

Adult Social Care and Public Health Committee

Monday, 11 September 2017 at 10:30

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

AGENDA

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|---|--|---------|
| 1 | Minutes of the last meeting held on 10 July 2017 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Use of Public Health Reserves | 9 - 22 |
| 5 | Update on Transitions Process for Children and Adults with Disabilities | 23 - 32 |
| 6 | Adult Social Care Summary Report - Issues for Approval | 33 - 38 |
| 7 | Supporting the Delivery and Expansion of Assessments and Reviews | 39 - 48 |
| 8 | Recommendations and Action Taken in Response to a Public Report from the Local Ombudsman's Office | 49 - 66 |
| 9 | Work Programme | 67 - 74 |

Notes

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Date 10 July 2017 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Boyd Elliott
Sybil Fielding
Tony Harper
David Martin

Francis Purdue-Horan
Andy Sissons
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Resources
Caroline Baria, Service Director, ASCH&PP
Sue Batty, Corporate Director, ASCH&PP
Nathalie Birkett, Group Manager, Public Health Contracts and Performance
Barbara Brady, Interim Director of Public Health
Paul Davies, Advanced Democratic Services Officer, Resources
Cherry Dunk, Group Manager, Quality and Market Management, ASCH&PP
Jennie Kennington, Senior Executive Officer, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Jane North, Transformation Programme Director, ASCH&PP

MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 12 June 2017 were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillor Tony Harper had been appointed to the committee in place of Councillor Ben Bradley.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

PUBLIC HEALTH CONSULTANT PORTFOLIO: ECONOMIC WELLBEING, ORAL HEALTH, OBESITY PREVENTION AND AVOIDABLE INJURY PREVENTION

RESOLVED 2017/039

That the work of Public Health in relation to economic wellbeing, oral health, obesity prevention, avoidable injury prevention and spatial planning be noted.

PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT

RESOLVED 2017/040

That the report be received and the performance and quality information and mitigating and monitoring actions of Public Health officers be noted.

PROPOSALS FOR USE OF THE IMPROVED BETTER CARE FUND 2017/18

RESOLVED 2017/041

- 1) That the specific expenditure of the existing and the additional Improved Better Care Fund allocation for Nottinghamshire in 2017/18 be approved.
- 2) That the following posts be established until 31 March 2020 (unless otherwise stated:

Proposal	Post titles
Enhanced capacity to support Team Managers to meet new statutory obligations and staff to undertake complex care assessments, and capacity to undertake a review of the assessment and care management structure	<p>4 FTE peripatetic Team Managers (Band D)</p> <p>Community DoLS 4 FTE Social Workers (Band B) 0.5 FTE Team Manager (Band D)</p> <p>Care and Treatment Reviews 1 FTE peripatetic (backfill) Social Worker (Band B)</p> <p>Safeguarding 4.3 FTE Social Workers (Band B)</p> <p>Advanced Mental Health Practitioners 2 FTE AMHPs (Band C) 0.5 FTE Team Manager (Band D)</p> <p>Assessment and care management structure review (Posts required for 12 months from date of appointment) 1 FTE Project Manager (Band D) 1 FTE Programme Officer (Band B)</p>
Implementation of Safeguarding audits	1 FTE Designated Adult Safeguarding

	<p>Manager (Band D)</p> <p>1 FTE Business Support Officer (Grade 3)</p>
Enhanced staffing capacity in the Adult Access Service	<p>1 FTE Advanced Social Work Practitioner (Band C)</p> <p>1 FTE Social Worker (Band B)</p> <p>2 FTE Community Care Officers (Grade 5)</p> <p>(Posts required for 2 years from date of appointment)</p>
Immediate capacity at the Adult Access Service to support auto-scheduling work	2 FTE Community Care Officers (Grade 5)
Increased social work capacity based at hospitals due to increased demand	<p>South Notts</p> <p>2 FTE Community Care Officers (Grade 5)</p> <p>Mid-Notts</p> <p>2 FTE Community Care Officers (Grade 5)</p> <p>Bassetlaw</p> <p>0.5 FTE Team Manager (Band D)</p> <p>2 FTE Community Care Officers (Grade 5)</p> <p>2 FTE Social Workers (Band B)</p>
New Models of Care – new types of social care services required to support Home First, Discharge to assess models	<p>START</p> <p>21.4 FTE Reablement Support workers (Grade 2)</p> <p>4 FTE Peripatetic workers (Grade 3)</p> <p>2.3 FTE Reablement Managers (Band A)</p> <p>3 FTE Occupational Therapists (Band B)</p> <p>3.3 FTE Community Care Officers (Grade 5)</p> <p>1 FTE Team Manager (Band D)</p> <p>1 FTE Programme Officer (Band B)</p> <p>(Extension of current post from Oct 2017 to 31 March 2018)</p> <p>Notts Enabling Service</p> <p>1 FTE Team Manager (Band D)</p> <p>2 FTE Social Workers or Occupational Therapists (Band B)</p> <p>1 FTE Team Leader (Band A)</p> <p>9.5 FTE Promoting Independence Workers (Grade 3)</p> <p>0.5 FTE Business Support Assistant (Grade 3)</p>
Capacity in Quality and Market	4 FTE Quality Development Officers

Management Team	(Band A)
Increased capacity in Strategic Commissioning	1 FTE DP Co-ordinator (Grade 4) 2 FTE DP Quality Development Officers (Band A) 1 Commissioning Officer (Band C)

PROGRESS REPORT ON EFFICIENCIES AND SAVINGS

RESOLVED 2017/042

- 1) That the progress with budget savings projects being delivered by the Adult Social Care, Health and Public Protection Department over the period 2016/17 to 2019/20 be noted, as detailed in Appendices 1 and 2 to the report.
- 2) That the progress being made in developing Community Living Networks in Nottinghamshire be noted.
- 3) That the grade of the part-time Commissioning Manager post approved by Adult Social Care and Health Committee on 18 April 2017 be changed to Band E.
- 4) That the key achievements of the Adults Portfolio of Redefining Your Council, as outlined in Appendix 3 to the report, be noted.

QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY

RESOLVED 2017/043

- 1) That the update about the quality monitoring activity undertaken in the residential care homes for older and younger adults be noted.
- 2) That the proposal about members' visits to residential care homes as part of the quality assurance of the services be approved.

IMPLEMENTATION OF A QUALITY ASSURANCE FRAMEWORK FOR ADULT SAFEGUARDING PRACTICE

RESOLVED 2017/044

- 1) That the outcome of the review recently undertaken in relation to quality assurance of adult safeguarding practice and the implementation of a robust quality assurance framework be noted.
- 2) That the resource and capacity required to implement the quality assurance framework be noted, namely the establishment for a three year period of the post of 1 FTE Designated Adults Safeguarding Manager, Band D and the post of 1 FTE Business Support Officer, Grade 3, as agreed earlier as part of the proposals for the use of the Improved Better Care Fund.

RETFORD EXTRA CARE AND THE POPPY FIELDS EXTRA CARE SHORT TERM ASSESSMENT APARTMENTS

RESOLVED 2017/045

That approval be given to:

- 1) the termination of the Strategic Partnering Development Agreement (the agreement setting out the arrangements for the development and delivery of the Extra Care accommodation) dated 27 March 2013 for the creation of a Retford Extra Care scheme, as amended between Nottinghamshire County Council, AH Retford Ltd and Ashley House plc, on the basis that the long stop date (the date by which both planning and funding conditions needed to be met to allow the arrangement to continue), as extended on a number of occasions, has now expired and there is no legal basis that would prevent the Council from issuing a notice of termination
- 2) the continued use of 12 Poppy Fields Apartments as Short Term Assessment units as business as usual, entering into a formal agreement with Mansfield District Council in line with the County Council's overall Poppy Fields Extra Care Scheme Co-operation Agreement.
- 3) the development of a further 10 Short Term Assessment Apartments in Gladstone House Extra Care which is currently being built and due to open in March 2018 and to identify options for up to a further 20 additional places for Short Term Assessment Apartments to enable access across the north and south of the County.

WORK PROGRAMME

RESOLVED 2017/046

That the work programme be noted, subject to

- An Overview of the Transformation Programme Director's responsibilities replacing the Overview of the Service Director, South Nottinghamshire and Public Protection on 11 September 2017.
- The update on social care integration in South Nottinghamshire, due on 11 September, being taken instead to the Member Reference Group on Integration with Health.
- An update on the consultant's report on adult safeguarding and the action plan, possibly on 13 November.
- A review of the impact of the Improved Better Care Fund, in March 2018

EXCLUSION OF THE PUBLIC

RESOLVED: 2017/047

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 paragraphs 3 and 5 of the Local Government (Access to Information) (Variation)

Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

**EXEMPT APPENDIX TO ITEM 9: QUALITY AND MARKET MANAGEMENT
TEAM QUALITY AUDITING AND MONITORING ACTIVITY**

RESOLVED: 2017/048

That the information in the exempt appendix be noted.

**EXEMPT APPENDIX TO ITEM 9: RETFORD EXTRA CARE AND POPPY FIELDS
EXTRA CARE SHORT TERM ASSESSMENT APARTMENTS**

RESOLVED: 2017/049

That the information in the exempt appendix be noted.

The meeting closed at 12.30 pm.

CHAIR

11 September 2017**Agenda Item: 4**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

USE OF PUBLIC HEALTH RESERVES

Purpose of the report

1. This report provides information on Public Health reserves and seeks approval to proposals to use remaining Public Health general reserves by March 2019.

Background

2. Since transferring into the local authority in 2013, Public Health has been fully funded through a ring-fenced Public Health grant, provided annually as an allocation from the Department of Health. Information on the grant conditions, and how the Council ensures these are complied with, was reported to the former Public Health Committee in March 2017.
3. In past years, Public Health grant has sometimes been underspent, for reasons including:
 - a. underperformance on payment by results (PBR) contracts
 - b. extra efficiencies above those anticipated, being generated through integrated commissioning approaches
 - c. rigorous contract management focused on achieving value for money
 - d. savings from carrying vacancies in anticipation of the Public Health restructure, and the effects of recruitment drag
4. Unspent Public Health grant has been placed in a separate, ring-fenced Public Health (PH) General reserve. The conditions of the grant allow that if at the end of the financial year there is any underspend this can be carried over, as part of a public health reserve, into the next financial year. In utilising those funds the next year, the grant conditions will still need to be complied with.
5. The PH General reserve has also been used to hold small amounts of external funding on behalf of other organisations, such as a small fund for Sector Led Initiatives held collectively by the East Midlands Directors of Public Health, and NHS Pioneer funding awarded to a consortium of local Councils for a health and housing project.
6. As of 1 April 2017, the total PH General reserve stood at £5.934m. This sum has been accumulating incrementally over 4 years from 2013 when the grant first started.
7. As well as the PH General reserve, Public Health within NCC also holds, separately Section 256 reserves. Section 256 of the National Health Act 2006 allows Primary Care

Trusts (or successor bodies i.e. Clinical Commissioning Groups) to enter into arrangements with local authorities to carry out activities with health benefits. Section 256 funds received by the Council and currently held by Public Health are for activities to combat substance misuse, support for Children and Young People's mental health (Future in Mind programme), and the Family Nurse Partnership. As the funding comes from the NHS and is entrusted to Public Health in NCC, spending plans are agreed with relevant CCGs. Plans have been agreed to spend all of the S256 reserves on the relevant activities.

Information and Advice

8. Plans are already in place to use £4,943,906 of the PH General Reserve, as set out in Annex 1. These plans have been developed as the reserves have accumulated, i.e. over the last 3 years. Some of the decisions have been made by the Director of PH in accordance with financial regulations, others have been made at the relevant committee, all meet the conditions of the PH grant.
9. At end of the financial year 2016/17 £990,638 of the funds in the PH reserves remain unallocated. As with all PH grant this is subject to the conditions of the Public Health grant and so must be used to:
 - a. improve significantly the health and wellbeing of local populations
 - b. carry out health protection functions delegated from the Secretary of State
 - c. reduce health inequalities across the life course, including within hard to reach groups
 - d. ensure the provision of population healthcare advice
10. Annex 2 lists new proposals for spending the remaining PH General reserves. These proposals have been subject to confirm and challenge from within the PH senior Leadership Team. The criteria used to allocate funding is as follows;
 - a. Meets conditions of PH grant
 - b. Meets cost pressures arising from current contracts
 - c. Evidence of impact on local priorities and relevant Public Health outcomes
 - d. Evidence of good return on investment
 - e. Will be spent by 2019 and does not put in place any commitments for further expenditure beyond the ring fenced grant.
11. After all the potential uses of the reserves in Annex 2, there would currently be £102,638 remaining unallocated. This figure is likely to rise to reflect underspend in 2017/18
12. It is as yet unclear what will happen to remaining PH General reserves after the Public Health grant ceases, currently anticipated at 31 March 2019.

Other Options Considered

13. The PH General reserves are not able to be spent on non-Public Health activities, owing to the conditions associated with the Public Health grant. Consideration was given to not allocating the remaining reserves and holding them against future Public Health expenditure. However, this is not considered a desirable option because of uncertainty over the status of reserves after March 2019, when the Public Health grant is due to end, for example unspent PH grant may be 'clawed back' by Public Health England.

Reason for Recommendation

14. Allocating the reserves to identified Public Health activities will maximise the benefit to the local population and to the Council of the Public Health grant resource provided by the Department of Health, and will avoid the possibility of having to return unspent funds in the future.

Statutory and Policy Implications

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

Financial Implications

16. The report contains proposals for the use of reserves accrued as a result of underspend on previous years' Public Health grant, as explained in paragraph 3. At 1 April 2017 the reserves stood at £5,934,544. Plans for using £4,943,906 are already in place (see list at Annex 1) with £990,638 remaining. Annex 2 contains new proposals for use of reserves, total value £880,000. If all of these are confirmed, £102,638 would remain unallocated.
17. The Council's constitution allows the Director of Adult Social Care and Health to take all operational decisions necessary to secure the provision of services and/or the discharge of statutory functions, including the power to enter into contracts, in accordance with approved policies and Financial Regulations in relation to specified areas. For Public Health, this authority is delegated to the Director of Public Health. Although this is the case given the financial position of NCC and the PH grant these proposals are being brought to committee for approval.
18. Financial regulations state that the inclusion of items in the approved revenue estimates constitutes authority to incur expenditure, subject to the regulations for commissioning and procurement of Goods, Services and Works (section 8), except where the Council, Committees, or Financial Regulations of the Council have placed a restriction on any item.
19. As the PH General reserves are made up of Public Health grant that was in the approved revenue budget for previous years, but remained unspent, the Director of Public Health can make decisions about the use of reserves, except where legal or procurement regulations would require additional authorisation of decisions. Areas of potential activity where this may be the case are identified in Annex 2.

RECOMMENDATION

ASC&PH Committee is asked to:

1. Scrutinise and comment on the previously planned uses of Public Health reserves set out in Annex 1

2. Approve the use of the remaining Public Health reserves as set out in Annex 2.

Barbara Brady
Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (EP 14.08.2017)

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

Financial Comments (DG 14.08.2017)

21. The financial implications are contained within paragraphs 16-19 of the report.

Background Papers and Published Documents

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

Report to Public Health Committee, 30 March 2017, Public Health Mandatory Functions

Electoral Divisions and Members Affected

- All

Annex 1: Planned uses of Public Health general reserves

Topic	Amount £	Expiry date	Brief description
Public Health realignment top-up	338,532	31 March 2018	Continue to fund two Adult Social Care realignment lines (Mental Health Coproduction and Moving Forward) prior to transfer to Improved BCF. Specific allocation from reserves identified in 2017/18 budget plan, to enable realignment funding to be continued at existing level in the face of reduced PH budget, for two services offering support to people with mental health problems. Use of reserves avoids potential budget overspend in Public Health or cost pressures elsewhere in ASC.
PH budget 2017/18 underpin	321,251	31 March 2018	Use of reserves to balance budget, identified in 2017/18 PH budget plan, to enable contractual commitments to be met as Public Health grant reduces, and avoid potential budget overspend.
Schools Health Hub	400,000	31 March 2019	Years 2 and 3 of a 3-year project to establish a staffed schools health hub, jointly with CFCS. Impacts on CFCS and on schools using the service, and links to Tackling Emerging Threats offer affecting CSE and Prevent work.
Family Nurse Partnership expansion	478,011	31 March 2019	Extension of intensive preventive home visiting programme for vulnerable, first-time young parents, launched in 2013, with a new expanded service. Extension is based on robust evidence of positive impact to allow continuation of existing, expanded service up to 2020 with joint funding from S256 / CFCS. Without the reserves, there could be impact on partners and on CFCS, plus the loss of 18 months potential service; decommissioning of service to 175 teenage clients.
PH contract for 0-19 year old	153,000	31 March 2018	Unspent funds from previous year needed to meet activity profiles in 2017/18 and related elements of 0-19 provision (health for teens website, nationally required maternity transformation work). The annual cost of the 0-19 service is planned to reduce over the lifetime of the contract. If this element is removed, it could lead to overspend or potential decommissioning of elements of 0-19 Healthy Families programme, removal of website, and impact on nationally required maternity transformation work.
Domestic Violence and Abuse – Multi Agency Risk Assessment Conferences	50,000	31 March 2019	To enable increased activity to address high risk cases of domestic abuse and to identify mitigation of risk, in response to identified cost pressure in existing contract and to avoid potential overspend on the DVA contract.
Community Infection Prevention and Control Service	311,500	31 March 2018	Final year of funding associated with 3 year Section 75 agreement, as time-limited investment funded through reserves and delivered by CCGs. Delivers additional advice and guidance to care homes, nurseries and other organisations to help them prevent and control infections. Current Section 75 legal agreement is due to finish

			March 2018. Impacts are the protection of health for residents in care homes and children in nurseries as well as on the CCG that provides the service, and on contractual obligations.
Obesity Prevention & Weight Management	412,399	31 March 2019	Unspent funds from previous years needed to meet activity profiles in 2017/18 and 2018/19. Overall the service remains in the total budget envelope previously approved. Without the reserves, there could be either potential overspend or breach of contract.
Substance misuse (drugs and alcohol) cost pressure	697,013	31 March 2019	Provision for cost pressures in approved contract. (PBR contract with over-performance; changes to external operating environment affecting numbers of service users and types of treatment). Without the reserves, there could be either potential overspend or contract obligations would not be met.
Smoking prevention in schools ASSIST training programme	326,205	31 March 2019	Years 2 and 3 of 3 year project to establish a smoking prevention in schools service, delivered under licence by NCC Youth Service, using a model of peer support within target schools. Impacts on schools and youth service as delivery body, removal of service could result in increase in smoking among young people.
Tobacco control – Police partnership work.	66,000	31 March 2019	Unspent tobacco control funds from previous years carried forward and utilised to tackle trade in illegal tobacco, in partnership with other activity in Trading Standards. Contribution to police time to deal with arrests and prosecutions. Illicit tobacco work is of high-profile and recently featured in the media; impacts also on Trading Standards and on Police service.
Promoting Health in the Workplace	120,000	31 March 2019	Unspent workplace health funds from previous years carried forward and being used to enhance support with district Councils. Impact on partnership activity being delivered with district Councils; all 7 districts are members of workplace health strategy group.
Reducing Excess winter deaths - warm homes	38,894	31 March 2019	Unspent winter warmth funds from previous years carried forward; work with partners approved through HWB; provides advice on keeping warm and support with making grant applications throughout the County. Activity is delivered through contract held by District Councils.
Health Watch	25,000	31 March 2018	Joint agreement with ASCH to fund organisation costs as part of 2017/18 NCC budget.
Pharmoutcomes	26,658	31 March 2019	Meet costs of contract payment mechanism for payments to pharmacies. Automated payment mechanism; would otherwise require additional administration and NCC staff time.
Knowledge and Library Service (KLS)	70,000	31 March 2019	Based at Sherwood Forest Hospital Trust, KLS provides information services to Public Health needed for fulfilment of mandatory functions (JSNA, advice to CCGs) and to maintain the division's accredited status as a training location for Public Health specialists. Consultation is underway from the CCG about ceasing this service. If the

			service is stopped, PH will need an alternative means to secure equivalent service. Provision for risk: if not required, it would be returned to reserves.
Bassetlaw CCG Rebasing	1,046,000	31 March 2019	Transfer of Public Health funding attributable to the Bassetlaw CCG. (Similar adjustments for other CCGs have been made at source through national variation to the PH grant.) This element of PH grant has previously been acknowledged as attributable to BHP.
Health and Housing Coordinator	57,117	31 March 2019	Non PH Grant - NHS Pioneer Fund award of funding to support joint initiative to promote health in housing, held in PH reserves, to pay for a joint initiative with district Councils to promote health in housing. Previously reported to PH Committee and HWB.
Sector Led Improvement	6,325	31 March 2018	Non PH Grant - Funds held for East Midlands DPHs at 1 April 2017 but has since been transferred to Leicestershire CC. Each DPH takes a rotation to hold these funds for pilot projects.

Annex 2 – Proposals for remaining reserves

Topic	Justification	Impact / Outcomes	Amount £	Execution
Domestic Violence and Abuse cost pressure – additional costs associated with children and young people (4-18 years) going through the Family Civil Courts (Young People's Violence Advisors - YPVAs)	Capacity cannot be met within existing resources at present, and represents an unmet need/emerging need not originally considered when the contract was developed and agreed.	Children can be re-traumatised as part of the family court process and perpetrators can use these proceedings to continue their controlling behaviour. YPVAs will support, safeguard and work with the child to avoid further DVA, improve emotional wellbeing, school attendance and future life chances.	88,000	Contract variation.
<p>Re-instatement of Mental Health First Aid / Suicide Awareness training, previously delivered for one year as a time-limited pilot by Kaleidoscope using a previous allocation from within PH reserves.</p> <p>Awareness and training delivery would;</p> <p>1) Build on the self-care model by raising awareness on how people and communities can look after their mental health and build mental resilience and wellbeing</p> <p>2) Deliver training to front line health and social care and emergency service to raise awareness on the signs of mental health problems & the effect mental health problems has on individuals</p> <p>3) Develop knowledge and skills on the availability of Mental health services and the signposting/ referral pathways</p> <p>4) Develop knowledge and skills on</p>	The previous service met all its contracted targets and evaluated well. Continuing enquiries since the pilot concluded are coming from emergency services and front line staff. Providing further funding would respond to expressed need.	<p>Improve mental health outcomes such as;</p> <ul style="list-style-type: none"> Increased prevalence of self-reported wellbeing Reduce the number of suicide deaths Reduce the rate of self-harm A & E attendances <p>Impacts would include;</p> <ul style="list-style-type: none"> Promoting good mental health Preventing future mental health and co-existing physical health problems Target and develop pathways for those with existing mental health problems to access health improvement interventions. 	50,000	Procurement

the signs of suicide and the suicide prevention pathways				
Chlamydia control - meet potential surge in demand for Chlamydia testing service in response to outreach work to address need in the population.	The activity would help to address comparatively poor local performance relating to Chlamydia diagnosis and treatment, and respond to population need.	<ul style="list-style-type: none"> • Address failing DRI (Detection Rate Indicator) to support achievement of the PHOF 3.02 Chlamydia Diagnosis Rate (Aged 15 to 24) • Facilitates access from different client groups that may not access a test via current outlets (young males) • Manage demand via online access route 	30,000	Contract variation.
Community Infection Prevention and Control Service – extension to 31 March 2018. The CIPC service is currently being augmented through a fixed term allocation of funds from PH reserves, due to expire 31 March 2018. 12 month extension of existing Section 75 agreement, already being funded out of PH reserves, to enable the augmented service to continue for a further 12 months.	Providing additional funding would enable continuation of a valuable service with available resource, maintain benefits to care homes and nurseries and protect health, and ameliorate the impact of significant funding reductions to this system-wide essential prevention and outbreak control service. It would preserve the integrity of the specialised knowledge and skills of the workforce, avoid erosion of capacity to protect health of the population and also provide additional time for the CCGs to then make up the future funding gap.	<ul style="list-style-type: none"> • Maintain capacity to protect health of the population and to adequately respond to community infection threats as they arise (including those relating to antimicrobial resistance, which is where the micro-organisms that cause infection survive exposure to a medicine that would normally kill them or stop their growth). • Fewer people experience long term disability • Better quality of life, fewer infections and associated deaths • Lower burden on adult social care as a result reduction in avoidable hospital admissions and need for social care at discharge 	130,000	Extend S75 agreement.
Antimicrobial resistance (AMR) campaign - antimicrobial resistance arises when the micro-organisms that cause infection survive exposure to a medicine that would	“Antimicrobial resistance poses a catastrophic threat” (Chief Medical Officer 2013) There is a local, national and global requirement for a reduction in antibiotic prescribing	<ul style="list-style-type: none"> • Support marketing of key messages to support local AMR messages to the public and health and care organisations. Contribute to national goal for 	20,000	Within officer delegation limits.

normally kill them or stop their growth. Proposal is for a public - facing awareness raising campaign regarding use of antibiotics.	over increasing concern relating to AMR. It is difficult to achieve a balance between using antimicrobials when they are really needed and reducing use when they are not indicated. To preserve antimicrobial effectiveness they must be used appropriately (NICE). Providing time limited funding would enable a timely response to this emerging health issue, using existing networks and contracts for delivery of public health messages.	commissioning for quality and innovation (CQUIN) 2016/17 <ul style="list-style-type: none"> Reduce antibiotic consumption and encourage a focus on antimicrobial stewardship. 		
Schools based academic resilience programme currently part funded by Public Health. Increasing the PH contribution could either expand the programme to a larger number of primary schools, or enable the programme to run for longer. The programme is a service for young people, which aims to improve mental health and wellbeing in young people.	Using reserves to support the scheme will enable potential extension / expansion of an effective intervention, and continue to respond to a key current public health issue affecting Nottinghamshire schools.	Developing inner resources for self-awareness, self-confidence, self-esteem and self-efficacy Improved behaviour Improved relationships and sense of belonging Improved attendance at school Increased focus, attention and ability to learn Sustainability in the school setting Early identification of and intervention with emotional mental health and wellbeing difficulties. Appropriateness of referrals to Child and Adolescent Mental Health services CAMHS Improved mental health and well-being and reduced use of Children and Adolescent Mental Health Services (CAMHS)	150,000	Contract variation
Children's Health Web site – expansion of existing web site aimed at teenagers (Health for Teens) to provide additional advice for younger age group (Health for Kids).	Assigning resources from reserves would enable the web provision to respond to identified need and develop an accessible service suitable for the age group.	<ul style="list-style-type: none"> Improved access to healthcare Engagement with more families including those who may not engage with traditional services 	20,000	Contract variation.

Clinically assured interactive content, striking design, games, and localised information and signposting, divided between sections on staying healthy, illness, feelings and getting help. Links to Healthy Families Programme for 0-19's and embedded in the core offer of the Schools Health Hub.		<ul style="list-style-type: none"> • Reduced barriers to services leading to earlier intervention • Increased access to appropriate information out of core service hours • Early identification of need / prevention in relation to weight management, physical activity, smoking cessation, emotional health and other public health priorities 		
KOOTH online advice service - universal, open access service providing advice, guidance and early intervention for young people with mild emotional and mental health concerns, reducing escalation and need for higher cost, specialised services. Funding would enable extension of activity for extra 2 years by substituting for S256 funds without time limit.	Maximise the available resources to extend provision of a low cost, existing intervention which aligns with the Future in Mind (2015) Nottinghamshire Local Transformation Plan (part of the Nottingham and Nottinghamshire STP). Public Health England 'The Mental Health of Children and Young People in England' (December 2016): identifies: "The emotional health and wellbeing of children is just as important as their physical health and wellbeing. Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people (CYP)."	This service is key to providing early intervention for young people of Nottinghamshire. Children and young people accessing the service will receive appropriate, timely and evidence based support to meet a diverse range of presenting issues that impact on mental health, wellbeing and quality of life for the young person living with mental health and wellbeing needs. The support and lifestyle strategies promoted by the service will enhance and improve the day to day living and inclusion into a range of social environments.	300,000	Contract variation.
Pump prime a home safety assessment and equipment fitting schemes to reduce avoidable injuries in children. Potential to develop this pilot by linking up with housing departments within district councils across the county.	<p>The proposal would respond to expressed need and feedback from partners, using existing services to integrate public health considerations and deliver additional outcomes.</p> <p>The proposal is in line with recommendations in NICE guidance (PH30) and our existing Reducing</p>	<p>The Royal Society for the Prevention of Accidents (RoSPA) has recently estimated that home safety equipment schemes can reduce hospital admissions in the under-5s by 29%.</p> <p>In 2014 RoSPA's national projections of cost to wider society and NHS for avoidable injuries in the</p>	100,000	New activity; may require Committee authorisation.

	<p>avoidable injuries for children and young people' strategy.</p> <p>Epidemiological data indicates that the risk of an unintentional injury is greatest among households living in areas of greatest need. Children and young people from lower socioeconomic groups whose parents have never worked (or who are long-term unemployed) are 13 times more likely to die from such an injury than those whose parents are managers and professionals.</p> <p>The proposal would enable individual families to take responsibility for home safety by providing them with the advice, support and correctly fitted equipment to make their home safer for their children.</p>	<p>under 5s were £7.8billion and £140million respectively.</p> <p>Impact of the programme would be:</p> <ul style="list-style-type: none"> - Reduction in number of avoidable injuries in children under 24 months - Increased parental knowledge and skills to take ownership of reducing avoidable injuries - Increase in skills and knowledge of housing and children's staff in relation to avoidable injuries - Prevention of potential long term impact of serious injuries on a child's life, whether physical (e.g. disability) or psychological (e.g. results of burns, head injuries) 		
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11 September 2017**Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE AND THE
SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE AND DIRECT SERVICES****UPDATE ON TRANSITIONS PROCESS FOR CHILDREN AND ADULTS WITH
DISABILITIES****Purpose of the Report**

1. To invite the Committee to comment on the development of appropriate performance measures with a focus on working with young people at age 14 years.
2. To seek Committee approval to proceed with Phase I of plans to explore and implement options for greater alignment of services and interventions across Children's and Adults' services for children and young people aged 0-25 years.

Information and Advice**Background and Context**

3. On 9th January 2017 the Adult Social Care and Health (ASCH) Committee approved the establishment of the following posts in the Countywide Transitions Team:
 - 1 permanent FTE Advanced Social Work Practitioner (ASWP) Hay Band C.
 - 2 permanent FTE Community Care Officers (CCOs) (Scale 5).
4. The Countywide Transitions Team works with young people from the age of 14 years who have a permanent and substantial learning or physical disability, young people with significant mental ill health, as well as young people with neurological conditions, which now includes Attention Deficit and Hyperactivity Disorder (ADHD) and Asperger's syndrome. They primarily work to plan for the future, with young people who require social care support that cannot be accessed through universal mainstream services or the targeted support service, which is a multidisciplinary service for young people aged 8-18 years living in Nottinghamshire who are vulnerable, but not at immediate risk of harm.
5. The additional posts outlined in **paragraph 3** above are now in place. The 2017/18 establishment budget, including these posts, is £514,000. This additional capacity allows the team to engage with disabled young people and their parents / carers in a more timely fashion, whilst ensuring that 'new ways of working' are maximised. It also allows the Team Manager to focus on the early identification of young people who will be eligible for adult services. This will ensure better planning and 'lead-in' times for commissioning complex packages.

6. The additional capacity also ensures that the Notts Enabling Service (NES), which has 2 post holders attached to the Transitions Team (1 Promoting Independence Worker [PIW] and 1 Community Independence Worker [CIW]), is fully utilised. NES is a countywide team of community independence, promoting independence and co-production workers that work with service users and operational staff with the aim of preventing, reducing or delaying the need for long-term support, by working to increase people's independence and to decrease people's reliance on paid support by identifying alternative resources in the community. CIWs help to source universal services for service users or co-produce new resources and PIWs support service users to develop, maintain and improve their daily living skills via short term (up to three months) enablement.

Timely strategic identification of young people likely to be eligible for adult services

7. Processes have been put in place to support the early identification of young people with disabilities who are likely to be eligible for adult services. These will involve the Transitions Team Manager, or Advanced Social Work Practitioner, in regular meetings with colleagues from Children's services and the County's Clinical Commissioning Groups, which will enable the exchange of detailed information on children and young people aged 14-17 years with disabilities and health care needs.
8. Other regular meetings to support the identification process will include the Looked After Residential Panel (as it relates to children aged 14-17 years). This will enable early identification of young people who may require accommodation based care and who might not be known to the Children's Disability Service.

Timely intervention with young people and their parents / carers from age 14 years

9. The Transitions Team will offer a clinic once a year at the Year 9 parents' evening / events for each of the 11 special schools. Outcomes will be the provision of information, advice and guidance about the Preparation for Adulthood Pathway. This includes a considerable amount of information via Notts Help Yourself, the interactive pathway and the Council's Local Offer.
10. The aim of the team is that an additional 20 young people aged 14 years, with the most complex needs, will have early interventions and their care co-ordinated, with 80% of accepted referrals allocated within 28 days of the target date.
11. The team wants to ensure that all staff members are using Think Pads to ensure flexible and productive working and to embrace new ways of communicating with young people, e.g. using their WiKis (a support planning tool that can provide an interactive and person-centred way of recording and sharing information about a person's care and support needs. It can be used by anyone involved in providing care, to help alleviate carer concerns).

Maximising independence

12. The team will have a target to ensure that 100% of all accepted referrals are considered for the Notts Enabling Service and / or co-production. Co-production is based on the concept of a genuine equal partnership between social care professionals and service users (and their carers), with each party contributing their own skills and knowledge

towards the shared goal of improving services. This includes being involved in all aspects of service planning, development, delivery and evaluation.

13. It will also be expected that all accepted referrals are considered to see if Continuing Health Care (CHC) is eligible for all or part of their care and support package to be funded by Health. CHC is care that is free care outside of a hospital that is arranged and funded by the NHS. It is awarded depending on whether a person's primary need is a health need.
14. In addition to this, 100% of all accepted referrals will be considered for employment / apprenticeship / internship opportunities. Outcome will be the widening of employability.

Reporting

15. All the team's targets and intended outcomes will be reported to the Group Manager, Younger Adults, twice per year in January and July. This is to fit with the academic year cycle.

Improving Transitions between Children's and Adults' Services

16. The above measures will help facilitate wider joint proposals developed between colleagues in Children's (Integrated Children's Disability Service [ICDS] and the Children's Disability Team [CDS]) and Adults' Services (Countywide Transitions Team) that seek to explore and implement further options for greater alignment of services and interventions across both services, with the aim of:
 - sharing information at an earlier stage on individuals requiring support into adulthood, especially those with complex needs, and ensuring a smooth transition for the individual
 - maximising young people's independence and life chances through inspiring a culture of enablement and progression
 - identifying more cost-effective care solutions, and
 - prioritising support to service users where it will have most impact.
17. Other areas of exploration include aligning the enablement offer (i.e. targeted short term support to prevent or delay a person requiring longer-term support) across Children's and Adults' services - to ensure that it is coherent and consistent. This will build on joint working relationships already established between the Early Support Team within the ICDS and NES, being delivered within Adult Social Care and Health.
18. The potential to align the criteria and processes for short breaks will be explored so that there is less of a difference during the transition period, as will the potential to align the Direct Payment and Personal Budgets process and criteria across Children's and Adults' services.
19. The proposals for greater alignment of services and interventions across both services will also consider the potential to align information, advice and signposting across the system to support those young people with lower level needs. The work will also consider extending the use of customer services, clinics and information events to maximise reach

and reduce the need for one to one meetings and assessments, wherever possible. This will build on successful joint work / events already taking place across both departments.

20. The services will explore the use of Assistive Technology (AT), including using AT earlier when the service user is still in Children's Services; and the benefits of embedding a commissioning and assessment culture based on a model of progression across both Children's and Adults' services as a means of helping individuals to achieve their potential and aspirations, whilst maximising the cost effectiveness of support.
21. The promotion of independent travel training will build on an existing project being delivered in Children's Services and Adult Social Care. Work will also focus on the promotion and alignment of employment support across Children's and Adults' services, utilising the services of the iWorks Team and the Employment Hub (which sit within Adult Social Care) within Employability Plans developed by ICDS.
22. The above would be taken forwards in two phases:

Phase I

23. This would involve the development of a framework to facilitate further improvements to the joint working across both departments in delivering a Preparing for Adulthood service. Whilst the age range that each team serves will not change from existing arrangements (0-18 years for CDT, 0-25 years for ICDS, and 14-25 years for the Transitions Team), the priority focus of the framework will be those service users aged 16-21 years going through transition, as this is where most casework / cost applies.
24. Within this age range, those individuals in Independent Non-Maintained school placements and Looked After Children placements will be prioritised. It is anticipated that those service users with lower presenting support needs would be sign-posted to external support available from universal service provision.
25. Mechanisms for facilitating an effective integrated service would include:
 - development of Terms of Reference for regular joint management team meetings between Transitions, ICDS and CDS Team Managers. This will set a formal basis and framework for agreeing priority cases so that information can be shared at an early stage of the transitions journey, and actions / outcomes jointly agreed
 - sharing five year forecasting data across the teams, to help prepare for future Transitions cases.
 - in addition to delivering joint clinics / information events for service users, delivering joint training sessions for staff working across ICDS, CDS and Transitions Teams.
26. This phase would also involve seeking an independent view on whether there are any further longer-term implementation options for improving the transitions process between Children's and Adults' Services.

Phase II

27. This will involve implementation of any agreed longer-term recommendations stemming from independent scrutiny of the transitions process during Phase I, also informed by lessons learned from delivery of the integrated framework in the interim. These would be

brought to Adult Social Care and Public Health Committee for consideration and approval at an appropriate point in the future.

Other Options Considered

28. The options for greater alignment of services and interventions across Children's and Adults' services outlined in **paragraphs 17-21** above have stemmed from joint discussion between colleagues working in both services. The outcome of the independent review will determine if there are any further longer-term implementation options for improving the transitions process between Children's and Adults' services.

Reason/s for Recommendation/s

29. The update on the development of appropriate performance measures with a focus on working with young people at 14 years was requested by the Committee at its meeting on 9 January 2017.
30. The request to proceed with plans to explore options for greater alignment of services and interventions across Children's and Adults' services for children and young people aged 0-25 years is recommended as:
- there is an increasing trend of more children requiring support with more complex needs who are living longer and who will require ongoing support when adults. This is putting pressure on both Children's and Adults' services and budgets, including those working on supporting the Transition cohort.
 - currently, the provision of support to the Transitions cohort sits across two departments. This means there is a risk of non-alignment of service delivery, targeting and strategy development.
 - a joint Local Area Inspection of Nottinghamshire's Special Educational Needs and Disability (SEND) arrangements in 2016, carried out by Ofsted and the Care Quality Commission, identified that the local area needs to have a greater focus on preparing young people for adulthood. This work needs to be done at a time of increasing demand for services, and significant financial challenge. The Inspectors noted that a transition protocol had been produced to address concerns and anxieties about the move between children's and adult services, but that further work was needed before this was fully implemented. A multi-agency SEND Action Plan was established to consolidate the work of the various SEND improvement streams across the local area, and a SEND Accountability Board has been established to oversee the development, monitoring and implementation of the Plan. Please refer to the background papers for further detail.
 - The Care Act 2014 and the Children and Families Act 2014 have enhanced the focus on Preparing for Adulthood and widened the criteria for both transition assessment and access to Education Health and Care Plans.

Statutory and Policy Implications

31. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such

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

Financial Implications

32. Indicative cost avoidance savings of £0.220m over 2017/18 to 2020/21 are anticipated to stem from greater alignment of services and interventions across Children's and Adults' services in relation to the Transitions cohort. In the main, it is anticipated this will be achieved through: interventions of the Community Independence Worker and Promoting Independence Worker in the Notts Enabling Service focussed on Transitions cases; and the use of Assistive Technology earlier, when the service user is still in Children's Services.
33. The lessons learned from delivery of the integrated framework and recommendations from the independent review in Phase I will test and confirm any revisions required to the savings target / profile for Phase II.
34. Delivery of the measures outlined in **paragraphs 17-21** will be supported by existing operational staffing resource working in relevant Children's and Adults' services, together with additional temporary staff approved to support delivery of any interdependent projects (e.g. NES, AT), plus Programmes and Project Team support. The NES service will be evaluated in October 2017 and if the projected benefits of this new approach are confirmed as being achieved, then Committee approval will be requested to continue this service
35. The learning and recommendations from Phase I will inform any changes to existing staff resource proposed during Phase II, including potential redeployment of some existing staff to areas of greatest return on investment, additional resource requirements, and any structural changes required. This would be considered as part of a further report that will be brought to the Committee at an appropriate time in the future, in order to seek approval to proceed with any Phase II recommendations (and approval of any associated additional resource requirements).
36. The cost of the independent view will be covered by Improved Better Care Funding and ASCH earmarked reserves.

Public Sector Equality Duty implications

37. An Equality Impact Assessment has been undertaken to consider the impact of the areas of further exploration outlined in **paragraphs 17-21** above. This has concluded that whilst there will be positive and neutral impacts from these, there could also be some potential or perceived negative impacts for the protected characteristics of age and disability as:
 - some will no longer require support or be eligible for support, or may only be eligible for short-term support.
 - the responsibility for meeting non-eligible needs and providing support beyond when it needs to be delivered by the Council will become the responsibility for the individual or their carers.
 - for those that are eligible (and existing service users), the level and type of support will vary, and may not be their first choice of service.

38. These will be mitigated by:

- the Council's assessment and review process, and subsequent support planning process, which will ensure that any changes to care packages are informed by service users' current needs, and that the real cost of needs are met. Services will only be removed or reduced if individuals have been assessed as no longer requiring them.
- as part of the review process, carers will be asked if they are willing / able to provide care, and their response to this will be factored into the support planning process.
- over the longer-term, any impact on service users as a result of any reduction in the type or level of support provided will be managed through the care management and reviewing process. Therefore, if outcomes are different to predicted, this will be picked up when care packages are reviewed at their next scheduled review.
- the Council's Adult Social Care Strategy provides a framework within which officers can make decisions. The Department's complaints procedure describes escalation procedures, as required.
- the local adult multi-agency safeguarding procedures should provide a system for alerts to be raised where people may be at risk of significant harm. Safeguarding procedures do not rely on people being in receipt of services if they are in need of protection from significant harm. This should prevent people 'falling through the net' of support if it is needed.
- separate work is being undertaken with voluntary and community organisations to invest in a range of information, advice and support services to carers.
- if a request is received to assess an individual for care and support needs, this would be completed.

Implications for Service Users

39. The areas of further exploration outlined in **paragraphs 17-21** above will impact on young people/ young adults (and their families) who:

- have a permanent and substantial learning or physical disability.
- have significant mental ill health.
- have neurological conditions, including those with ADHD and Asperger's syndrome.
- are over the age of 14 years and have an Education Health and Care Plan.

40. As outlined above, the priority focus will be those service users aged 16-21 years going through transition and, of these, those individuals in Independent Non-Maintained school placements and Looked After Children placements will be prioritised. The manner in which they will be affected will be dependent on the options that are developed and implemented. However, anticipated positive changes will be:

- a. improved and earlier planning for the move from Children's to Adults' services for young people and their families.
- b. eligible young people aged 12/13 years may have earlier engagement than they might otherwise have done from the Transitions Team, e.g. through the use of clinics in special schools and information fairs.
- c. increased independence, and hence quality of life, for some service users and their families through implementation of the progression model.

Ways of Working Implications

41. The delivery of Phase I should have no Ways of Working implications (as outlined in **paragraph 34** above) as it will be done by existing staffing arrangements. Any Ways of Working Implications stemming from the learning and independent review recommendations from Phase I will be considered as part of a further report that will be brought to the Committee at an appropriate time in the future, in order to seek approval to proceed with any Phase II recommendations.

RECOMMENDATION/S

That Committee:

- 1) comments on the update on the development of appropriate performance measures with a focus on working with young people at age 14 years.
- 2) approves the proposal to proceed with Phase I, as outlined from **paragraph 23** of the report.

Sue Batty
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Ainsley Macdonnell
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Constitutional Comments (LM 10/08/17)

42. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Public Health Committee.

Financial Comments (CT 30/08/17)

43. The financial implications are contained within paragraphs 32 to 36 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.

- Report to Adult Social Care and Health Committee, 9 January 2017. *Strategic Update and Reconfiguration of the Countywide Transitions Team.*
- Report to Children and Young People's Committee, 19 September 2016. [Joint Local Area Special Educational Needs and Disability \(SEND\) Inspection in Nottinghamshire.](#)

- Equality Impact Assessment.

Electoral Division(s) and Member(s) Affected

All.

ASCPH483

11 September 2017**Agenda Item: 6****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****ADULT SOCIAL CARE SUMMARY REPORT – ISSUES FOR APPROVAL****Purpose of the Report**

1. This report covers issues relating to the structure of the Adult Social Care department and use of the Better Care Fund to support work to protect older people from scams, which require the approval of the Committee.

Information and Advice**Systematic Care of Older People's Elective Surgery (SCOPES)**

2. For a number of years the Council's Adult Access Service has been undertaking social care assessments alongside medical staff in a hospital clinic for older people who have been recently diagnosed with Upper Gastro-intestinal and Oesophageal cancer at Nottingham City Hospital. The adult care and support assessment identifies proactively what social care needs the person has pre-operatively and post-operatively and provides advice and makes referrals as required.
3. A Community Care Officer from the department, who is funded by Macmillan, attends the SCOPES clinic one day per week. Social care representation at the clinic prevents multiple referrals being made by different professionals and reduces duplication of work.
4. It has become apparent that the input from social care would be better provided by the hospital social work team based at the hospital. This will enable any ongoing interventions post treatment to be provided by the team that attends the SCOPES clinic. The hospital social work team is better placed to work with the person throughout the SCOPES process from assessment in the clinic, to treatment, admission to hospital, and subsequent discharge home.
5. It is therefore proposed that the management of support to the staff attending clinic transfers from the Adult Access Service to the Hospital Social Work Team. This proposal is supported by the relevant Service Director and the Group Manager responsible for the hospital social work team as well as the Consultant Geriatrician for the SCOPES clinic.

Request for change of team name – Mosaic

6. The Framework Development Team provides the department with a database capable of monitoring delivery of services to the citizens of Nottinghamshire. The database holds social care records for all service users and the role of the team is to work alongside operational staff and senior managers to help identify positive developments within the system and support the business by translating business needs into workflows within the database.
7. The system holds data relating to personal budgets and budget information, in addition to producing payments and billing in relation to commissioned services and aids the budget management process.
8. The team provides a significant resource to users of the system, including day to day support, setting up of users and identifying suitable access requirements as well as ensuring information held within the system is maintained in a secure and safe environment. In addition, the team has responsibility for implementing developments and changes, many of which are connected to delivering significant efficiencies and cost saving initiatives; management and safe storage of sensitive service user information; maintaining and improving support to users of the social care database (previously Framework but since 24th April 2017 Mosaic); providing training and advice on both a planned and ad-hoc basis, and working with colleagues to deliver the integration programme.
9. Originally the social care database procured in 2004 from Servelec-Corelogic was called Framework. A team was created to manage the implementation of the system and to provide support to users of the system across the department. The team created was known as the Framework Development Team.
10. Over a period of 12 years, a number of upgrades to the Framework system have taken place to ensure the system was fit for purpose and able to respond to changing needs within the area of social care. Due to technology changes, Servelec-Corelogic were recommending its customers upgrade to Mosaic in order to take advantage of the benefits it would deliver, and also as they would be reluctant to deliver improvements to Framework as resources would be deployed into developing the Mosaic system and supporting its customers to upgrade.
11. In April 2017 a successful upgrade took place from Framework to Mosaic and although this is not a new system, it is a significant upgrade delivered by the team, working alongside a Programme Manager. Due to the significance of the upgrade, the supplier renamed the product to Mosaic to reflect the difference. Following the upgrade a period of intense support has been provided to users of the system, ensuring staff are both competent and confident in using Mosaic.
12. It is therefore recommended that the team name is changed from Framework Development to Mosaic Development Team to reflect the system now being used by the department.

Extension of Mass Marketing Scams Initiative

13. Nationally, mass marketing scams cause between £5-£10bn p.a. financial detriment to the most vulnerable and disadvantaged. The average victim's age is 75 years old, and average monies lost is £2,800. The criminals involved ruthlessly and repeatedly target victims, causing significant harm to health, well-being and independence, which drives increasing demands for social and health care. £76,000 of Better Care Funding is currently paying for two additional officers (October 2016 to September 2017) to deliver scams prevention work in Nottinghamshire. Over this period, the total lost by the victims dealt with by these officers is predicted to be £795,000. Three victims supported so far have each lost over £150,000, whilst many others have lost tens of thousands. One victim has been evicted after losing her £260,000 house to a telephone scam.
14. Nottinghamshire is set to receive information about more potential victims from the national scams team, between October 2017 and April 2018. This is likely to be in the region of 800 people. £49,000 is therefore sought from the Better Care Fund for the extension of prevention work by two dedicated officers for these six months (a Grade 5 Community Care Officer, and a Trading Standards Officer). This additional funding will allow:
 - work with partner agencies to visit and intervene to protect the additional victims identified by the national team.
 - responses to the increasing scams referrals coming into the Service via the Multi-Agency Safeguarding Hub (MASH), and social care colleagues.
 - further promote and develop the 'Friends Against Scams' initiative (at June 2017, 101 Friends Against Scams and 15 Scams Champions registered)
 - development of video material to promote awareness of mass marketing scams.
 - further promote and embed the national banking protocol.

Other Options Considered

15. With regard to the SCOPES service, the option of continuing with the current situation, where the Community Care Officer is based in the Adult Access Service, was considered. Given the fact that the SCOPES clinic takes place in the hospital and in order to ensure the continuity of the service to people attending the clinic, it is considered to be more appropriate to provide the social care support through the hospital based social work team.
16. With regard to the change of the team name from Framework to Mosaic, the option of maintaining the current name was considered. Given that the social care record system for the department has been upgraded to Mosaic and the team's role is to support this system it was felt that it is more appropriate to make this change alongside the upgrade.
17. Due to competing demands on Trading Standards Officer (TSO) time, exacerbated by the difficulties experienced with filling 3 vacant TSO posts due to a national shortage of TSOs, it has not been possible to commit other mainstream TSO resource to this mass marketing scams prevention work.

Reason/s for Recommendation/s

18. The change to the social care support arrangements for the SCOPES service is recommended to improve the service that is provided to service users, and to support good relationships between health and social care staff.
19. It is recommended that the name of the team is changed from Framework Development Team to Mosaic Development Team in order that the team name reflects the system it supports and develops as well as clarity for system users being supported by the team.
20. The further £49,000 requested from the Better Care Fund would provide the additional officer resources needed to enable the Trading Standards Service to effectively intervene to protect the predicted high number of mass marketing scams victims in the County, during the period to March 2018. Going forward, the intention is to consider the possibility of funding this work through the Improved Better Care Fund.

Statutory and Policy Implications

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

Financial Implications

22. SCOPES is a Health led scheme and they fund the one day a week Community Care Officer post. Funding is currently recouped via the Adult Access Service budget and in the future this will be done by the Hospital Social Work team. There are no financial implications in relation to the Mosaic Development team.
23. The £49,000 requested from the Better Care Fund for the mass marketing scams prevention work will fund the salary and related costs of the two additional officers for the 6 months period October 2017 to March 2018. The officers will work alongside the lead Trading Standards Officer who dedicates 95% of her time to this scams prevention and safeguarding work and whose salary is funded from the Trading Standards Service staffing budget.

Human Resources Implications

24. With regard to the SCOPES service, there is no individual post holder and as such there are no specific HR implications.
25. The Better Care Funding for the mass marketing scam prevention work would be used to extend the fixed term contract of the temporary Community Care Officer currently undertaking this work for a further 6 months until 31st March 2018. The funding would also be used to employ a temporary officer via the Reed agency for the same 6 months period to backfill the Trading Standards Officer who is also currently involved in this work.

Implications for Service Users

26. For the SCOPES service, it is anticipated that the transfer of the line management to the Hospital Social Work team will improve the efficiency of the service and provide greater consistency to older adults who are seen in the clinic.
27. The extension of the mass marketing scams initiative will provide much needed additional capacity to intervene to protect further older residents at risk of losing their life savings to mass marketing scams.

RECOMMENDATION/S

That Committee:

- 1) approves transfer of management of support for staff attending the SCOPES clinic from the Adult Access Service to the Hospital Social Work Team (City Hospital).
- 2) approves the change of the team name from Framework Development to Mosaic Development team.
- 3) approves the allocation of £49,000 from the Better Care Fund for the extension of mass marketing scams prevention work by two dedicated officers for a further six months from October 2017 to March 2018.

David Pearson

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Constitutional Comments (LM 10/08/17)

28. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Public Health Committee.

Financial Comments (OC 11/08/17)

29. The financial implications are contained within paragraph 23 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH481

11 September 2017**Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND
PUBLIC PROTECTION****SUPPORTING THE DELIVERY AND EXPANSION OF ASSESSMENTS AND
REVIEWS****Purpose of the Report**

1. To update Committee on the current position in relation to assessments and reviews, updating the outcomes of Phase 1 of the Targeted Reviews Savings project and to agree the implementation of Phase 2 of this work and associated savings efficiency targets.
2. To agree the new pathway approach to reviews proposed within this paper.
3. To seek approval for the establishment of additional temporary posts to increase the levels of review activity undertaken specifically in relation to Younger Adults and to seek approval to extend the current temporary posts within the review team for the duration of Phase 2.
4. To approve £100,000 funding per year for 2 years for independent agency resource.
5. To approve the delivery of additional savings efficiencies identified as a result of this activity.

Information and Advice**Background**

6. There is no national timescale to complete new assessments within 28 days of initial contact, but the Council has a local target to achieve this in 80% of cases. In some cases there is a legitimate reason why an assessment may take longer than 28 days, due to rapidly changing circumstances or an extended period of rehabilitation or reablement. The performance of the Council, as reported regularly to previous Adult Social Care and Health (ASCH) Committee meetings, stands at 73.95% for the period from April 2016 to March 2017, up from 60%. It is worth noting that Nottinghamshire remains a high performing Council in most areas and has been for a number of years.
7. Given that service users' needs change over time and that resources are limited, workers need to ensure that packages of support provided reflect the individual's needs. If social care support is required, workers must ensure it is provided in the most cost effective way possible. This will be achieved by regular reviews of support needs and their Support Plan. This is in line with the Adult Social Care Strategy and the Care Act.

8. There is an expectation within the Care Act 2014 that authorities should conduct a review of a service user's care plan at least every 12 months. Where services users have short term goals, which can increase their independence, it is expected that reviews will be scheduled more frequently to monitor and support progress towards these goals.
9. In addition the Council is also responsible for assessing and reviewing the needs of those who act as carers for those with social care needs.
10. As a result of increased pressures on social care support, demographic changes and finite resources, the demand for assessments and reviews continues to increase, as is the case for a number of councils.
11. The department has to prioritise work requiring an urgent response, such as safeguarding, carer breakdown and Mental Health Act assessments, above more routine, less urgent assessments and reviews. This situation has been exacerbated by increased demand on social care arising from the Care Act 2014.
12. In order to address assessments and reviews out of timescale, the department established a Delivery Group under the direction of the Service Director, South Nottinghamshire and Public Protection, in April 2016 to look at ways of addressing the issues outside of the usual day to day operating procedures.
13. This Delivery Group also oversees the targeted review work of the Central Review Teams, which deliver efficiencies from identifying support no longer required at the point of review.

Current Situation - Reviews

14. A reviewing resource has been established in the Department since January 2011. From 2014 onwards the work of this resource has focused on reducing the backlog of overdue reviews and releasing efficiency savings; this emphasis will continue.
15. Of the 7,692 packages of long term support (over 12 months duration) in existence during 2016/17, 5,562 (73%) were reviewed. Of these reviews 1,311 (23%) were completed by the Central Reviewing Team (CRT), approximately 200 were completed by an external agency (1,200 in total were allocated to the agency for completion but much of this activity took place within 2017/18) and the remaining 4,051 were completed by District Teams. A further 168 carers reviews were completed by the CRT in the same period.
16. Of the 1,511 CRT and agency reviews, 607 (40%) released efficiency savings totalling £1,172,879 (in year) and £2,186,671 (full year effect) against a savings target of £2.5m across the period 2016 – 2019. Predominantly these savings were released within Older Adults.

	In Year £	Full Year Effect £
Older Adults	1,026,308	1,918,491
Younger Adults	146,571	268,181

17. Of the remaining 2,130 packages of care requiring a review at the end of March 2017, 690 are long term care reviews in a residential or nursing setting. Of the remaining 1,440

outstanding community care reviews 897 (62%) are younger adults despite overall younger adults making up only 45% of the total 7,692 packages of long term support.

Current Situation – Assessments

18. Through formal procurement mechanisms externally contracted agencies have been utilised to assist within Social Work and Occupational Therapy (OT) to reduce the unallocated waiting lists, to keep all assessments within the 28 day target timescale and to reduce the volume of overdue reviews, particularly within long term residential and nursing care. During 2016/17 this intervention has also assisted the Adult Social Care, Health and Public Protection (ASCH&PP) department to introduce and embed new ways of working, for example, the formal scheduling of new work from a central point (Adult Access team). The new ways of working and assistance of the external agencies working alongside the in-house staff group has significantly reduced the unallocated waiting lists across the County. The table below shows the number of assessments that are ongoing and incomplete and that are already outside of the 28 day timescale. For OT assessments in particular this number has reduced over the period shown. Also shown is the number of assessments that are unallocated – these cases have not yet been allocated to a worker and work has not started on these. For care and support assessments in particular this number has reduced over the period shown.

Outstanding and unallocated assessments	As at 4/4/16	As at 1/2/17	As at 6/3/17
Care and support assessments incomplete and late	457	426	487
OT assessments incomplete and late	420	201	242
Care and support assessments unallocated	152	84	65
OT assessments unallocated	117	83	114

19. It is suggested that a reduced level of funding be approved over the 2017/18 – 2018/19 financial years which the Delivery Group can call upon to divert cases to the agency, where demand requires, to support roll out of scheduling across the service and to deal with unexpected peaks in demand, whilst the focus of the CRT remains on reviewing and identifying potential package reductions. Requests for CRT resources to support unallocated assessments diverts this resource from addressing overdue reviews and identifying potential inefficiencies within existing packages of care.
20. The roll out of scheduling to include planned reviews will enable resource and capacity management of peaks in demand.

Phase 2 – Expansion of the activity

21. Phase 2 of the reviewing activity will continue the targeting of Central Review team resource to reviews which are identified as having the potential to yield savings; this approach has successfully delivered savings totalling £2.1 million during the period 2016/17. In order to achieve this, extension is requested for the current temporary posts within this team.
22. It is proposed that an additional temporary team, focused on Younger Adults, with a Team and Group Manager within Younger Adults be established to support the delivery

of the more in depth, time consuming reviews required to fully implement the approach and practices within Younger Adults.

23. The success in releasing efficiency savings to date, supported by a recent Institute of Public Care report by Professor John Bolton on Managing Demand in Adult Social Care^{ref1}, provides the evidence base for the assumption that further targeting of reviewing resource within Younger Adults will deliver greater levels of efficiency. It is considered that this cohort of service users has the greatest potential for increased independence:
24. The research by Professor John Bolton indicates that *'66% of younger adults receiving care and support should have decreasing needs since their last review'* ^{ref1}. Initial benchmarking in Nottinghamshire indicates that much lower rates of decreasing needs since last review are being achieved which suggests there is potential for more service users to be supported to be more independent and accordingly have decreasing needs since last review.
25. This report seeks approval to develop and embed a new approach to reviewing across the organisation, enabling more case working and frequent reviewing of individuals whose independence will increase with more focused support, and implements alternative, more proportionate review methods for those individuals whose care needs will remain constant or increase in line with the Care Act.
26. The new approach to reviews will ensure timely reviewing of all suitable packages of care at the point the services users' needs change, rather than annually. More frequent reviews will be scheduled at planned points where changes in need and improvements in independence are expected, based on the short term goals identified within individuals' support plans.
27. Phase 1 of the targeted reviews has released savings efficiencies of £2.1m during the period April 2016 to March 2017. This targeted work will continue alongside the proposed new approach to supporting independence through more frequent reviews and it is anticipated that this new approach will deliver increased savings. Phase 2 of the project has a savings target of £6 million (delivery profile shown below) and new savings of £1m from the £6m for Phase 2 have been profiled in 2017/18 as a result of the achievement to date.

2017/18 (£000s)	2018/19 (£000s)	2019/20 (£000s)	2020/21 (£000s)
1,000	2,000	2,000	1,000

28. In order to deliver this pathway approach to reviews, a redesign of the reviews workflow within Mosaic (the social care management system) will be required. This work will be undertaken in conjunction with the Adults Transformation Team as the next stage in developing business processes which embed the Adult Care Strategy, following the recent redesign of the Support Plan.
29. The newly re-designed Support Plan encourages the establishment of short term goals and enables the tracking of these. Through this improving independence will be tracked across those service users identified as active within the "pathway to independence".

30. This will support the aims of the Council's Adult Social Care Strategy to ensure services are focused on supporting individuals to learn or re-learn skills that help them to be more self-reliant and independent, reducing long term reliance on services.
31. In order to achieve this, approval is sought to recruit an additional, temporary CRT resource, initially focused on Younger Adults (YA) cases. This will be managed centrally but in the first stage working closely with the YA district teams, to embed the successful approach evidenced in the CRT work to date.
32. Historically the time required to undertake a review of a complex younger adult package of care has been prohibitive to the CRT picking up these cases, but with more capacity and resource to enable more detailed, time consuming reviews with frequently scheduled follow ups, both by CRT and by District Team, this should no longer be the case. This will ensure reviews are undertaken which reflect and embed the principles of the Adult Social Care Strategy.
33. The current two CRT Permanent Teams comprise 22 full time Reviewing Officers and 2 Team Managers. In addition, there is a third, temporary funded team comprising 10 Reviewing Officers (7 Care Act Funded, 3 funded to undertake transport reviews) and an additional temporary Team Manager.
34. Approval is sought to extend some of these temporary roles from their current end date of March 2018 until March 2020 to ensure the continued focus of the targeted reviews alongside the expanded work in Younger Adults: 7 Reviewing Officers at Grade 5 at a cost of £229,418 per annum including on costs and 1 Team Manager at Band D at a cost of £55,865 per annum including on costs.
35. In order to support the additional commissioning required as a result of the increased levels of reviewing activity, the 4 DIT (Data Input Team) Business Support posts at Grade 3 approved in November 2016 will also require extension from December 2017 to March 2020 at a cost of £93,648 per annum including on costs.
36. An additional 10 Reviewing Officers at Grade 5 at a cost of £327,740 per annum including on costs and 8 Reviewing Officer Assistants (ROAs) at an indicative Grade 3 (the grade and tasks associated are currently being evaluated) at a cost of £187,296 per annum including on costs are requested to support this expanded work, creating a fourth Reviewing Team and providing 2 ROAs per team to undertake the more light touch work not requiring a face to face review. These workers will also address any data input and commissioning errors identified, again diverting these tasks from Reviewing Officers and enabling a greater focus on the active reviewing activity. A further fourth Team Manager is also requested at Band D at a cost of £55,865 per annum including on costs.
37. In order to embed the double to single approach comprehensively within reviewing activity, extension of the current OT allocation seconded to double to single for a further 2 years from March 2018 is requested at a total cost of £137,328 per annum to March 2020.
38. Additionally, a dedicated YA focused OT resource, at Band B at a cost of £91,552 per annum, is requested to work with the newly established fourth reviewing team; these roles will also ensure that all OT options are explored to offer alternative methods of support and to enable the younger adults reviewed to reach more independent outcomes.

39. Discussions are currently underway with health to secure the services of a physiotherapist seconded to this work to further develop alternative solutions to provision of care and to support enabling and improving independence.
40. The current targeted work identified that significant efficiencies were realised by the more administrative element of reviews and adjustment of the commissioned packages to reflect the care received, rather than working with individuals to reduce the support required. It is reported that as much as 60% of the savings from 2016/17 were achieved by such administrative actions. It is intended that these more administrative adjustments would be undertaken by the ROAs, releasing capacity for Reviewing Officers to provide more face to face reviews. These are new roles and job evaluation prior to recruitment with the Job Evaluation team will be undertaken to confirm the grade; indicative grade 3 has been used to costs these posts within this report.
41. Whilst the percentage of reviews undertaken within timescale increased considerably last year from 46% the previous year to 73% in 2016/17, a target of 80% of reviews within timescale is proposed.
42. The additional capacity requested will support the Council to reach and maintain the target for reviews within timescale.
43. Once all existing service users are assessed and their appropriate pathway identified the use of alternative methods of review such as telephone or clinic based reviews will create capacity internally to maintain these levels, once the temporary resource ceases.
44. In order to ensure that both Social Work and Occupational Therapy assessments can be maintained within timescale and to provide additional resource to deal with reviews where limited potential for improving independence is identified, an additional £100,000 per annum for 2017/18 and 2018/19 is requested to cover costs of an independent agency.
45. Going forward, this approach to reviewing will become an integral part of the enabling and increasing independence programme offered, facilitated by case-working time to support service users in achieving greater independence. This case-working may be checking individuals' progress whilst supported by services, such as Reablement, Notts Enabling Service (NES), and may be undertaken by providers, family or other people involved in providing support or by the social care worker themselves.
46. A programme of training and communication across the service will ensure the approach proposed is rolled out successfully and is fully embedded in practices across the organisation. This will be integrated within the culture change work currently underway, led by the Adults Transformation Team.
47. A new suite of reporting will be developed to ensure that all service users are considered against the pathways and identified appropriately.

Other Options Considered

48. Maintaining the staffing structure at its current levels was discounted as it would not give sufficient capacity to deliver the volume of reviews needed to achieve the savings efficiencies required.

49. Not securing the additional independent agency funding to address out of timescale assessments and reviews will increase the pressures on operational teams and will result in the service not meeting its statutory requirements for reviews and its internal targets for assessments within timescale.
50. Not implementing the pathway approach to reviews will result in all services users requiring the same method and frequency of review, despite the significant variances in need. If those with more constant levels of need are not moved to the light touch pathway there will be insufficient organisational capacity to support those service users with the potential to increase independence.
51. Without increased capacity to more frequently review those service users identified as active within the “pathway to independence” approach, the opportunity to maximise their independence potential and decrease dependence on services will be missed. Ultimately this will result in higher cost packages than needs require.

Reason/s for Recommendation/s

52. The additional temporary resource will support the service to maintain and improve its levels of activity around assessment and review.
53. The implementation of a new approach to reviews will enable the service to differentiate and allocate resources and responses more appropriately, creating capacity to undertake more focused work and ensuring the service meets the aims of the Adult Social Care Strategy to maximise individuals’ potential for improved independence.
54. The costs of the recruitment will be offset by savings efficiencies identified through the new approach and more frequent reviews.

Statutory and Policy Implications

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

Financial Implications

56. The table below summarises the extensions and additions to funding requested within this report. Funding will be required from Adult Social Care & Health earmarked Transformation reserve.

Savings, Operational or Transformational Posts	Quantity	Band/Grade	Extend or Create post	Assumed Annual cost	Start Date	Expected End Date of Posts (assumes end of month applies)	Cost 2017/18	Cost 2018/19	Cost 2019/20	Total
Team Manager	1	D	Creation	55,865	Oct-17	Mar-20	27,933	55,865	55,865	139,663

Savings, Operational	Quantity	band/g/rad	effort or Create	added Annual	Start Date	Expected	£ 2017/18	£ 2018/19	£ 2019/20	Total
Team Manager	1	D	Extension	55,865	Apr-18	Mar-20		55,865	55,865	111,730
Reviewing Officer (inc two DP posts)	10	5	Creation	32,774	Oct-17	Mar-20	163,870	327,740	327,740	819,350
Reviewing Officer	7	5	Extension	32,774	Apr-18	Mar-20		229,418	229,418	458,836
Independent social work / OT agency support		N/A	Extension		Jul-17	Mar-19	100,000	100,000		200,000
Business Support	4	3	Extension	23,412	Dec-17	Mar-20	31,216	93,648	93,648	218,512
Reviewing Officer Assistants **	8	3	Creation	23,412	Dec-17	Mar-20	62,432	187,296	187,296	437,024
Occupational Therapist	2	B	Creation	45,776	Oct-17	Mar-19	45,776	91,552		137,328
Physio	1	B	Creation	45,776	Oct-17	Mar-19	22,888	91,552		114,440
Occupational Therapist	3	B	Extension	45,776	Apr-18	Mar-20		137,328	137,328	274,656
							454,115	1,370,264	1,087,160	2,911,539

** these roles will initially be recruited for four months, a decision will then be taken, based on outcomes, whether beneficial to extend the duration.

57. These resources will deliver efficiency savings of £6 million pounds as detailed below:-

2017/18 (£000s)	2018/19 (£000s)	2019/20 (£000s)	2020/21 (£000s)
1,000	2,000	2,000	1,000

Human Resources Implications (SJJ 07/08/17)

58. The temporary contracts of the existing staff will be extended to cover the additional period no recruitment will be necessary. At the end of the extended period the Council's redeployment policy will apply if applicable. The grade of the posts of Reviewing Officer Assistant is an indicative grade pending a formal job evaluation process. The temporary posts will be recruited to using the County Council's recruitment procedure and staff will be appointed on fixed term contracts.
59. The recognised trade unions have been consulted and are supportive of the proposals. They have made some observations about the identified funds for agency workers which will be discussed at the next Joint Consultative & Negotiating Panel meeting with them.

Safeguarding of Children and Adults at Risk Implications

60. Service users with changing needs will receive a timely assessment and review of their care and support needs, reducing the potential of safeguarding concerns being missed.
61. Service users with more stable needs will receive light touch reviews. Any risks associated linked with these alternative review methods will be mitigated by utilising a decision matrix, to determine the most suitable method of review, taking into consideration when and how the individual was last reviewed, their care setting and other issues impacting their care, for example recent safeguarding and Deprivation of Liberty Safeguards (DoLS) assessments.

62. Service users will receive a timely assessment. Some service users will receive more frequent reviews of their care and support needs, whilst those with low level or constant needs will receive more light touch, less intrusive, proportionate reviews of their care and support needs.

RECOMMENDATION/S

That the Committee:

- 1) notes the current position in relation to the number of assessments and reviews completed within the Adult Social Care, Health and Public Protection department during Phase 1 of the Targeted Reviews project and agrees the extension of the work into Phase 2 as detailed within this report.
- 2) approves the implementation of the pathway approach to reviewing across Adult Social Care, Health and Public Protection.
- 3) approves the establishment of the following additional temporary posts to help manage assessments and reviews, and to realise efficiency savings:
 - 10 Reviewing Officers at Grade 5 at a cost of £327,740 per annum including on costs.
 - 8 Reviewing Officer Assistants (ROAs) at Grade 3 at a cost of £187,296 per annum including on costs.
 - 1 Team Manager at Band D at a cost of £55,865 per annum including on costs
 - 2 OTs at Band B at a cost of £91,552 per annum including on costs.
 - 1 Physiotherapist at a cost of £45,776 per annum including on costs.
 - Extension of 3 OTs from March 2018 to March 2020, at Band B at a cost of £137,328 per annum including on costs.
 - Extension of 7 Temporary Reviewing Officers from March 2018 to March 2020, at Grade 5 at a cost of £229,418 per annum including on costs.
 - Extension of 1 Team Manager from March 2018 to March 2020, at Band D (£39,660 - £41,551) at a cost of £55,865 per annum including on costs.
 - Extension of 4 FTE Business Support Administrators (Data Input Team), Grade 3 from December 2017 to March 2020 at a cost of £93,648 per annum including on costs.
- 4) Approves the additional £200,000 funding, £100,000 for 2017/18 and £100,000 for 2018/19, to secure additional Independent Agency support for reviewing and assessments.
- 5) Approves the delivery of additional efficiency savings of £6 million for the period 2017 – 2021.

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Constitutional Comments (LM 10/08/17)

63. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Public Health Committee.

Financial Comments (KAS 11/08/17)

64. The financial implications are contained within paragraphs 56 and 57 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.

Providing Adult Social Care Assessments and Reviews – Update – report to Adult Social Care and Health Committee on 14 November 2016

Providing Adult Social Care Assessments and Reviews – report to Adult Social Care and Health Committee on 18 April 2016

Savings and Efficiencies Update and Proposal to Maximise the Income Available to the Council's Directly Provided – report to Adult Social Care and Health Committee on 10th October 2016.

Electoral Division(s) and Member(s) Affected

All.

ASCPH480

11 September 2017

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE

RECOMMENDATIONS AND ACTIONS TAKEN IN RESPONSE TO A PUBLIC REPORT FROM THE LOCAL GOVERNMENT OMBUDSMAN OFFICE

Purpose of the Report

1. For Committee to endorse the actions taken, or being taken, by the Council in response to the Ombudsman's investigation and Public Report, which has upheld the complaint against the Council. Section 31(2) of the Local Government Act 1974 requires that the report is considered by the appropriate Local Authority Committee and following this reports back on the actions taken to the Local Ombudsman.

Information and Advice

2. The Local Government Ombudsman (LGO) independently investigate complaints about local authorities after citizens have exhausted a Council's corporate complaints process and are not satisfied with the outcome. The Ombudsman can make proportionate, appropriate and reasonable recommendations to redress any faults leading to an injustice that they may find. They request that Councils follow their recommendations and local authorities abide by these, although the LGO have no legal powers to enforce them. The LGO share a draft copy of the report and recommendations with Councils and provide the opportunity for further evidence and comments to be submitted prior to issuing a final report and recommendations.
3. On 27th July 2017, the Ombudsman issued the Council with their final report following their investigation of a complaint made by a Mr K (complainant) that he was stopped from seeing his partner's mother (Mrs J) by both the Council and the Care Home in which she lives. The full final report is attached at **Appendix A**. The Ombudsman's investigation has been concluded and the final report has found Nottinghamshire County Council is at fault and has caused injustice to Mr K. The report makes three recommendations to the Council and the Care Home which are being implemented.

Ombudsman's report conclusions

4. The Council was found to be at fault because it could not produce evidence that it had properly involved Mrs J in the decision to ban Mr K from visiting her, did not complete a documented risk assessment, did not review the initial ban and failed to tell the Care Home when it lifted this ban.

5. The report also finds that the Council is accountable for the faults of the Care Home with whom it has contracted to provide care to Mrs J, for:
- a) not ensuring that the Care Home kept proper records
 - b) the provision of inaccurate information
 - c) for threatening Mrs J with eviction if she wanted Mr K to visit her on the premises without offering all the options and
 - d) for not ensuring that the Care Home's risk assessment was robust enough, in that it did not substantiate the Care Home's allegations of the man being verbally abusive to staff, or current risks to Mrs J.
6. The Ombudsman's report recognises that to some extent the injustice to Mr K is dependent on whether Mrs J wants to see Mr K, however, overall feels that the bodies involved have not dealt fairly with Mr K and therefore should apologise to him.

Ombudsman's report recommendations

7. The report recommends that the Council will:
- a) within the next three months commission an Independent Advocate to get Mrs J's views on seeing Mr K away from the Care Home. If Mrs J wants to see Mr K, arrange for her to do this away from the Care Home and pay Mr K £300 for the failure to do this sooner;
 - b) write to Mr K apologising for its failings and those of the Care Home and Care Provider; and
 - c) consider what action it needs to take to ensure it and its care providers deal with such matters properly in future.
8. Implementation of all of the recommendations is underway/completed as follows:
- a) A meeting has taken place with Mrs J and an independent advocate, as well as separately with an experienced Social Work Best Interests Assessor. Mrs J retains capacity to make decisions about who she sees and where she lives and has indicated that she would like to now meet Mr K. Arrangements remain available to take Mrs J to visit Mr K outside of the home. In addition the risk assessment regarding the ban is being revised and a meeting arranged with Mr K to see if a mutually acceptable way forward can be achieved that places Mrs J's views and wishes at the centre of all future decisions on this.
 - b) A letter of apology confirming that the £300 payment will be made has been sent to Mr K.
 - c) The Council's Quality and Market Management Team have issued a letter to all its directly delivered and independent sector care homes regarding actions that they may need to consider with regards to residents and their visitors. This refers providers to the Care Quality Commission (CQC) guidance 'Visiting Rights in Care Homes' available at:

- d) The Council's Quality and Market Management Team has included reference to the CQC guidance regarding 'Visitors to Care Homes' in their Quality Audit Methodology staff guidance and the Care Home Audit Tool. This will provide a specific focus for monitoring provider approaches to care home visitors as part of the annual Quality Audit. The current Care Home Contract already places specific obligations on providers to 'provide and perform the service in line with the Care Quality Commission's guidance'.
 - e) The Care Home has revised its corporate policy regarding 'Visitors to Care Homes' with input from Nottinghamshire County Council's Quality and Market Management Team.
 - f) An email has been issued to all relevant Team Managers of Social Care staff to share and discuss with their teams on actions that they may need to consider regarding visitors to services. This refers them to the CQC Guidance 'Visiting Rights in Care Homes'.
 - g) An article will also be placed in the Department's newsletter 'Team Talk' to raise awareness of the CQC guidance 'Visiting Rights in Care Homes'.
9. The Ombudsman has decided that this will be a public interest report and therefore promoted in the media because there are wider issues others can learn from. The issue of people being banned from care homes or having their access restricted is one which is frequently reported to them. They want to use the report to promote good practice, such as the CQC guidance which is now available.
10. The report was published on the LGO web site and as required for a public report, under section 30 of the Local Government Act 1974, the Council has placed two public notice announcements in two local newspapers/newspaper websites, made copies of the Ombudsman's report available for inspection at County Hall and Lawn View House and brought this report to Committee to consider and approve the actions.

Other Options Considered

11. None, the recommendations of the Ombudsman's report are binding.

Reason/s for Recommendation/s

12. Section 31(2) of the Local Government Act 1974 requires that a Public Report of the Local Government Ombudsman is considered by the appropriate Local Authority Committee and following this reports back on the actions taken to the Local Ombudsman.

Statutory and Policy Implications

13. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health

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

Financial Implications

14. The Council will pay £300 to Mr K alongside its letter of apology.

Human Resources Implications

15. Actions taken to improve staff awareness and knowledge of the issues and CQC guidance are set out at paragraph 8 (c-g)

Safeguarding of Children and Adults at Risk Implications

16. Ensuring that staff and providers are aware of and follow the CQC Guidance on 'Visiting Rights in Care Homes' will ensure a person centred, balanced and proportionate process is followed when assessing risk and taking difficult decisions of this nature.

Implications for Service Users

17. Ensuring that staff and providers are aware of and follow the CQC Guidance on 'Visiting Rights in Care Homes' will ensure a person centred, balanced and proportionate process is followed when assessing risk and taking difficult decisions of this nature.

RECOMMENDATION/S

That Committee:

- 1) endorses the actions taken, or being taken, by the Council in response to the Ombudsman's investigation, which are referred to in paragraph 8 of the report.
- 2) notes that the actions will be reported back to the Ombudsman.

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Constitutional Comments (SMG 24/08/17)

18. The proposals set out in this report fall within the remit of this Committee.

Financial Comments (AGW 23/08/17)

19. The financial implications are contained in paragraph 14.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH485

**Report by the Local Government and
Social Care Ombudsman**

**Investigation into a complaint against
Nottinghamshire County Council
(reference number: 16 009 251)**

27 July 2017

The Ombudsman's role

For 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

Investigation into complaint number 16 009 251 against Nottinghamshire County Council

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Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

Mr K - the complainant

Mrs J – his partner’s mother

Report summary

Adult care services: safeguarding

Mr K complains that he has been banned from visiting his partner's mother, Mrs J, at her Care Home.

Finding

Fault found causing injustice and recommendations made.

Recommendations

The Council has agreed our recommendations and will commission an Independent Advocate to get Mrs J's views on seeing Mr K away from the Care Home. If Mrs J wants to see Mr K the Council will arrange for her to do this away from the Care Home and pay Mr K £300 for the failure to do this sooner:

The Council will also:

- write to Mr K apologising for its failings and those of the Care Home and Care Provider; and
- consider what action it needs to take to ensure it and its care providers deal with such matters properly in future.

Introduction

1. Mr K complains he has been banned from visiting his partner's mother, Mrs J, at the Care Home the Council has placed her in.

Legal and administrative background

2. We investigate complaints about 'maladministration' and 'service failure'. In this statement, we have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (**Local Government Act 1974, sections 26(1) and 26A(1), as amended**)

3. We investigate complaints about councils and certain other bodies. Where an individual, organisation or private company is providing services on behalf of a council, we can investigate complaints about the actions of these providers. (**Local Government Act 1974, section 25(7), as amended**)

4. In November 2016 the Care Quality Commission (CQC) produced *Information on visiting rights in care homes*. This includes a section on what a care provider can do if it believes a visitor poses a risk to other residents, staff or the running of the service, which says:

"Seeing a loved one in a care home can be distressing, especially in the beginning or as they become more dependent because of frailty, illness or decreasing capacity. Bearing this in mind, if issues or conflict develops, the care provider should first meet with the visitor and try to resolve them. Conflict between the provider and a family member or friend may be detrimental to the wellbeing of the resident. If the visitor has concerns about a resident's care, these should be acknowledged, understood and acted on".

"Care homes have a duty to protect people using their services. If issues cannot be resolved, as an extreme measure the provider may consider placing some conditions that restrict the visitor's ability to enter the premises if, for example, they believe (having sought advice from others, like the safeguarding team) that the visitor poses a risk to other people using the service and staff, or to the running of the service. For example, the provider could limit visits to take place in the resident's room only. Any conditions should be proportionate to the risks to other people or staff and kept under review. The provider must be able to demonstrate that any conditions are not a response to the visitor raising concerns about the service as this would be a breach of the regulations. The provider should seek advice from the local authority's Deprivation of Liberties team if the resident lacks capacity to make decisions".

How we considered this complaint

5. We produced this report after examining relevant files and documents, and discussing the complaint with Mr K and Council officers.

6. We gave the complainant and the Council a confidential draft of this report and invited them to comment. We took their comments into account before finalising the report.

Investigation

7. The Council placed Mrs J in the Care Home in 2013 when Mr K and his partner could no longer look after her. According to its case notes, in November 2013 Mr K told officers he had come close to losing his temper physically with Mrs J. The Council asked Mr K not to visit Mrs J at the Care Home *“at least for the time being”*. Mr K agreed to this. The Council told the Care Home what he had agreed and advised it to ask him to leave if he tried to visit and to call the Police if he refused. The Care Home is one of over 100 homes run by HC-One Limited (the Care Provider).
8. On 2 December 2013 Mr K asked the Council if it had banned him from visiting Mrs J for life. It advised him to speak to a member of its Safeguarding Team about this. There is no record of him doing this.
9. On 15 April 2014 the Council noted Mr K *“had not been barred from visiting, a risk assessment has been put in place, should he visit and not comply with the rules of the home”*. The Council has not provided a copy of the risk assessment.
10. In June 2014 Mr K reported concerns to the Council that Mrs J had not had a bath for four weeks. He also reported his concerns to CQC. The Council addressed Mr K’s concerns via a safeguarding investigation. It did not substantiate the allegations.
11. On 20 November 2015 the Council noted *“[Mr K] is not allowed to visit the Care Home due to threatening behaviour”*.
12. In December 2015 Mr K told the Council Mrs J had asked him to get the ban lifted as she wanted him to visit. He said he had visited many times at weekends, including 12 times in the past six months.
13. The Care Home has provided statements from two members of staff who were there when Mr K tried to enter the home at 15.40 on 8 January 2016. They wrote the statements at the end of March 2017. According to the statements, one member of staff told Mr K he was not allowed on the premises but Mr K said it had *“been sorted”*. The member of staff told Mr K to leave. The statements say Mr K was very loud and swore at staff in the presence of other visitors. According to the statements, Mr K left after another member of staff went to call the Police. It appears the Police were not called.
14. On 1 March 2016 the Council visited Mrs J. After the visit the Council called Mr K to let him know Mrs J could decide to resume contact with him and he could visit the Care Home again.
15. In April 2016 Mr K raised safeguarding concerns with CQC about Mrs J’s care at the Care Home. CQC passed the concerns on to the Council to investigate. The Council contacted the Care Home on 28 April 2016. The Care Home said it knew Mr K had raised the safeguarding concerns. It told the Council it did not know Mr K had been given the go

ahead to return. The Care Home said it did not agree with this decision “*primarily to safeguard other residents and, as importantly, members of staff*”.

16. On 29 April the Council called Mr K to let him know Mrs J was happy with her care at the Care Home.
17. On 3 May the Care Home did a risk assessment for Mr K’s “*access to the home*”. This refers to “*previous threats made to staff and management*” and describes them as frequent but does not say what the threats were or when they were made. It identified these risk control measures:

“[Mr K] is not allowed access to [the Care Home] – staff are aware of this and know to call 999 if [he] tries to gain access. Social Services are also aware of this restriction. Police have also been made aware of threats made to home’s management.”
18. The Care Home’s reviews of the risk assessment in August and December say “*Risk assessment remains relevant*”.
19. On 9 May the Care Provider wrote to Mr K in response to a letter received on 3 May. It said its visitor records showed he had only been in the Care Home for about 20 minutes, so he could not say call bells had been going for over an hour. It said it monitored call bells and none had gone off for an hour. It said he had been banned from visiting the Care Home since Mrs J came to live there. It said the Council had lifted the ban in March 2016 without consulting the Care Provider. It said because of threats he had made to staff and managers at the Care Home, which were logged with the Police, it had to uphold the ban. It said if Mrs J wanted to see him, the Council should be able to arrange for him to see her outside the Care Home. It said the Care Home could provide transport for Mrs J.
20. On 12 May the Care Provider told the Council it wanted to discuss e-mails it had received from Mr K. It later told the Council it would not allow Mr K to access the Care Home. The Council asked Mr K to stop writing to the Care Home with his concerns and to direct them to the Council.
21. On 20 May the Council visited Mrs J at the Care Home. The Care Home told her she would have to leave if she wanted Mr K to visit her there. The Care Home said this was due to threatening behaviour towards staff and false allegations.
22. On 26 May Mr K told the Council that the Police had confirmed they had not received an allegation of threatening behaviour against him from the Care Home.
23. On 28 June the Council met Mr K with his partner. They discussed concerns about poor care. The Council said the Care Home had carried out its own investigation which did not support their allegations. The Council said it had not been able to substantiate the allegation of neglect. It said the evidence from its visits showed Mrs J was being cared for. Mrs J had confirmed she was happy living in the Care Home and had the capacity to decide where she lived. Mr K and his partner said Mrs J had repeatedly told them she wanted to move to another home as there were not enough staff to meet the residents’ needs. The Council said it would appoint an Advocate to find out Mrs J’s views.

24. On 26 July Mr K wrote to the Care Home. He said the Police had confirmed it had no record of the Care Home reporting him for making threats. He said he had reported the Care Home to CQC three times because of the poor care he had witnessed. He said it had banned him because of these reports. He said the Care Home had to lift the ban within five days or they would move Mrs J to another Care Home. He said the ban was unfair and based on lies and false accusations.
25. On 1 August an Independent Advocate visited Mrs J to check whether she wanted to stay at the Care Home. The next day she e-mailed the Council to report:

"[Mrs J] said that she was settled in her placement and that she didn't want to move as she didn't know what a new placement would be like and she was happy where she was. [Mrs J] says she likes the staff and has built relationships with other residents. [Mrs J] enjoys reading and engages with activities there. [Mrs J] on several occasions said that she didn't want to move placement".
26. The Council sent the e-mail to the Care Provider.
27. On 4 August the Care Provider wrote to Mr K. It said it had received a response from the Council about the Independent Advocate's visit. It said Mrs J:

"was asked if she wanted to go out to meet with you and could not decide, however, she said she would think about it and let the home know. If she does decide she wants to meet with you we will of course set up a date and time to meet you off the premises of [the Care Home] in a suitable location chosen by [her]".
28. The Care Provider told Mr K they had contacted the Police and had "on file reference numbers in relation to this".
29. On 8 August the Council told the Care Home it was open to Mrs J's daughter to take her out of the home to meet Mr K, if that is what Mrs J wanted to do.
30. On 18 August the Council wrote to Mr K. It said Mrs J had the capacity to decide where she lives and the Independent Advocate had confirmed she wants to remain at the Care Home. It said it could not reach a firm conclusion on the lack of sympathy Mr K said officers had towards his ban on visiting the Care Home. It said the management of the Care Home had been distressed by his behavior. It said it was not appropriate for the Council to intervene.
31. CQC published a report on the Care Home. It required the Care Home to make improvements relating to being: safe; effective; responsive; and well-led. It found the Care Home was providing a good service in terms of being caring. Mr K says the need to make improvements shows he was right to report problems to CQC.
32. The Manager of the Care Home says Mr K verbally threatened her over the telephone "telling me to be careful when I leave work as the car park is dark at night". Mr K denies saying this. The Manager says she contacted the Police immediately after the

conversation but was not given a crime number or an incident number. She says she cannot provide a date for the incident, having worked at the Care Home for two years.

33. The Care Home has recorded consulting Mrs J about seeing Mr K on: 8 September 2016, 5 October 2016, 18 November 2016, 22 December 2016, 13 January 2017 and 15 February 2017.
34. In response to our enquires on this complaint, the Care Home told the Council Mrs J's daughter takes her out so she could see Mr K if she wanted to. Mrs J's daughter says this is untrue. She says this would not be possible because of her mother's mobility problems. Mrs J uses a wheelchair and needs a hoist and sling and two people for transfers. The Care Home has been unable to provide any evidence in support of its claim that Mrs J goes out with her daughter.

Conclusions

35. This complaint has revealed some poor practices by the Council, the Care Home and the Care Provider. Although not issued until November 2016, the CQC guidance reflects what has always been good practice. The failure to follow a structured process over the ban has resulted in a confused sequence of events. This could have been avoided if the right process had been followed.
36. The Council asked Mr K not to visit Mrs J when she first moved to the Care Home. Any restriction on visiting should either be based on a specific request from the resident, if the resident has the capacity to make such decisions, or a risk assessment and best interest decision if they do not. Any restrictions on visiting because of a risk to staff or other residents needs to be based on a risk assessment. The Council failed to consult Mrs J or do a risk assessment before asking Mr K not to visit and, more significantly, advising the Care Home to call the Police if he tried to visit and would not leave. That was fault.
37. Although the request not to visit was "*at least for the time being*" the Council did not review the arrangement. That was also fault. There should be regular reviews of any visiting restrictions. Such reviews should, wherever possible, take account of the resident's views. The Council did not do this until March 2016. That was fault.
38. The issue of contact with Mr K is one for Mrs J to make. The Care Home should not have threatened her with eviction if she wanted Mr K to visit her at the Home. That was fault. That threat is likely to have had an impact on her subsequent answers to questions about meeting Mr K. Mrs J should at least have been given the option of meeting Mr K away from the home.
39. In April 2014 the Council appears to have decided it had not banned Mr K from visiting, although that was clearly not the case. It noted a risk assessment was in place but has provided no evidence of this. In November 2015 the Council accepted Mr K had been banned from the Care Home. The failure to review the ban resulted in it being left in place when there may have been no need for it. That was fault.

40. The ban has not always prevented Mr K from visiting Mrs J. It appears the Care Home did not always enforce the ban. It was clearly aware he had been visiting as he had recorded at least one visit in its visitors' book.
41. The Care Provider has no records of the threats it says Mr K made to the Manager of the Care Home or other staff. Nor does it have any records of the incident which it says took place on 8 January 2016. If the Care Home had reported the threats to the Police it should have had a reference number. The failure to keep proper records is fault. The Care Home should record any threats and report them to the Council, as the safeguarding authority, so it can take account of them when reviewing a risk assessment.
42. The Council failed to tell the Care Home it had decided to lift the ban on Mr K visiting. That was fault. In April 2016 the Care Home told the Council it did not agree with lifting the ban as Mr K posed a risk to other residents, as well as to members of staff. There is no evidence to support the claim that he posed a threat to residents.
43. The Care Home finally did a risk assessment in May 2016; over two years after Mr K had been banned from visiting Mrs J. The risk assessment is not robust enough. This is because it does not substantiate the allegations against Mr K. There is no current evidenced risk to Mrs J and she had confirmed that she was content to see Mr K. The timing of the risk assessment, following Mr K's complaint to CQC, raises the prospect that his complaint prompted the Care Home to reinforce its ban. This is supported by the record of the Council's visit to the Care Home on 20 May 2016 when it told the Council Mr K's "*false allegations*" were a reason for the ban. That was fault.
44. The Care Provider has made some inaccurate statements. It told Mr K the Independent Advocate had asked Mrs J if she wanted Mr K to visit. But that is not supported by the Independent Advocate's e-mail to the Council. The Care Provider also told Mr K it had reference numbers for its contact with the Police, but that was not the case. This casts doubt over some of the Care Provider's other statements. It also means it cannot be accepted as a reliable broker when asking Mrs J if she wants to see Mr K. The Council needs to commission an Independent Advocate to obtain Mrs J's views.

Injustice

45. The injustice to Mr K is to some extent dependent on whether Mrs J wants to see him. Nevertheless, the bodies involved have not dealt fairly with him and for that reason the Council needs to apologise to him.

Decision

46. The Council was at fault because it:
- did not involve Mrs J properly in the decision to ban Mr K from visiting her;
 - did not carry out a risk assessment;

- did not review the ban; and
 - failed to tell the Care Home or Care Provider when it lifted the ban.
47. The Council is also accountable for the faults of its Care Provider and the Care Home which:
- did not keep proper records;
 - provided inaccurate information; and
 - threatened Mrs J with eviction without offering all the options.

Recommendations

48. In order to remedy the injustice caused by the faults identified by this report the Council has agreed within the next three months to commission an Independent Advocate to get Mrs J's views on seeing Mr K away from the Care Home. If Mrs J wants to see Mr K, the Council will arrange for her to do this away from the Care Home and pay Mr K £300 for the failure to do this sooner.
49. The Council will also:
- write to Mr K apologising for its failings and those of the Care Home and Care Provider; and
 - consider what action it needs to take to ensure it and its care providers deal with such matters properly in future.

11 September 2017**Agenda Item: 9****REPORT OF CORPORATE DIRECTOR, RESOURCES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2017.

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
9th October 2017			
Overview of Programme Director, Transformation	Report/presentation to provide an overview of the responsibilities of the Programme Director.	Programme Director, Transformation	Jane North
Health and Wellbeing Strategy Consultation	To seek views from Committee on the consultation on the Health and Wellbeing Strategy 2018- 2022	Director of Public Health	Nicola Lane
Overview of Public Health Consultant	Report/presentation from PH Consultant with responsibility for health protection, sexual health, public mental health, JSNA, social exclusion, quality and advice to CCGs.	Consultant in Public Health	Jonathan Gribbin
Planning for discharge from hospital	Report explaining the arrangements that are in place and the decision-making processes involved in arranging people's discharge from hospital across Nottinghamshire.	Service Directors, Mid Nottinghamshire/South Nottinghamshire/North Nottinghamshire and Direct Services	Wendy Lippmann/Steve Jennings-Hough/Nicola Peace
Adult Social Care and Health Consultation	To seek approval on 4 savings proposals in relation to adult social care services.	Service Director, Strategic Commissioning, Access and Safeguarding	Jennifer Allen
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 1, 2017/18)	Consultant in Public Health	Nathalie Birkett
Ensuring best practice and consistency in commissioning of services for older and younger adults		Service Directors, Mid Nottinghamshire and North Nottinghamshire and Direct Services	Cath Cameron-Jones/Rebecca Croxson/Mercy Lett-Charnock

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
13th November 2017			
Overview of Service Director, Mid-Nottinghamshire	Report/presentation to provide an overview of the responsibilities of the Service Director and their service areas.	Service Director, Mid-Nottinghamshire	Sue Batty
Approval of Departmental Strategy for Adult Social Care and Public Health	Report on development of departmental strategy to reflect departmental priorities to meet the commitments in the Strategic Plan.	Programme Director, Transformation/Director of Public Health	Jane North/Barbara Brady
Approval of refreshed Adult Social Care Strategy	Report to seek approval of the refreshed Adult Social Care Strategy.	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
Savings Review Delivery Group – update	Progress report on the work of the Board.	Service Director, South Nottinghamshire and Public Protection	Mark McCall/ Paul McKay
Health and development of adult social care workforce	Report on state of adult social care workforce, including health of Council workforce (adult social care and Public Health) and work to develop and improve wider adult social care workforce in the county.	Service Director, Mid Nottinghamshire	Veronica Thomson/Public Health Manager
Progress with Deprivation of Liberty Safeguards	Regular progress update on work to manage DoLS assessments and reviews.	Service Director, Mid-Nottinghamshire	Daniel Prisk
Director of Public Health Annual Report 2017	Report to seek approval to the publication of the independent DPH Annual Report for 2017	Director of Public Health	Barbara Brady
11th December 2017			
Overview by Public Health Consultant	Report/presentation from PH Consultant with responsibility for children's and young people's public health, the Children's Integrated Commissioning Hub and children's and young people's mental health.	Consultant in Public Health	Kate Allen
National Children and Adult Services Conference 2017	Report back on attendance at conference.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 2, 2017/18)	Consultant in Public Health	Nathalie Birkett
Progress update on external consultant review of adult safeguarding action plan	Follow up to report in July 2017, with outcome of review visit by external partners regarding adult safeguarding work of the department.	Service Director, Strategic Commissioning, Access and Safeguarding	Claire Bearder
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department.	Programme Director, Transformation	Ellie Davies
8th January 2018			
Overview of Service Director, North Nottinghamshire and Direct Services	Report/presentation to provide an overview of the responsibilities of the Service Director and their service areas.	Service Director, North Nottinghamshire and Direct Services	Ainsley MacDonnell
Progress with the Commercial Development Unit process for County Horticultural Services	Progress update on this process and the outcomes so far.	Service Director, North Nottinghamshire and Direct Services	Ainsley MacDonnell/Jane McKay
5th February 2018			
Overview by Public Health Consultant	Report / presentation to provide an overview of the responsibilities of Public Health Consultant and their portfolio areas.	Public Health Consultant	
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
12th March 2018			
Overview of Service Director, Strategic Commissioning, Access and Safeguarding	Report/presentation to provide an overview of the responsibilities of the Service Director and their service areas.	Service Director, Strategic Commissioning, Access and Safeguarding	Caroline Baria

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Defence Medical Welfare Service - Aged Veterans Services in Nottinghamshire - project evaluation		Service Director, Mid-Nottinghamshire	Lyn Farrow
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 3, 2017/18)	Consultant in Public Health	Nathalie Birkett
Progress with Deprivation of Liberty Safeguards	Regular progress update on work to manage DoLS assessments and reviews.	Service Director, Mid-Nottinghamshire	Daniel Prisk
Progress with allocation of Improved Better Care Fund 2017/18	Following approval of proposals for allocation of IBCF (July 2017), report on progress with areas identified in the report.	Corporate Director, Adult Social Care and Health	Jennie Kennington
16th April 2018			
Overview of Service Director, South Nottinghamshire	Report/presentation to provide an overview of the responsibilities of the Service Director and their service areas.	Service Director, South Nottinghamshire and Public Protection	Paul McKay
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department.	Programme Director, Transformation	Ellie Davies
14th May 2018			
11th June 2018			
9th July 2018			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 4, 2017/18)	Consultant in Public Health	Nathalie Birkett

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Public Health Performance and Contracts function progress update	Annual update on the work of the PH performance and contracts team.	Consultant in Public Health	Nathalie Birkett
Progress with Deprivation of Liberty Safeguards	Regular progress update on work to manage DoLS assessments and reviews.	Service Director, Mid-Nottinghamshire	Daniel Prisk

