18)

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

Financial Comments (KAS 07/06/18)

38. The financial implications are contained within paragraphs 27 - 30 of the report. In addition the Budget Report considered by Full Council on 28 February 2018 set out that a provision of £4.7m had been made within contingency to fund a number of pressures that had been identified where there was a high degree of uncertainty with regard to likelihood, value and

profiling should they arise. Finance and Major Contracts Management Committee or the Section 151 Officer are required to approve the release of contingency funds. Consequently, in approving these proposals it is necessary for the Committee to understand there is a level of risk that bids for additional funding may be reduced. This will need to be mitigated in some respects by underspends elsewhere in the department.

HR Comments (SJJ 11/06/18)

39. Any HR implications are identified in paragraph 35.

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.

Tender for Home Based Care and Support Services – report to Full Council on 26 September 2013

The Social Care Market: Provider Cost Pressures and Sustainability – report to Adult Social Care and Health Committee on 30 November 2015

Annual Budget 2016-17 – report to Full Council on 25 February 2016

Tender for older people's home based care and support services – report to Adult Social Care and Health Committee on 18 April 2016

Tender for older people's home based care and support services – report to Adult Social Care and Health Committee on 11 July 2016

Tender for older people's home based care and support services - report to Adult Social Care and Public Health Committee on 12 June 2017

Tender for older people's home based care and support services - report to Adult Social Care and Public Health Committee on 13 November 2017

Equality Impact Assessment

New ways of working for Home Based Care Services – review of case studies: February 2018

Tender for older people's home based care and support services - report to Adult Social Care and Public Health Committee on 12 March 2018

Electoral Division(s) and Member(s) Affected

All.

ASCPH567 final

Appendix 1

Update on the Tender for Home Based Care and Support Services

Tender Result and Award of Contracts

Contracts were tendered on behalf of the Adult Social Care, Health and Public Protection Department (ASCH&PP) via the dynamic purchasing system (DPS) "Dynamic Provider List – Home Based Care and Support. These were run in accordance with the Public Contract Regulations 2015 and is a "Light Touch Procurement" for "social and other specific services".

The Council sought a Lead Provider to deliver Home Based Care and Support Services, including on-site Care and Support at Extra Care Housing Schemes within the Lot boundaries for each of 6 geographically based Lots.

Lot 1 Bassetlaw

Lot 2 Broxtowe

Lot 3 Gedling

Lot 4 Mansfield and Ashfield

Lot 5 Newark and Sherwood

Lot 6 Rushcliffe

For the Lead Provider Contract organisations were permitted to bid for and hold Contracts for a maximum of three Lots only.

The Council also sought a number of Additional Providers to deliver Home Based Care and Support Services, for each of the 6 geographically based Lots. The role of these providers is to pick up work in an area that the Lead Provider for that area is unable to accept.

Notification of Award letters were issued on the 11th June 2018 to all Bidders giving the results of the tender process. A standstill period of 10 days was initiated closing on the 21st June 2018. Preferred Bidders are to confirm their acceptance of the Contracts offered and proceed with providing due diligence documentation and to proceed to Contract signature. Bidders may not be a Lead Provider and an Additional Provider for the same Lot area.

Options for Lot 6 are being considered and a challenge has been received. The standstill period for Lots 6 ONLY has been extended for 2 weeks until midnight on Thursday/Friday 5/6 July. This will allow time for the Council to respond to the queries raised.

Lots 1 and 2 have retained the incumbent "core" provider as the "Lead Provider"

Preferred Bidder Status

Lot 1 Bassetlaw

Preferred Bidder
Lead Provider
London Care Limited trading as Comfort Call **No change to Incumbent**
Additional Providers Ranked Order
Leda Home Care Limited
No Award
No Award
No Award

Lot 2 Broxtowe

Preferred Bidder
Lead Provider
Direct Health – a Division of Accord Housing Association Limited **No change to Incumbent**
Additional Providers Ranked Order
London Care Limited trading as Comfort Call Limited
GP Homecare Limited trading as Radis Community Care
Fosse Healthcare
The Human Support Group Limited
To be confirmed

Lot 3 Gedling

Preferred Bidder
Lead Provider
The Human Support Group Limited
Additional Providers Ranked Order
London Care Limited trading as Comfort Call Limited
Direct Health – a Division of Accord Housing Association Limited
GP Homecare Limited trading as Radis Community Care
Caremark UK Limited (Charnwood)
Agincare Group Limited

Lot 4 Mansfield and Ashfield

Preferred Bidder
Lead Provider
Fosse Healthcare Limited
Additional Providers Ranked Order
London Care Limited trading as Comfort Call Limited
Direct Health – a Division of Accord Housing Association Limited
GP Homecare Limited trading as Radis Community Care
Agincare Group Limited
Caremark UK Limited (Mansfield)
Leda Homecare Limited
Mears Care Limited
Nestor Primecare Services Limited trading as Allied Healthcare
No Award

Lot 5 Newark and Sherwood

Preferred Bidder
Lead Provider
Fosse Healthcare Limited
Additional Providers Ranked Order
London Care Limited trading as Comfort Call
Hatzfeld
Nestor Primecare Services Limited trading as Allied Healthcare
No Award

Lot 6 Rushcliffe

Preferred Bidder
Lead Provider
No Award
Additional Providers Ranked Order
London Care Limited trading as Comfort Call Limited
The Human Support Group Limited
Agincare Group Limited
Westminster Homecare Limited
No Award

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 July 2018

Agenda Item: 10

REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING, SAFEGUARDING AND ACCESS

CHANGES TO THE WAY THE COUNCIL CALCULATES INDIVIDUAL CONTRIBUTIONS TOWARDS THE COST OF CARE AND SUPPORT

Purpose of the Report

1. The purpose of this report is to seek approval to hold an eight week consultation on a proposal to change the way that the Council calculates the contribution that people will make towards the cost of their care and support. It proposes to take in to account the higher rate for Disability Living Allowance, Attendance Allowance and Personal Independence Payment and also to adopt the Minimum Income Guarantee levels recommended by the Department of Health.

2. Approval is also sought to bring a further report to the Committee on the outcome of the consultation process.

Information

3. Nottinghamshire County Council, like other local authorities, faces unprecedented financial pressures. The Adult Social Care and Health department has delivered savings of £95m from 2011 to 2017/18 through 171 savings projects. Additional savings to be delivered from 2018/19 to 2021/22 are £17.83m. The Adult Social Care Strategy underpins the approach to savings by managing demand through early resolution, promoting independence and review of packages of support. However, whilst the Council has made significant savings there is still a budget gap of £54 million.

4. In 2017, as part of a wider review of the Adult Social Care 'Contributions Towards a Personal Budget Guidance', the Council consulted on a proposal to review the benefits and weekly living costs taken into account in the calculation to assess how much a person can afford to contribute towards their care and support. A decision was made not to progress the proposal at that time but to undertake further work. This has now been concluded and this report sets out the Council's proposed approach.

5. Some people receive benefits to support them to manage their disability. These include Attendance Allowance, Disability Living Allowance care component and Personal Independence Payment care component. The amount of benefit received varies according to the person's needs.

6. The Department of Health Care and Support Statutory Guidance and The Care and Support (Charging and Assessment of Resources) Regulations allow for higher rate benefits to be taken into account in contribution calculations. Many other councils have reviewed their contribution policies and either adopted in full, or moved closer to, the guidance provided. In Nottinghamshire, a local decision has previously been made to discount the higher rate benefits paid to people. This means that the Council does not currently take into account £27.45 that is paid to some people when it is working out what people in Nottinghamshire can afford to pay towards the cost of the care and support they receive. This local decision is no longer sustainable and the Council proposes to adopt the Department of Health guidance and take higher rate benefits into account in full.

7. This might mean that some people will have to pay more towards their care costs, however the Council will support people to ensure that they are only asked to pay what they can afford.

8. The Department of Health guidance also sets out the amount of money a week people are allowed to retain to cover their daily living costs, for example for food or bills. This is known as the Minimum Income Guarantee. The Council currently allows £189 a week for everyone but the Department of Health guidance recommends different rates for different age groups as follows:

- 18-24 years old £132.45
- 25 years – under pensionable age £151.45
- Pensionable age and over £189.00

9. As part of the work undertaken since last year, the Council has looked more closely at what other local authorities take in to account when undertaking financial assessments and determining the amount that people are required to contribute to their care costs, and what support can be provided to people who would be affected by changes to the current policy.

10. Many other councils have already adopted in full, or moved closer to, the Minimum Income Guarantee levels recommended by Department of Health guidance and the Council also proposes to adopt these levels. This means that people aged 18-24 years old will still be allowed to retain a minimum of £132.45 a week after rent or housing costs have been paid, before they are asked to make a contribution toward the cost of their care and support. In addition, the Council will support people to ensure that they are only asked to pay what they can afford. A table of other local authorities benefit rates and MIG levels is shown at **Appendix 1**.

11. The inclusion of higher rate benefits and the adoption of the Minimum Income Guarantee levels recommended by the Department of Health in the calculation to assess the amount a service user can afford to pay towards their care costs will reduce the cost of packages of care and support by £3.873 million a year. This figure is estimated as the numbers of service users and their circumstances are subject to change in the future.

12. The Council would as now have the discretion to agree short term waivers from assessed contributions for reasons of financial difficulty or significant hardship. Currently managers are able to approve a temporary waiver for a maximum period of six months at which point the waiver has to be reviewed.

13. The Council would also support service users to maximise their benefits as part of the financial assessment process. The Council makes an allowance for housing costs that are not covered by housing or council tax benefit and supports service users to claim their full entitlement to housing benefit and council tax discounts.

14. The Council would continue to provide the additional disability related expenditure allowance of £20 per week to ensure that the service user has enough money to cover any additional expenditure they may incur due to their disability. This is in addition to the Minimum Income Guarantee. This includes the purchase, maintenance and repair of disability related equipment, heating costs, electricity and water if the person needs their home to be heated more or has to do extra laundry. If the service user believes that this amount is insufficient to meet their needs they can request an increase in this allowance through discussion with their social worker.

15. In the event of changes being made to the contributions of service users towards their care and support, additional temporary capacity would be provided to support people who were affected.

16. Approval is sought to consult on the proposal to change the benefit rates and Minimum Income Guarantee levels used to calculate individual service users' contributions towards the cost of their care and support, and to bring a further report to the Committee on the outcome of the consultation process.

Other Options Considered

17. The Council could maintain the local decision previously taken and continue to discount some benefits that can be taken into account when calculating what someone can afford to contribute towards their care costs, however this is no longer financially sustainable.

18. The Council could take a local decision to move towards the recommended Minimum Income Guarantee levels, but take a local decision to adopt two, rather than three, Minimum Income Guarantee levels. This would reduce the potential level of cost reduction that would be delivered by the proposal.

Reason for Recommendation

19. The adoption of the Minimum Income Guarantee levels recommended by the Department of Health and the inclusion of higher rate disability benefits in the calculation to assess the amount a service user can afford to pay towards their care costs will reduce the cost of packages of care and support in the region of £3.873 million a year.

20. In light of the current and ongoing financial pressures faced by the Council, these proposals are considered to be preferable to making further reductions to the provision of care and support to people with eligible needs.

Statutory and Policy Implications

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

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

Data Protection and Information Governance

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

Financial Implications

23. The adoption of the Minimum Income Guarantee levels recommended by the Department of Health and the inclusion of higher rate disability benefits in the calculation to assess the amount a service user can afford to pay towards their care costs will reduce the costs of packages of care and support by £3.873 million a year. A proportion of the budget reduction will be delivered by reductions in Direct Payments paid to people who have eligible care needs who have chosen to manage their own care, with the remaining proportion delivered through increased income.

Human Resources Implications

24. There are no Human Resource implications.

Public Sector Equality Duty implications

25. An equality impact assessment has been produced and is available as a background paper to this report.

Implications for Service Users

26. The total number of people who will be asked to pay a contribution towards their care and support, as a result of the proposals contained in this report, will increase from 46% (3,250 people) of service users to 58% (4,117 people) of service users. 196 more people aged 18-24 will come into charging and 606 more people aged 25 to pensionable age will come into charging. 65 people aged pensionable age and over will come into charging as a result of including higher rate disability benefits in the financial assessment. In total, 867 more people will be asked to contribute towards their care. As outlined earlier in the report, the Council will provide support to service users affected by the changes and will continue to ensure that people are in receipt of all the benefits and allowances that they are entitled to.

RECOMMENDATION

That:

1) approval is given to hold an eight week consultation on the proposal to take into account the higher rate for Disability Living Allowance, Attendance Allowance and Personal Independence Payment, and to adopt the Minimum Income Guarantee levels

recommended by the Department of Health, when calculating the amount a service user can afford to pay towards their care costs.

2) a further report is brought to the Committee on the outcome of the consultation process.

Paul Johnson
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Constitutional Comments (LM 28/06/18)

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

Financial Comments (DG 28/06/18)

28. The financial implications are contained within paragraph 23.

Background Papers and Published Documents

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

- Adult Social Care and Health Consultation - report to Adult Social Care and Public Health Committee on 9 October 2017
- Adult Social Care and Health Consultation - report to Adult Social Care and Public Health Committee on 8 January 2018
- Outcome of the Adult Social Care and Health Consultation - report to Adult Social Care and Public Health Committee on 12 March 2018
- Equality Impact Assessment – Adult Social Care Charging
- Contributions towards a Personal Budget Guidance

Electoral Division(s) and Member(s) Affected

All.

ASCPH571 final

Appendix 1

The table compares the current and proposed practice in Nottinghamshire to other Councils:

Client Type	Nottinghamshire County Council Current	Nottinghamshire County Council Proposed	Nottingham City Council	Lincolnshire County Council	Northampton-shire County Council	Sheffield City Council	Leicestershire County Council
Over pension age	£189.00	£189.00	£159.35	£199.19	£194.50	£189.00	£189.00
Over pension age receiving AA middle or higher rate	£189.00	£189.00	£221.80				
25-59 receiving DLA, PIP or AA middle, enhanced or higher rate	£189.00	£151.45	£208.75	£151.94	£156.31	£151.45	£151.45
25-59 lower rate DLA or PIP	£189.00	£151.45			£136.63	£131.75	£131.75
18-24 receiving DLA, PIP or AA middle, enhanced or higher rate	£189.00	£132.45		£132.95	£137.31	£132.45	£132.45
18-24 lower rate DLA or PIP	£189.00	£132.45			£117.63	£112.75	£112.75

Nottinghamshire County Council

Report to the Adult Social Care and Public Health Committee
9 July 2018

Agenda Item: 11

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT JANUARY TO MARCH 2018

Purpose of the Report

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

Information

2. The Health and Social Care Act 2012 confers general duties on local authorities to improve and to protect the health of their local populations, including specific statutory duties to commission certain mandatory services for residents[1], the provision of specialist advice to the local NHS, and health protection advice to organisations across the local system.

3. In discharging these duties, the Council is currently supported by a ring-fenced grant which must be deployed to secure significant improvements in health, giving regard to the need to reduce health inequalities and to improving uptake and outcomes from drug and alcohol treatment services.

4. Services commissioned by public health contribute to a number of Council commitments (in particular, Commitment 6 – People are Healthier) and are critical for securing improved healthy life expectancy for our residents.

5. Working with colleagues, the Public Health Contract and Performance Team manages the performance of providers to ensure the Authority and the residents of Nottinghamshire are receiving good outcomes, quality services and value for money.

6. Contract management is undertaken in a variety of ways including regular contract review meetings, quality assurance visits to the service and ongoing communication.

7. This report provides the Committee with an overview of performance for Public Health directly commissioned services and services funded either in whole or in part by PH grant, in January to March 2018 against key performance indicators related to Public Health priorities, outcomes and actions within:

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

i) the Public Health Service Plan 2017-2018;
ii) the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and
iii) the Authority's Commitments 2017-21.

8. A summary of the key performance measures is set out on the first page of **Appendix A**. Where performance is at 80% or greater of the target or meets the standard, it is rated green.

9. Appendix A also provides a description of each of the services and examples of the return on investment achievable from commissioning public health services.

10. As this is the end of year report, further detail on the performance of all the services is provided below.

11. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972.

12. Having regard to all the circumstances, on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but would significantly damage certain providers' commercial position.

13. The exempt information is set out in the **Exempt Appendix**.

NHS Health Checks (GPs)

14. The Health Check Programme aims to help prevent heart disease, diabetes, stroke, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 who has not already been diagnosed with one of these will be invited for a check once every five years. In Nottinghamshire, Health Checks are delivered by nurses and health care assistants (HCAs) in GP practices, commissioned by Public Health. Practices are paid per health check and are financially incentivised to target those at higher risk of cardiovascular disease (£15 for a 'low risk' patient and £40 for a 'high risk' patient[1]).

15. Data available from the most recent five year cohort of patients (covering the period Quarter 1 2013/14 to Quarter 3 2017/18) indicates that performance in Nottinghamshire has been variable. While the percentage of the eligible population invited for a health check (Nottinghamshire 61.9%; East Midlands 81.2%; England 86.4%) and the percentage of the eligible population as a whole receiving one (known as 'coverage') (Nottinghamshire 35.6%; East Midlands 44.6%; England 41.9%) is below the East Midlands and national average, the proportion of those invited who actually take up the offer of a health check (known as 'uptake') is higher (Nottinghamshire 57.5%; East Midlands 54.9%; England 48.5%).

16. Targets for 2018/19 have been set at 100% invites and 75% uptake to mirror Public Health England's aspiration and focus practices on improving performance. Nonetheless practices in Nottinghamshire are still encouraged to target high risk patients (who can be much harder to reach), even though it impacts adversely upon performance against regional and national

[1] A 'low risk' patient is considered to have a less than 20% chance of having a cardiovascular disease event (such as stroke) in the next 10 years; a 'high risk patient' will have a 20% chance or more.

averages, as this approach is felt to be the most cost effective and clinically appropriate in the long term.

17. While the majority of practices in the county engage with the programme, they all face conflicting demands and Health Checks are not always prioritised. Some do not have the resources (i.e. nurses/HCAs, rooms, administrators) to conduct a large number of checks and others may not believe that the evidence base for Health Checks is robust enough. A proportion of practices also do not believe that the remuneration offered is sufficient to cover their costs.

18. Practices are supported to improve performance through regular liaison with Public Health, a dedicated website to share resources and good practice, and a strategic steering group including clinical commissioning group representation. A new IT system has also been implemented this year to enable key stakeholders, including practices themselves, to monitor, benchmark and improve performance. However, even the most conscientious practices can find it difficult to motivate patients to attend for a check - they are contracted to send an initial invitation letter, followed up by two more contacts (letter, text or telephone), but rarely have capacity to do more than this.

19. Considerable work has been conducted by Public Health during the last 12 months to ensure that practices undertake compliant health checks (i.e. that they complete all of the required assessments, use the correct clinical template and record the information accurately). Compliance has improved as a result of this, which has included designing a new clinical template to ensure that mandatory fields are populated. Practices have worked hard to adjust to the new template, including training their staff, and are now more focused on the delivery of fully compliant checks.

20. The coming year will see further work not just around encouraging practices to increase invitations, uptake and coverage, achieving full compliance and successfully targeting high risk patients, but also work to develop better quality assurance of the delivery of health checks (such as patient feedback) and the promotion of effective training for new administrative and clinical staff within practices.

Integrated Sexual Health Services (Nottingham University Hospitals (NUH), Sherwood Forrest Hospital Foundation Trust (SFHFT) and Doncaster and Bassetlaw Hospitals (DBH)

21. All three sexual health providers are performing well overall despite challenges with retraining their workforce. They now deliver an integrated service across Nottinghamshire which means people can access contraceptive services at the same time and place as testing and treatment for sexually transmitted infections.

60% of new users accepting HIV test

22. Further work has been undertaken to interrogate why performance has been lower in Bassetlaw and especially Mid-Nottinghamshire since the start of the new contract. The conclusion is that the denominator used by SFHFT and DBH is incorrect which has resulted in artificially lowering their HIV testing uptake. The data collected included repeat attenders and contraceptive only clients who would not automatically be offered a test. From quarter 1

of 2018/19 the HIV quality standard will be accurately recorded and monitored. If performance against this metric remains low then the team will work with the providers to improve uptake of testing by service users.

75% of 15-24 year olds accepting a chlamydia test.

23. Since 2013, there has been concern over the declining chlamydia detection rate for 15-24 year olds in Nottinghamshire. The most recent published detection rate for Nottinghamshire was 1423 per 100,000 (the England average is 1882).

24. Nottinghamshire decommissioned its Chlamydia Screening Office in 2011 and since 2013 the detection performance rate has declined. It should be noted that the decline is in line with the trend nationally but has been more acute in Nottinghamshire.

25. However, from 2017, the latest data from the Chlamydia Testing Activity Database indicates that there has been an improvement in the detection rate over 2017/18. This increase appears to be due to better targeting of at risk populations within Nottinghamshire. The number of tests carried out has only increased slightly but the number of positive tests identified from those tests has increased. Nottinghamshire has the highest positivity rate in the East Midlands and compares well to other Local Authorities in England. Within Nottinghamshire, Mansfield and Ashfield are performing above the national average and commissioners are meeting the service provider to understand further what is driving this exceptional performance. We are still to see the benefits of the recently commissioned online chlamydia testing, which will hopefully continue the increase in chlamydia detection rate in 2018.

Young Peoples Sexual Health Service- C Card (In-house)

26. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire. Targets have been met for all of the KPI's and the service is performing well overall. An action plan has been developed for 2018/19 which aims to increase new registrations and number of active sites across the scheme. Furthermore, the number of overall return visits to the scheme is a 12% increase over last year.

Alcohol and Drug Misuse Services (Change Grow Live)

27. Successful completions from the whole service as defined by the contract have been consistently good and have been exceeded by the provider as evidenced in the performance figures. PH and the provider work closely together to ensure a safe and equitable service is provided across Nottinghamshire. There continues to be very positive feedback from service users both whilst in the service and once they are substance free. The provider encourages a peer mentor approach and many service users who complete their journey stay on to help others.

28. However, the national published statistics known as the PH Outcomes Framework only measures successful completions from a clinical treatment aspect. Therefore, if members were to check the PH outcomes framework, Nottinghamshire would be shown as red and therefore below the national average. This is due in part to the fact that the figures are based

on 2016 data but mainly due to the fact that the Nottinghamshire contract measures a different indicator to the framework.

29. The Nottinghamshire measurements are harder to achieve than the national framework as the aim is to ensure all service users with any substance misuse issues are helped to recovery and not just those who require a clinical intervention (generally opiate users)

30. This provider has faced many challenges since it took over the service in October 2014 but provides an innovative, efficient and successful service to residents with substance misuse issues.

Smoking Cessation (Solutions 4 Health)

31. The past year has been challenging for smoking cessation providers both nationally and locally. Numbers of people accessing services have fallen as people look to other means of quitting, such as e-cigarettes. Smoking is now more focused in specific groups who may be hard to reach and who are more likely to have more than one health issue, for example alcohol use or weight management.

32. The provider has struggled to respond to this new environment due to the structure of their service which offered a traditional clinic based model and did not utilise partners such as pharmacies and GPs as effectively as it could.

33. A restructure of the service has taken place to deliver a new model for smoking cessation. The new model will work closely with hospitals, GPs and Pharmacists who are already working with people who smoke and are in a good position to refer into, or work alongside the service. Targeted specialist services can then be delivered in these settings, for example maternity clinics, and the service can expand telephone and online services for people who do not need such intensive support.

34. Working closely with other Public Health policy areas, as agreed at the Health and Wellbeing Board, such as Making Every Contact Count, Health Checks and the Wellbeing at Work Programme, the service will be able to maximise referrals to support individuals, organisations and communities to reduce the smoking rates across Nottinghamshire.

35. Changing the model to work across organisations in this way will increase referrals into the service and this increase should be reflected in successful quitters by October 2018. Ongoing and regular reviews of service delivery will monitor the service against this timeline.

Illicit Tobacco Services (In-house)

36. The Council's officers continue to take effective enforcement action against individuals and businesses that sell and distribute illicit tobacco. During 2017/18 officers conducted a total of 124 inspections at premises in the county, resulting in 45 seizures of illicit tobacco and 44 arrests. More than 124,000 illicit cigarettes and 6,000kg of tobacco were seized during the year with an estimated total retail value in excess of £2.4m. A number of investigations are ongoing.

Assist (In-house)

37. The Assist service is in its third year of running in schools across Nottinghamshire and the impact on young people across the county has been very positive. ASSIST is improving young people's health whilst providing valuable life skills. ASSIST's activity based training improves leadership, communication skills, resilience, self-esteem, confidence, highlights empathy and shows the value of taking a non-judgemental approach to peer-led conversations. The whole school benefits from increased conversations around smoking and health.

38. All students who take part fill in feedback forms at the end of training. Comments include:
    - 'I learned that I can influence people's ideas by using my knowledge'
    - 'I have different views and that's OK'
    - 'I now know that I never want to smoke'
    - 'Smoking is bad for you'
    - 'The only thing I would change about the course is to have more people doing it'
    - 'I learned that I am an introvert but I am still quite persuasive'
    - 'It boosted my confidence'
    - 'I realise that I can learn a lot in two days'
    - 'I learned that I am more confident than I thought'
    - 'I stood up and talked in front of people'
    - 'I am more influential in my peers eyes than I thought'
    - 'I am good at backing up what I think and being brave'

39. The teachers have also been really positive and once they have seen the programme run have been keen to carry it on in following years.

40. One student was chosen and given the chance to be part of the programme (by a teacher) on the understanding that their behaviour improved. They took on the role as a peer supporter seriously, saw the project through to the end and completed their diary. The teacher said that as a result, the student had been a pleasure in school. 'They just needed to be given that chance, something to focus on and for someone to believe in them'.

41. ASSIST is a national programme and the local provider has worked in the most schools in England over the last academic year and is set to do the same in the coming year.

Obesity Prevention and Weight Management (Everyone Health)

42. This service consists of Tier 1 obesity prevention work in a range of community settings and targeted Tier 2 healthy lifestyle weight management on referral.

43. Tier 1 prevention services have been restructured this year, to deliver a greater breadth and coverage of initiatives in schools, workplaces and community groups, with an emphasis on on-going engagement which builds local skills, resilience and capacity, rather than one-off events.

44. The uptake of the adult tier 2 weight management offer continues to be excellent in 2017/18 with the service having achieved more than double (218%) of their annual target number (258)

of service users. During 2017/18, through re-profiling within the current contract, 12 weeks weight management support has been provided to over 1000 additional adults. Following the successful trial of this approach, the service will continue to offer this increased access to weight management support in 2018/19

45. The uptake of children and families weight management has started to improve in quarter 4 of 2017/18 with the service achieving 43.5%(108 children) of the annual target in 2017/18. The latest outcome data shows that when children engage with the service there are positive improvements in excess weight gain, physical activity and diet.

46. The uptake of maternity weight management has been poor in the first two years of the contract. Commissioners have worked with the provider to develop a service improvement plan for this part of the service.

47. The work public health has been doing with both the provider and maternity services is starting to produce an increase in the number of pregnant women accessing the service with 23 women accessing the service in quarter 4 of 2017/18 from a target of 29. This is a significant increase on the previous quarters and previous years.

48. The Council commissioning of tier 3 weight management services ended on the 31st March 2018, with commissioning responsibility transferring to Clinical Commissioning Groups, in line with national guidance. Therefore from 2018/19 tier 3 and post bariatric support will no longer be included within this performance report.

Domestic Abuse Services (Notts Women's Aid and Womens Aid Integrated Services)

49. The domestic abuse providers are facing increasingly complex and difficult cases but continue to provide an excellent quality service in spite of these challenges.

50. The target set locally for the number of adults supported has been exceeded and both providers continue to provide a valued and important service to survivors of domestic abuse.

51. Whilst the number of unique children each quarter has varied between 67 and 132, the actual number of children supported each quarter is over 200. Providers are working longer with children and young people since they require support for longer due to the levels of trauma, complex needs and time taken to build trust. There is significantly less engagement in the summer due to school holidays.

Seasonal Mortality (Nottingham Energy Partnership)

52. This Service supports people to access insulation, heating improvements and preventative adaptations and gives advice to help reduce fuel poverty at home, primarily for those aged over 60, but also for families with children under 5 and pregnant women. The Provider match funds the commissioned value of this service. The contract for this Service was previously held jointly, with Nottingham City Council as the lead commissioner. The City Council decommissioned their provision of this service from May 2018, therefore the Council has taken control of this contract from May 2018. The level of investment in this Service for Nottinghamshire has been maintained, and PH has worked with the Provider to improve equity of access and uptake across the County.

53. The plan is to improve value for money and effectiveness of this Service through closer working with Age UK and Warm Homes on Prescription to ensure more integrated and seamless services to eligible residents.

Social Exclusion (The Friary)

54. The Friary provides a valuable service to homeless people and works well with the Authority to ensure value for money is maintained.

55. The evidence from the Friary's own user consultation is that the Friary is a service which is valued by its users and which they identify as contributing towards improved health, self-confidence and reductions in loneliness.

Public Health Services for Children and Young People aged 0-19 (Nottinghamshire Healthcare Trust)

56. The service has just completed the first year of delivery and the programme is now embedding across the County as a fully integrated service to young people and their families. The Authority has set ambitious targets for the provider and whilst these targets have yet to be met, the service overall is performing well.

57. Performance in areas where there is a full staffing establishment is improving and Nottinghamshire data for mandated reviews is comparable with, or better than the England average.

58. A shortage of staff due to retirement, maternity leave, sick leave within the Trust, and difficulties with recruitment continues to present challenges mirrored in the performance figures. A rolling programme of recruitment for permanent staff has been launched and the Trust report an increase in applications. It is anticipated that once there are enough staff, performance should improve.

Oral Health Promotion Services (Nottinghamshire Healthcare Trust)

59. Nottinghamshire's specialist Oral Health Promotion Team offers a comprehensive range of services across the county. This nationally recognised service facilitates the promotion of good oral health within local communities and vulnerable groups through:
    - training for the wider health, social care and education workforce
    - supervised tooth-brushing in primary schools (with linked nurseries)
    - health promotion activities such as the provision of tooth-brushing packs.

60. Performance has been consistently strong over recent years and the service offers excellent value for money. In the last year, 7,217 children received oral health advice and resources at their one year health review (82% against a target of 75%) and 873 children took part in the supervised tooth-brushing programme in 20 schools (target was 20 schools). The service has also created a new toolkit to guide teaching staff in supporting families where there is an oral health concern.

61. Oral health promotion training among frontline staff is constantly evaluated and promoted. This year training was delivered to 236 staff working in child-related services and 257 in adult-

related services (target of 200 each). In addition, 12 oral health awareness-raising campaigns were undertaken, resulting in 2,030 contacts.

62. During the coming year, local dental practices will be supported to support supervised tooth-brushing schools and oral health training will be updated to accommodate new staff and services. A loan service for the resource kit will be piloted and new social media activity will include campaigns on Instagram, Twitter, YouTube and Facebook.

Community Infection Prevention and Control (CCGs)

63. This service provides an invaluable barrier to the prevention and spread of infectious and avoidable diseases. The team have provided initiatives in care homes, GP practices and the acute hospital trusts including hand hygiene training, viral swabbing, advice and assistance. A project developed by the provider has been adopted by NHS improvement for national use.

Academic Resilience (Each Amazing Breath and Young Minds)

64. Take Five is a Whole School Resilience Building Programme based on breathing, grounding, and awareness that helps children, and staff, not only cope with stress—the theme of Mental Health Awareness Week—but also feel strong, safe, capable, and full of life, cornerstones of life-long mental (and physical) wellbeing.

65. Take Five self-leadership programme, developed by Each Amazing Breath, is a needs-based approach specifically for secondary schools where young people are supported to develop their capacity to handle life's challenges with awareness and confidence, building skills of self regulation, and managing anger. On the morning of 16th May, fifteen Year 7 children celebrated 'Growing Stronger' as they completed their *Take Five at School* Self-Leadership training during National Mental Health Awareness week.

66. Their school has committed to developing the strength-based resilience building programme, the Take Five at schools programme, to build emotional health and wellbeing for children and young people attending Nottinghamshire schools. Take Five has now spread to over 8000 children in Nottinghamshire.

Statutory and Policy Implications

67. 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

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

Public Sector Equality Duty implications

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

Safeguarding of Children and Adults at Risk Implications

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

Implications for Service Users

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

RECOMMENDATION/S

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

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Constitutional Comments [08.06.2018]

72. The report and recommendation falls within the delegation to Adult Social Care and Public Health Committee.

Financial Comments [DG 08.06.2018]

73. The financial implications are contained within paragraph 68 of this report.

HR Comments

74. There are no HR implications in the report

Background Papers and Published Documents

- 'None'

Electoral Division(s) and Member(s) Affected

- ’All’

Nottinghamshire County Public Health Services
Performance Report

Nottinghamshire County Council

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

Quarter 4 2017/18

Service Name	Indicator or Quality Standard	2016/17 final figures for comparison	Annual plan 2017/18	Q1	Q2	Q3	Q4	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	33,140	32,874	7,705	9,160	5,926	5,749	28,540
	No. of patients offered who have received health checks	20,727	21,697	4,076	4,956	4,992	5,041	19,065
Integrated Sexual Health Services	**Total number of filled appointments**							
	Sherwood Forest Hospital NHS Trust	23,543	23,543	6,111	5,906	5,650	5,714	23,381
	Nottingham University Hospital NHS Trust	15,387	15,387	3,854	4,352	4,114	3,897	16,217
	Doncaster and Bassetlaw Hospitals NHS Trust	9,486	9,486	2,062	1,976	1,958	2,134	8,130
	Total	**48,416**	**48,416**	**12,027**	**12,234**	**11,722**	**11,745**	**47,728**
	Quality Standard 60 % of new service users accepting a HIV test							
	Sherwood Forest Hospital NHS Trust	52%	>60%	37%	31%	53%	52%	39%
	Nottingham University Hospital NHS Trust	82%	>60%	62%	68%	65%	69%	66%
	Doncaster and Bassetlaw Hospitals NHS Trust	43%	>60%	62%	55%	46%	50%	53%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test							
	Sherwood Forest Hospital NHS Trust	47%	>75%	49%	67%	71%	78%	66%
	Nottingham University Hospital NHS Trust	61%	>75%	72%	71%	67%	69%	70%
	Doncaster and Bassetlaw Hospitals NHS Trust	76%	>75%	69%	69%	64%	63%	66%
	Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC							
	Sherwood Forest Hospital NHS Trust	46%	>30%	49%	48%	46%	47%	47%
	Nottingham University Hospital NHS Trust	35%	>30%	38%	41%	38%	37%	38%
	Doncaster and Bassetlaw Hospitals NHS Trust	45%	>30%	52%	48%	49%	48%	49%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,517	1,500	313	318	370	296	1,297
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	2,498	2,000	748	488	533	428	2,197
Alcohol and Drug Misuse Services	Number of successful exits (i.e. planned)	998	_	231	237	196	240	904
	Number of unplanned exits	748	-	160	286	157	148	751
	Number of service users in the service (last day of quarter) Including transferred in	16,277	10,394	13,830	15,884	10,382	12,445	Rolling
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	No data available	300	85	65	84	58	292
	Quality standard 80% Planned exit from treatment	98%	80%	97%	100%	99%	99%	98%
Smoking Cessation	Number of people setting a quit date	4869	-	975	882	1094	778	3729
	% actually quit - Russell standard	57%	>40%	55%	55%	60%	71%	60%
	Pregnant Smokers who successfully quit	100	500	18	16	21	19	74
	Under 18 Smokers who successfully quit	89	200	9	2	12	19	42
	Routine and Manual Workers	770	1,500	173	124	193	158	648
	All other smokers who successfully quit	1,832	2,800	333	347	435	353	1,468
	Total	**2,791**	**5,000**	**533**	**489**	**661**	**549**	**2,232**
Illicit Tobacco Services	Number of inspections	30	75	30	49	28	17	124
	Number of Seizures	New target 17/18	37	18	11	12	4	45
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	933	738	227	302	307	222	1,058
	Number of children supported	135	206	23	23	14	27	87
	Maternity	26	114	4	4	12	23	43
	Post Bariatric	60	73	14	15	14	23	66
Domestic Abuse Services	No of adults supported	1,940	2,188	458	461	466	496	1,881
	No of children, young people & teenagers supported	514	678	132	109	121	148	510
Seasonal Mortality	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	298	259	94	63	138	96	391
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	156	187	50	110	95	64	319
Social Exclusion	Number of one-to-one specialist advice interviews undertaken	7,128	7,128	2,150	2,057	1,994	1,996	8,197
	Number of emergency parcels provided	5,445	5,445	1,572	1,601	1,547	1,780	6,500
Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	New contract	95%	86%	85%	86%	83%	85%
	Percentage of 6-8 week reviews completed	New contract	95%	90%	86%	89%	84%	87%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	New contract	95%	82%	85%	86%	91%	86%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	New contract	95%	77%	80%	78%	79%	78%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	476	200	15	59	109	53	236
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	211	100	95	61	57	44	257

Nottinghamshire County Public Health Services Performance Report - Service description

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	**NHS Health Checks**	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	**Integrated Sexual Health Services**	Good sexual health is an important part of physical, mental and social well-being. Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males. A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.5 Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were: • Chlamydia (47%), • Genital warts (17%). • Genital herpes (7%), • Gonorrhoea (7%). Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. www.fsrh.org www.bashh.org. The ISHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire: • A reduction in under 18 conceptions • Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds) • A reduction in people presenting with HIV at a late stage of infection. In addition, the service will deliver against the following overarching outcomes to improve sexual health: • Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health • Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions • Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health • Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk • A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000 • An increase in the number of people accessing HIV screening, particularly from those groups most at risk • A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV • Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups • Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM • Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire • A reduction in unintended pregnancies in all ages • Increased quality standards across Nottinghamshire and Bassetlaw.
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	**Young Peoples Sexual Health Service - C Card**	Good sexual and reproductive health is important to physical and mental wellbeing, and is a cornerstone of public health. Young people who are exploring and establishing sexual relationships must be supported to take responsibility for their sexual and reproductive health. The C Card scheme aims to reduce teenage pregnancy and sexually transmitted infections amongst young people in Nottinghamshire by allowing young people to access free confidential sexual health advice and condoms.
1.05	16-18 year olds not in education employment or training	**Alcohol and Drug Misuse Services**	Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement. Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	**Young People's Substance Misuse Service**	Young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs which recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need
2.03	Smoking status at time of delivery (maternity)	**Tobacco Control and Smoking Cessation**	Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s). To reflect the model 3 themes will be used to provide context; • Stopping smoking • Preventing the uptake of smoking • Reducing harm from tobacco use
2.09	Smoking prevalence - 15 year olds		
2.14	Smoking prevalence - adults (over 18's)		
2.14	Smoking prevalence - adults (over 18's)	**Illicit Tobacco Services**	Nationally, Tobacco smuggling costs over £2 billion in lost revenue each year. It undermines legitimate business and is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking. Trading Standards resource works to reduce illicit tobacco supply and demand within the county
1.16	Utilisation of outdoor space for exercise/health reasons	**Obesity Prevention and Wight Management (OPWM)**	Being overweight or obese can bring physical, social, emotional and psychosocial problems, which can lead to the onset of preventable long term illness, stigma, discrimination, increased risk of hospitalisation and reduced life expectancy. Someone who is severely obese is three times more likely to need social care than someone who is a healthy weight, so the need for quality weight management services does not only impact individuals, but also affects public funds and the wider community. The aim of this contract is to reduce the prevalence of overweight and obesity so that more adults, children, young people and families achieve and maintain a healthy weight therefore preventing or reducing the incidence of obesity related illnesses.
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
1.11	Domestic abuse	**Domestic Abuse Services**	This service aims to reduce the impact of DVA in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.
4.15	Excess winter deaths	**Seasonal Mortality**	In 2011, the Marmot Review Team released 'The Health Impacts of Cold Homes and Fuel Poverty' report16. The report reviews the evidence for the long-term negative health impacts of living in cold homes and concludes: "many different population groups are affected by fuel poverty and cold housing, with various levels of health impacts relating to different groups." Vulnerable children and the elderly are most at risk of developing circulatory, respiratory and mental health conditions as a consequence of cold, damp homes. The Health Housing Contract will maintain and improve the health of citizens in Nottingham City and Nottinghamshire, by facilitating insulation, heating improvements and preventative adaptations and giving advice to help reduce fuel poverty in the homes of citizens over 60 and to a lesser extent (up to 10% of the total), families with children under 5 and pregnant women
1.18	Social isolation	**Social Exclusion**	Nottinghamshire Homelessness Health Needs Assessment, July 2013 – this identified higher levels of need among non-statutory homeless people in relation to lifestyle health risks: hepatitis and flu vaccination, smoking, diet, substance misuse (including alcohol), TB screening, sexual health checks. Multiple physical health problems were common; especially musculoskeletal, respiratory and oral health. Mental health problems were common; especially stress, depression, sleeping difficulties and anxiety. The aim is to protect and support the health and well being of vulnerable adults using the person centred approach. Specifically this will be addressed via specialist one to one assessment and advice sessions as a means of accessing appropriate emergency practical support and co-located services. This will follow as far as possible an "under the same roof" and "one-stop" model.
1.01	Children in low income families	**Public Health Services for Children and Young People aged 0-19**	The foundations for virtually every aspect of human development - physical, intellectual and emotional, are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to: • help parents develop and sustain a strong bond with children, • encourage care that keeps children healthy and safe, • protect children from serious disease, through screening and immunisation, • reduce childhood obesity by promoting healthy eating and physical activity, • identify health issues early, so support can be provided in a timely manner, • make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		
4.02	Proportion of five year old children free from dental decay	**Oral Health Promotion Services**	In Nottinghamshire, oral health is an important Public Health policy area due to the diverse nature of the county and its associated health inequalities. The impact of poor oral health is felt within all seven districts with significant variation. To deliver an evidence-based oral health promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health. The service is based on the recommendations from 'Local authorities improving oral health: commissioning better oral health for children and young people' and NICE guidelines.

Making the economic case for prevention

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

It is widely acknowledged that poor lifestyle behaviors as well as wider determinants of health place a significant burden on public finances now and in the future, and the evidence shows that a large number of prevention programmes represent value for money. Therefore there is a strong economic case for greater action.

For example, our work shows that moving a person from unemployment into employment would save £12,035 per person over a one-year period.

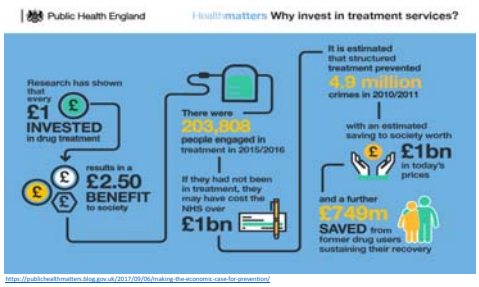
Another example we can use to make the economic case is analysis of a 'targeted supervised tooth brushing programme'. This initiative provides a return of £3.06 for every £1 invested after 5 years and £3.66 after 10 years. On this occasion we are taking into account NHS savings, increased earnings for the local economy and improved productivity.

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

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

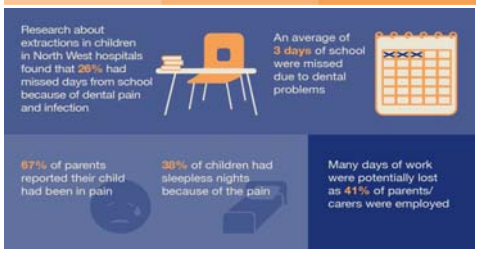
And as we recently flagged as part of a suite of mental health resources, initiatives which prevent mental health problems can yield a good return on investment. We looked at interventions such as school-based resilience programmes, workplace stress programmes and support for people in debt.

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



https://publichealthmatters.blog.gov.uk/2017/09/06/making-the-economic-case-for-prevention/

Oral Health



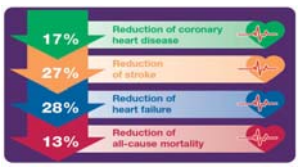
Social Value refers to wider financial and non-financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment.
From a business perspective it may be summarised as the net social and environmental benefits (and value) generated by an organisation to society through its corporate and community activities reported either as financial or non-financial (or both) performance.

Useful links:

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

It is estimated that up to 80% of premature deaths from CVD can be prevented through better public health. All current blood pressure guidelines agree that support for behaviour change to address modifiable risk factors (smoking, alcohol, inactivity, obesity and poor diet) should be the first step in preventing high blood pressure.

There is robust evidence that taking action to lower blood pressure can reduce the risk it poses to health. A major systematic review found that in the populations studied, every 10mmHg reduction in blood pressure resulted in the following reductions.



https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672554/Tackling_high_blood_pressure_an_update.pdf

The Local Cost of Tobacco

ash action on smoking and health
nquiries@ash.org.uk

ASH Ready Reckoner Dec 2015 Update

LeLan
enquiries@lelan.co.u

v5.7 (30 Jan 2017)

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

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

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

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

(Press delete to clear a level)

Region: East Midlands

County / UA: Nottinghamshire

District:

Est. smoking population in Nottinghamshire:
111,496

of 17.5%

"Integrated Household Survey 2014
(confidence range: 15.5%-19.4%)
This suggests a moderate level of certainty around the prevalence estimate.

Each year in Nottinghamshire
we estimate that smoking costs society appox.
£207.1m
That's £1,858 per smoker per year

This total cost is disaggregated below.
To view charts of the breakdown, click here

Every year in Nottinghamshire, early deaths due to smoking result in 3,169 years' of lost productivity.
This costs the county's economy approx. £53.0m

It is estimated that smoking breaks cost businesses in Nottinghamshire a further
£86.2m annually

Local businesses in Nottinghamshire also lose approx. 154,198 days of productivity every year due to smoking-related sick days. This costs about
£13.8m

The total annual cost to the NHS across Nottinghamshire is about
£30.2m
£28.6m is as a direct result of treating smoking-related ill health
£1.6m is due to treating the effects of passive smoking in non-smokers.

Current and ex-smokers who require care in later life as a result of smoking-related illnesses cost society an additional £21.4m each year across Nottinghamshire.*
This represents £11.7m in costs to local authorities and
£9.7m in costs to individuals who self-fund their care

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

Smoking materials are a major contributor to accidental fires in Nottinghamshire. Each year there are about 29 smoking-related fires in the county, resulting in around 0.9 deaths.
This impacts on the county's economy to the sum of approx. £2.7m every year.
This represents an average of:
£1.6m due to deaths;
£643.6k due to injuries; and
£434.3k due to the non-human cost of smoking-related fires.

The majority of cigarette filters are non-biodegradable and must be disposed of in landfill sites. In Nottinghamshire around 445m filtered cigarettes (incl filtered roll-ups) are smoked each year, resulting in approx.
76 tonnes of waste annually.
Of this, more than 17 tonnes of cigarette waste is discarded as street litter that must be collected by local government street cleaning services.

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

Data analysed, compiled and presented by LeLan Solutions
t: 0117 3 703 603 • e: enquiries@lelan.co.uk • w: www.lelan.co.uk

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 July 2018

Agenda Item: 12

REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING, SAFEGUARDING AND ACCESS

QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY - CARE HOME AND COMMUNITY CARE PROVIDER CONTRACT TERMINATION/SUSPENSIONS

Purpose of the Report

1. The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality and Market Management Team (QMMT) including:

   - the quality monitoring and market shaping activity across both residential and community care services across the County

   - advising the Committee about the services that currently have their contracts suspended by the Council so that the Committee can consider any issues raised and how it may wish to monitor progress.

Information

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

3. One of the key roles of the team is to complete annual audits of externally provided care and support services and to undertake monitoring activities where concerns are raised about the quality of care. QMMT officers work closely with the Council's operational teams, safeguarding team, local Clinical Commissioning Groups, Healthwatch and the Care Quality Commission to share intelligence and work in a co-ordinated way to address concerns regarding the quality of care provision.

QMMT activity and performance information

4. The QMMT has responsibility for monitoring both residential and nursing care homes and also community care services across the County for adults over the age of 18 years. In total there are over 350 providers delivering a range of services in Nottinghamshire. These include:

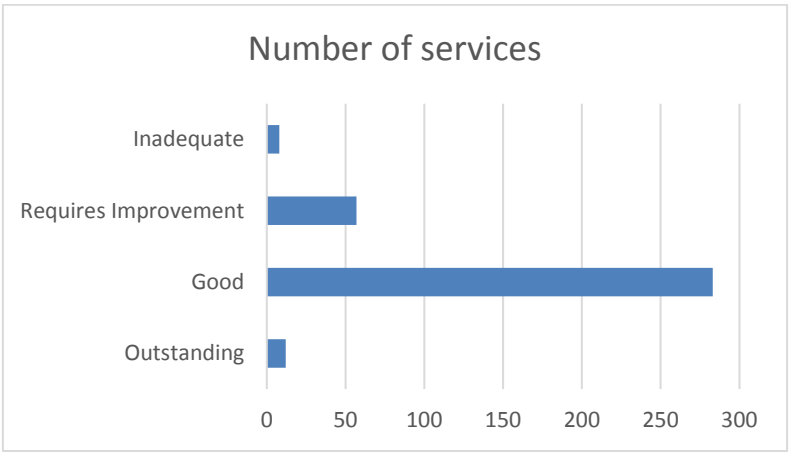
- 289 care homes of which:

  - 118 are younger adults care homes
  - 171 are older adults care homes
  - 69 offer nursing care.

- A range of other contracted services including:

  - Home care
  - Day care services
  - Care support and enablement services (supported living)
  - Extra care/Housing with Care services.

5. Care services are regulated by the Care Quality Commission (CQC). Nottinghamshire has the highest number of services, both residential and community that are inspected/rated by the CQC in the East Midlands. An overview of current published CQC ratings for Nottinghamshire services (as at May 2018) is set out below:



6. A comparison of CQC ratings against the same time in 2017 is set out below and shows the proportion of services that are rated 'Outstanding' by the CQC in Nottinghamshire has increased by 2% in the last 12 months. In the same time period, the proportion of services rated 'Requires Improvement' has reduced by 2%. The proportion of 'Good' and 'Inadequate' rated services has remained static. 12 local services are currently rated 'Outstanding' by the CQC.

	CQC ratings as a % of all rated services in Nottinghamshire: May 2017	**CQC rating as a % of all rated services in Nottinghamshire: May 2018**	**% change May 2017 to May 2018**
Outstanding	1%	3%	+2%
Good	79%	79%	No change
Requires Improvement	18%	16%	-2%
Inadequate	2%	2%	No change
Total	100%	100%	

7. As noted above, the QMMT also carry out quality audits using a locally developed audit tool aimed at complementing CQC inspection processes. Audits of older persons care homes are carried out annually and are linked to the quality banding system to determine the fee levels paid. Audits of other services are carried out on a rolling programme.

8. Using the care home quality banding system an overall increase in quality has been demonstrated with a significant increase in the number of higher banded homes. Following audits in 2017, 40% of older persons care homes achieved a band 5 (the highest banding), compared to 9% in 2008 when the banding system was introduced. Similarly, only 9% of homes were in the lowest banding (band 1) in 2017, compared to 20% in 2008. An overall breakdown of current bandings for older persons care homes, together with a comparison to the previous year and to 2008 is set out below:

Banding	Number of services	% 2018	% 2017	% 2008
5	69	40%	37%	9%
4	34	20%	23%	23%
3	34	20%	19%	25%
2	19	11%	12%	23%
1	15	9%	9%	20%

9. The QMMT also oversees assessment and awarding of the Council's Dementia Quality Mark (DQM) for older persons care homes that have evidenced they provide a high standard of care to people living with dementia. 34 care homes currently hold the award. The DQM is currently being reassessed for the period 2018 – 2020.

10. As part of ongoing quality monitoring activity, the team receives and responds to information about quality from a number of sources including families and carers, operational staff, elected members, health colleagues, members of the public and whistleblowers. As the public becomes increasingly aware about social care services because of publicity in the media, there has been an increase in activity within the team in terms of information received this way.

11. In 2017/18 the team received 751 information 'referrals' comprising 567 related to care homes and 184 related to other services. This was a 20% increase on information referrals received in 2016/17.

12. Where the Council is not satisfied with the quality of any service and required improvements have not been made, the QMMT will apply contractual sanctions. During the period of the suspension the Council will not make any new placements at the service until required improvements have been made.

13. In 2017/18 contractual sanctions were applied to 24 care homes and three other services/providers. Representatives from the QMMT will meet with residents and relatives and the owner/manager of suspended services to offer support and advise about the reasons for the suspension. While sanctions are in place the team works closely with services to ensure a comprehensive action plan is in place and to monitor progress and ensure improvements can be sustained.

14. Where appropriate, monitoring work and meetings will be carried out in collaboration with Clinical Commissioning Groups, the CQC, Optimum Workforce Leadership and other partners and, once sustained improvements are evidenced, a suspension will be lifted.

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

15. Since 2008/09 the Council has had in place a local Fair Price for Care framework for older adults care homes to recognise and reflect increasing costs faced by care home providers and provide incentives for continuous improvement in the quality of services.

16. A comprehensive review of the Fair Price for Care framework is currently underway, led by the QMMT and in collaboration with the Nottinghamshire Care Association. A key task of the review is to generate a full, transparent and up to date view of the costs incurred in the delivery of residential and nursing care services to help inform future fee levels. External consultants (Laing and Buisson) have been appointed through a procurement process to undertake this work over the next three months. This will involve collecting and analysing cost information from care homes in the County through a provider questionnaire. The QMMT are working closely with Laing and Buisson to support care home providers in order to maximise the number of questionnaires returned. This will help ensure an accurate and informed picture of current delivery costs and to help inform future fee levels in Nottinghamshire.

Review of the quality audit framework

17. As part of the overall review of the Fair Price for Care framework, work has also begun to review the existing quality audit framework linking older persons care home fees and the quality of care provision. At present fees for older persons care homes are applied via a quality banding system comprising five bands with different fee rates at each banding point for residential and nursing care. Quality Monitoring Officers use a locally developed quality audit tool to visit the home annually and make an assessment which will determine the band for the home.

18. The quality audit tool is also used to assess and monitor quality in younger adults care homes and other community based services, with audits of these services also taking place on a regular basis, although in these services the outcome is not currently linked to fees. The tool comprises five domains to provide a robust picture of the service at the point the audit is carried out and to highlight any concerns that need addressing with the provider. The domains are:

- People who use services experience person centred care
- The lived experience of people who use the service
- People are protected from harm
- People who use services are supported by competent staff
- Services are managed effectively.

Detailed feedback from the audit is given to the provider in the form of a quality audit report.

19. Two engagement meetings were held with providers in June to seeks views on the existing quality audit tool and discuss and consider how quality can best be reflected within an

overall fees structure for older persons care homes. Information from these meetings will inform the wider review of the Fair Price for Care framework.

20. It is intended that a full report will be presented to the Adult Social Care and Public Health Committee in December 2018 to report the outcome of the Fair Price for Care Framework review. In the interim, further updates on progress will be provided through these reports.

Provider forum

21. One of the ways that the team works with key stakeholders is through the countywide care home provider forum. Forums take place regularly throughout the year, supported by the QMMT. The forum enables providers to work together to look at issues within the sector and to share good practice.

22. The last forum took place on 13th June and included discussion and presentations on modern slavery, recruitment strategies, falls prevention and fire protection. Providers also presented and shared their experience of personal behavioural support practices and using assistive technology in services.

Home based care services (There is a detailed update report on the progress of the home based care and support services tender also on the agenda of this Committee)

23. Community Partnership Officers (CPOs) within the team have been working to support the implementation of new home based care contracts and to ensure the transition period runs as smoothly as possible. CPOs are assigned to a particular geographical area of the County in line with the six 'lots' identified within the home care tender. This will enable CPOs to develop close working relationships with appointed 'lead' and 'additional' providers in their area, as well as operational teams and other key stakeholders.

24. The new model of home care requires providers to work in a different way and take a more person centred, enablement focused and flexible approach. To support this, services have been commissioned with an outcome focus and a payment model that moves away from 'time and task' where providers are paid by the minute to one that offers providers greater financial incentive and security, which they can then pass on to their employees.

25. CPOs will play a key role in embedding this new model, both with appointed providers and internal staff. As a first step, the team is involved in developing and running a programme of information sessions for operational staff and will be holding both initial and ongoing meetings with providers.

Other Options Considered

26. No other options have been considered.

Reason/s for Recommendation/s

27. 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

28. 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

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

Implications for Service Users

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

RECOMMENDATION/S

1) Members consider whether there are any actions they require in relation to the issues contained within the report.

2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Paul Johnson
Service Director, Strategic Commissioning, Safeguarding and Access

For any enquiries about this report please contact:

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Constitutional Comments (LM 13/06/18)

31. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report. Members should consider whether there are any actions they require in relation to the issues contained within the report and consider how they wish to monitor the actions /issues within this report.

Financial Comments (DG 14/06/18)

32. The financial implications are contained within paragraph 29 of this report.

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH568 final

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 July 2018

Agenda Item: 13

REPORT OF THE DEPUTY CORPORATE DIRECTOR FOR ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE AND PUBLIC HEALTH - EVENTS, ACTIVITIES AND COMMUNICATIONS

Purpose of the Report

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

Information

2. Over the course of the year, the range of public events, publicity and promotional activities that may be undertaken by adult social care and public health are wide ranging and there are a variety of reasons for doing so, for example:

- promotion of services to give information to people in need of social care and public health services and their carers
- encouraging interest in recruitment campaigns for staff, carers and volunteers
- engagement of communities with services in their locality
- generation of income through public events.

3. Over the next quarter and beyond, adult social care and public health would like to undertake the events and activities detailed in **paragraphs 4 to 18**.

Public mental health population awareness campaigns and events

World Health Organisation (WHO) World Suicide Prevention Day - 10 September 2018

4. This is an international annual campaign to promote worldwide action to prevent suicides. The theme for 2018 is "Working together to prevent suicide" http://www.who.int/mental_health/prevention/suicide/wspd/en/. Public Health are the local leads and the campaign will consist of distribution of flyers and leaflets to raise awareness of suicide prevention. Awareness flyers and leaflets will include a leaflet called "It's safe to talk about suicide" which has been adapted for local use by Nottingham City and Nottinghamshire County Suicide Prevention Steering Group with the permission of Exeter University. The leaflet has been developed and evaluated for use by concerned family members and friends – the evaluation can be accessed via this

link: http://journals.sagepub.com/doi/pdf/10.1177/0017896917706601. The leaflet will be available on the Nottinghamshire Help Yourself website.

5. There will also be information highlighting sources of professional help and support. Internal and external distribution will be via Workforce Health Champions and the Council's intranet and social media with the support of the Council's communications team, plus a display stand near the reception area at County Hall. Wider circulation of leaflets will include to organisations e.g. Clinical Commissioning Groups (CCGs)/GPs, community health and mental health services, third sector and organisations and education establishments.

WHO World Mental Health Day - 10 October 2018

6. This is an annual campaign to raise awareness of mental health issues around the world and mobilise efforts in support of mental health. This year's theme set by the World Federation for Mental Health will focus on young people and mental health in a changing world: https://wfmh.global/world-mental-health-day-2018/ .

7. Children's and Adult Public Health are the local leads and will work with CCG Children and Young People's Commissioning Hub colleagues, the Council's HR colleagues and Workforce Health Champions and the Communications team to distribute and signpost to information and resources to raise awareness of the issues that contribute to poor mental health in children and young people. This will include raising awareness of adverse childhood experiences and their impact on psychological and emotional distress and resilience during childhood and into adulthood. There will also be information highlighting sources of professional help and support and a display stand near the reception area at County Hall.

Independent financial information and advice

8. The Care Act 2014 gave local authorities a duty to provide all of their citizens with information and advice, not just those who are eligible for services. The Care Act guidance states that local authorities should "direct a person to a choice of advisors, regulated by the Financial Conduct Authority with appropriate qualifications and accreditation" (Care Act Guidance, 3.51).

9. It is estimated that approximately 8,200 people in Nottinghamshire are currently classed as self-funders. In June 2015 the Council commissioned an independent financial advice service. The contract was secured on a 2 year +1 basis by Age UK Nottingham and Nottinghamshire. During this period the service was utilised by 865 self-funders which represents approximately 9% of all self-funders within the County.

10. Following a review of the current service provision, outcomes and costs it has been agreed that the signposting and support service will be brought in-house, utilising more effectively the existing skills and capacity held within the Customer Service Centre, the Benefits Advice Team and NottsHelpYourself.

11. To support this it is proposed that £6,000 of the existing budget be used to fund an annual marketing campaign. In order to reduce expenditure, and tie together appropriate messages, it is proposed that these form part of a joint marketing campaign with NottsHelpYourself. The marketing campaign would be supplemented with additional free

mechanisms such as social media, press releases and articles in Council publications such as 'email me' as well as printed materials to supplement the advice given. This will represent a saving on current spend of approximately £24,000 per annum.

Adult Social Care Strategy

12. In December 2017 the Policy Committee approved an updated Adult Social Care Strategy. The rationale for updating the Strategy was to help all staff to see how they could apply the strategy in their role. Whilst the overall principles of the Strategy have remained the same it has been structured much more around the customer journey with a view to helping manage expectations and be clear about the social care offer. The Strategy includes the department's vision and purpose for social care as well setting out the three main stages of support - helping people to help themselves, help when you need it, maximising independence and then keeping progress under review.

13. The updated strategy was co-produced with staff, services users and carers, who also helped to develop a one page visual version, as an easy illustration of the offer.

14. To support the embedding of the strategy across the department, a managers' toolkit together with a complementary short video are now being produced as an internal staff resource. This resource will help to guide team discussions about the Strategy and how it is, and can be, translated into action. The resources will provide teams with an opportunity to:

- gain an understanding about the strategy's new focus on promoting independence and wellbeing and what that means for them
- be clear about why there is a need to work differently so that people can live the best life they can and achieve the outcomes that matter to them
- see, via the video, some real examples of positive practice that are already making a difference to people's lives.

15. The toolkit will be used as a refresher to ensure that teams are up to date and as a guide for discussion and reflection against current practice within meetings or supervision sessions. It will also be included in new starter induction processes and employees returning to work, as well as information for other employees who are not familiar with the strategy and local care context.

16. Subject to Committee approval, the toolkit and complementary video will be available to managers and staff in July 2018. Costs for production of the video have been met from the Transformation Team budget.

Approval of poster submission at Occupational Therapy (OT) Show

17. The Committee is asked to approve the display of an academic poster by one of the Council's Occupational Therapists at an OT show in Birmingham in November 2018. The purpose of the poster submission is to link the professional role as Council Occupational Therapist in the Younger Adults Project Team with academic studies (MSc environmental psychology, University of Surrey). The poster will demonstrate the link between access to

natural environments in supported living accommodation and opportunities for service users to increase skills, confidence and independence as well as using environmental psychology theories to demonstrate the psychological, sensory and effect benefits of natural environments to the residents and carers.

18. The poster is for dialogue purposes, as opposed to dissemination of research. The target audience is academics and professionals. With the exception of travel costs to the venue, there are no costs attached to this request. The poster is still being designed.

Other Options Considered

19. To not undertake events, activities and publicity relevant to adult social care and public health would result in lack of awareness or understanding of services available and lack of engagement with local communities.

Reason/s for Recommendation/s

20. To ensure that people in need of social care and public health services and their carers are aware of the range of services on offer, to encourage engagement with local communities and to share learning.

21. To enable the Local Authority to contribute to the public mental health and suicide prevention population and events described above. To build mental resilience in the community by raising mental health and suicide prevention awareness to support the prevention of ill health.

Statutory and Policy Implications

22. 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

23. The financial implications for the Public Mental Health promotion events will be met from the Public Health budget.

24. The Age UK Independent Financial Advice service was provided at a cost of £30,000 per annum. The proposed activity regarding independent financial advice for self-funders outlined above would utilise £6,000 of the existing budget to fund an annual marketing campaign. This would represent a saving on current spend of approximately £24,000 per annum.

25. There are no costs attached to the OT poster submission, other than staff travel costs.

26. The costs of production of the toolkit and video production to support the Adult Social Care Strategy will be met by the Transformation Team budget.

Human Resources Implications

27. There are no human resource implications.

Implications in relation to the NHS Constitution

28. The Public Mental Health and Suicide Prevention communications outlined above support the ethos of the NHS constitution to "*…improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives*".

Public Sector Equality Duty implications

29. The aim of the campaigns described above is to educate the population around mental health and suicide prevention supports the principles of reducing stigma and discrimination.

RECOMMENDATION/S

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

Paul Mckay
Deputy Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LM 14/06/18)

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

Financial Comments (CT 21/06/18)

31. The financial implications are contained within paragraphs 23 to 26 of this report.

Background Papers and Published Documents

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

Updated Adult Social Care Strategy – report to Policy Committee on 20 December 2017

Electoral Division(s) and Member(s) Affected

All.

ASCPH569 final

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

9 July 2018

Agenda Item: 14

REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE & 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@nottscc.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 2018-19

10 September 2018			
Outcomes of Targeted Reviews and the Double to Single OT project	Progress report on outcomes of Targeted Reviews and the Double to Single OT Projects.	Deputy Corporate Director	Katherine Smith/ Cate Bennett
Development of the Better Together Alliance in Mid-Nottinghamshire		Service Director, Mid-Nottinghamshire	Wendy Lippmann
Adult Social Care Workforce Plan 2018-2020		Service Director, Mid-Nottinghamshire	Veronica Thomson
Community Living Networks	Progress update on development of Community Living Networks	Service Director, North Notts and Direct Services	Mark Jennison-Boyle
Peer Review March 2018 – findings and recommendations	Report on the findings of the Peer Review and follow-up actions to be taken	Corporate Director	Jennie Kennington
Public Health Commissioning Intentions from 2020	Results of initial consultation and decisions on approach	Director of Public Health	Rebecca Atchinson
Public Health Contracts Team performance report	To update the Committee on the work of the Public Health Contracts team	Consultant in Public Health	Nathalie Birkett
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Deputy Corporate Director	Celia Morris/ Matthew Garrard
Progress report on savings and efficiencies	Regular update report to Committee on progress with savings projects within the department	Transformation Programme Director	Ellie Davies
Adult Social Care and Health – changes to staffing establishment	Report to cover changes required to staffing and structures.	Deputy Director	Jennie Kennington/Paul McKay
Approval to consult on changes to Protection of Property and Pets policy	To request approval to consult on proposed changes to this policy	Deputy Director	

Approval for attendance at National Children and Adults Services conference 2018		Chairman of the Adult Social Care and Public Health Committee	Jennie Kennington
8 October 2018			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Obesity prevention and weight management commissioned service: update and presentation by commissioned provider	Requested in May 2018 to bring a more detailed report with the provider in attendance.	Consultant in Public Health	John Wilcox
Sector-led improvement 2018 – self-assessment and regional challenge	Update on the production of this year's self-assessment and the regional challenge event with other East Midlands Directors.	Service Director, North Nottinghamshire and Direct Services	Ainsley MacDonnell/Jennie Kennington
Outcome on consultation regarding changes to how the Council calculates individual contributions towards the cost of care and support		Service Director, Strategic Commissioning, Access and Safeguarding	Bridgette Shilton
Revised Carers Joint Commissioning Strategy for Nottinghamshire		Service Director, Mid-Nottinghamshire	Maggie Pape
STP High Impact Area 1		Director of Public Health	Kristina McCormick
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk

12 November 2018			
Progress on tender for older people's home based care and support services	Progress report on the tender for these services	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/Jane Cashmore
Effectiveness of the Supported Employment Service	Report in response to a request from the Committee on the achievements and success rate of this service	Service Director, North Nottinghamshire and Direct Services	Jane McKay
Update on Procuring Short Term Beds and next phase of the Care and Support Centre closure programme	Progress update on ST beds and closure programme of Care and Support Centres (e.g. Bishop's Court and James Hince Court)	Service Director, Mid-Nottinghamshire	Sue Batty
10 December 2018			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health	Deputy Corporate Director	Celia Morris/ Matthew Garrard
Progress report on savings and efficiencies	Regular update report to Committee on progress with savings projects within the department	Transformation Programme Director	Ellie Davies
7 January 2019			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
National Children and Adult Services Conference 2018	Report back on attendance at conference	Corporate Director, Adult Social Care and Health	David Pearson
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
4 February 2019			

4 March 2019			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health	Deputy Corporate Director	Celia Morris/ Matthew Garrard
Progress report on savings and efficiencies	Regular update report to Committee on progress with savings projects within the department	Transformation Programme Director	Ellie Davies
1 April 2019			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
13 May 2019			
10 June 2019			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health	Deputy Corporate Director	Celia Morris/ Matthew Garrard
Progress report on savings and efficiencies	Regular update report to Committee on progress with savings projects within the department	Transformation Programme Director	Ellie Davies
8 July 2019			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk