

Adult Social Care and Public Health Committee

Monday, 13 November 2017 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 9 October 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 | Sustainability and Transformation Partnerships in Nottingham and Nottinghamshire

Update to the Plan and Accountable Care System - Memorandum of Understanding | 9 - 14 |
| 5 | Updated Adult Social Care Strategy | 15 - 26 |
| 6 | Service Developments and Changes to the Staffing Establishment in Adult Social Care and Health | 27 - 34 |
| 7 | Integrated Community Equipment Loads Store (ICELS) | 35 - 50 |
| 8 | Update on Tender for Home-Based Care and Support Services | 51 - 66 |
| 9 | Countywide Aspergers Team | 67 - 74 |
| 10 | Approval for use of in-year Improved Better Care Fund Temporary Funding | 75 - 84 |

11	Procurement of the Handy Persons Adaptation Service (HPAS)	85 - 90
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None

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 9 October 2017 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Boyd Elliott
Sybil Fielding
David Martin

Francis Purdue-Horan
Andy Sissons
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Resources
Sue Batty, Service Director, ASCH&PP
Nathalie Birkett, Group Manager Public Health Performance and Contracts
Jonathan Gribbin, Consultant in Public Health
Sally Handley, Senior Public Health and Commissioning Manager
Jennie Kennington, Senior Executive Officer, ASCH&PP
Ainsley MacDonnell, Service Director, ASCH&PP
Paul McKay, Deputy Director, ASCH&PP
Jane North, Programme Director Transformation
David Pearson MBE, Corporate Director, ASCH&PP

AWARDS

The Chairman informed the Committee that County Enterprise Foods had been successful in reaching the final shortlist in two categories at the recent National Association of Care Catering Awards. The categories were 'Meals on Wheels Award 2017' and 'Catering Team of the Year Award 2017'.

It was an outstanding achievement for this service to reach the final shortlists as they faced very strong competition from catering providers across the country. The Chairman agreed to write to the teams on behalf of the Committee to congratulate them on nominations.

MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 9 October 2017 were confirmed and signed by the Chair.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

NOTTINGHAMSHIRE JOINT HEALTH AND WELLBEING STRATEGY CONSULTATION

Jonathan Gribbin introduced the report and responded to questions.

RESOLVED 2017/055

That members be encouraged to promote the consultation within their local constituencies, networks and to colleagues.

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

Nathalie Birkett introduced the report and responded to questions.

RESOLVED 2017/056

That a report on the provision of services in relation to tobacco control and smoking cessation be brought to the Committee in 6 months.

PROTECTION OF VULNERABLE RESIDENTS FROM SEASONAL FLU

Sally Handley introduced the report and responded to questions.

RESOLVED 2017/057

- 1) That the policy to make arrangements to secure 75 percent uptake (over the next three years) of seasonal flu vaccination for all frontline care staff who are directly employed by the Council or are working in services commissioned by the Council be approved.
- 2) That the routine annual development of plans for proactive and planned media work to promote the Seasonal Flu Campaign internally and externally through public facing communication and media campaigns in the local press across the county and radio be approved.

PLANNING FOR DISCHARGE FROM HOSPITAL

Sue Batty introduced the report and responded to questions.

RESOLVED 2017/058

- 1) That the promotion of prevention and people's independence as part of planning their discharge from hospital of Hospital Discharge Packages to deliver the identified savings be approved
- 2) That the establishment of the following associated posts be approved:
 - 1 Full Time Equivalent (FTE) Occupational Therapist (Band B) and the post allocated an authorised car user status
 - a temporary 0.5 FTE Project Officer post (Band B) for two years to March 2020 and the post allocated an authorised car user status.
- 3) That the additional request for non-recurrent allocation of £10,000 from the improved Better Care Fund for the project to facilitate timely discharges from hospital to residential care be approved
- 4) That the establishment of two posts that will be funded by the south Clinical Commissioning Groups be approved:
 - 1 temporary (18 months) FTE Social Worker post (Band B)
 - 1 temporary (18 months) FTE Community Care Officer (Grade 5)
- 5) That the establishment of 3 FTE temporary Social Worker (Band B) and 1 FTE temporary Community Care Officer (Grade 5) posts from November 2017 to 30th April 2018 at a cost of £83,710 from the improved Better Care Fund be approved.

SUPPORTING BEST PRACTICE IN CARE AND SUPPORT PLANNING FOR ADULT CARE SERVICES

Ainsley McDonnell and Sue Batty introduced the report and responded to questions.

RESOLVED 2017/059

- 1) That approval be granted for proposals regarding more consistent application of best practice in developing care and support plans for community based support in both older and younger adult service areas in order to make the identified savings.
- 2) That approval be granted for resources as set out in paragraph 20 of the report, in order to deliver recurrent savings and to enable further scoping work to be undertaken which would potentially release additional savings.

ADULT SOCIAL CARE AND HEALTH CONSULTATION

David Pearson introduced the report.

RESOLVED 2017/060

- 1) That approval be given to undertake a public consultation on the following four proposals:

- a proposal to review the Adult Social Care and Health Charging Policy in order to reflect the different rates set out in the Department of Health circular 'Local Authority Charging' and in the Care Act 2014
 - a proposal to apply the charge to service users, for particular social care and support services, in advance rather than arrears.
 - a proposal to ensure that the Council's existing home care charging policy is applied for people who continue to require and receive home care after receiving non-charged reablement support where they are awaiting a longer term package of home care
 - a proposal to review the way that support is provided to carers.
- 2) A further report on the outcome of the consultation process be brought to Committee in January 2018.

MEMBER WORKING GROUP TO REVIEW AND MAKE RECOMMENDATIONS ON THE EXTRA CARE STRATEGY

Councillor Stuart Wallace introduced the report.

RESOLVED 2017/061

- 1) That the proposal to set up a Member working group to review the Council's previous strategies and success with the development of Extra Care and to make recommendations to the Adult Social Care and Public Health Committee and the Council for a future strategy on Extra Care be approved.
- 2) That the proposed membership of the working group be agreed.
- 3) That the working group provides a report with recommendations on a future strategy for Extra Care in February 2018.

GUIDE FOR SELF-FUNDERS TO CARE AND SUPPORT

Jane North introduced the report.

RESOLVED 2017/062

That approval be granted to proceed with promoting a self-funders guide to care and support.

'GET UP & GO' EVENTS – FALLS PREVENTION

RESOLVED 2017/063

That the committee endorses the events that had taken place as part of the current work on falls prevention.

PROPOSED SAFEGUARDING ADULTS BRIEFING FOR COUNTY COUNCILLORS

RESOLVED 2017/064

That a briefing be offered to all County Councillors on the issue of safeguarding adults, to be held on 18th October 2017, in the Assembly Hall at County Hall.

DIRECT SERVICES EVENTS, ACTIVITIES AND PUBLICITY

RESOLVED 2017/065

That the plan of events, activities and publicity set out in the report be approved.

WORK PROGRAMME

RESOLVED 2017/066

That the work programme be updated to include:

- A report on the provision of services in relation to tobacco control and smoking cessation be brought to the Committee in 6 months.
- A report on provision of health services at Children's Centre to a future meeting
- Feedback on Adult Social Care and Health Consultation to January 2018 meeting
- A report from the members working group on the Extra Care Strategy with recommendations on a future strategy for Extra Care to the February 2018 meeting.

The meeting closed at 12.35 pm.

CHAIR

13th November 2017**Agenda Item: 4****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH****SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS IN
NOTTINGHAM AND NOTTINGHAMSHIRE: UPDATE TO THE PLAN AND
ACCOUNTABLE CARE SYSTEM MEMORANDUM OF UNDERSTANDING****Purpose of the Report**

1. The purpose of the report, and supporting presentation, is to update the Committee on the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) update published in July 2017, and to advise the Committee on the requirements of the Accountable Care System Memorandum of Understanding for Nottingham and Nottinghamshire, and progress to date.

Information and Advice

2. The Nottingham and Nottinghamshire STP was submitted to NHS England in October and published on 24 November 2016. This was a draft Plan, produced and supported by all partner organisations. The South Yorkshire and Bassetlaw STP will be covered in a separate report to Committee.
3. The Plan built on existing service improvement work and drew on information that had been gathered from conversations with local people as part of this. The draft Plan set new, ambitious goals to renew and strengthen the commitment to working together as a health and care system.
4. Since the publication of the draft Plan, the Partnership has sought further feedback and comments from citizens, patients, carers, service-users, staff and organisations, providing a number of ways for people to feed in their views over a three-month period.
5. Feedback on the Plan did not indicate a need to change the overall priorities or strategic direction. However, concerns were raised about how ambitious the Plan is, how it will be delivered and how the Partnership will bring about the required culture change in the way it works across individuals and organisations to provide joined up health and social care services. The feedback also highlighted aspects of care for individuals or groups of people that did not have enough focus, for example children and young people, those with mental health problems and carers.

6. The update to the STP was published in July 2017 on www.stpnotts.org.uk . It restates the challenges and provides additional detail on how the Partnership intends to respond to these. The main areas covered in the update are:
- the approach to delivery
 - communication and engagement with local people and staff
 - providing more detail on themes people said were important to them – mental health, children and young people and carers
 - Update on accountable care systems
 - Finance and governance
 - What will be different in 2017/18

Accountable Care System Memorandum of Understanding

7. In NHS England's *Next Steps*, Nottingham and Nottinghamshire with an early focus on Greater Nottingham was identified as a potential site for Accountable Care System (ACS) development. The *Next Steps* explains ACSs as:

'ACSs will be an 'evolved' version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital. Specifically, ACSs are STPs - or groups of organisations within an STP sub-area - that can:

- *agree an accountable performance contract with NHS England and NHS Improvement that can credibly commit to make faster improvements in the key deliverables set out in this Plan for 2017/18 and 2018/19.*
- *together manage funding for their defined population, committing to shared performance goals and a financial system 'control total' across CCGs and providers*
- *create an effective collective decision making and governance structure, aligning the ongoing and continuing individual statutory accountabilities of their constituent bodies*
- *demonstrate how their provider organisations will operate on a horizontally integrated basis, whether virtually or through actual mergers, for example, having 'one hospital on several sites' through clinically networked service delivery*
- *demonstrate how they will simultaneously also operate as a vertically integrated care system, partnering with local GP practices formed into clinical hubs serving 30,000-50,000 populations. In every case this will also mean a new relationship with local community and mental health providers as well as health and mental health providers and social care services*
- *deploy (or partner with third party experts to access) rigorous and validated population health management capabilities that improve prevention, enhance patient activation and supported self-management for long term conditions, manage avoidable demand, and reduce unwarranted variation in line with the RightCare programme*
- *establish clear mechanisms by which residents within the ACS defined local population will still be able to exercise patient choice over where they are treated for*

elective care, and increasingly using their personal health budgets where these are coming into operation. To support patient choice, payment is made to the third-party provider from the ACS budget.'

8. In August 2017 the local system agreed a Memorandum of Understanding (MOU) for a shadow ACS with NHS England and NHS Improvement. The constituent organisations of the STP have been asked to note the requirements outlined in this MOU, and asked to give consideration to how they can align organisational priorities with these requirements.

Update Report on Greater Nottingham Accountable Care System Development

Integrating Commissioning

9. One of the key components of an Accountable Care System is a form of integrated commissioning. This does not mean a single commissioning organisation, although that could be considered as an option, but a co-ordinated and coherent approach to commissioning across health and care organisations.
10. There has recently been a process to appoint a single Accountable Officer for the four Clinical Commissioning Groups (CCGs) in the Greater Nottingham area, which include NHS Nottingham North and East CCG, NHS Nottingham West CCG, NHS Nottingham City CCG and NHS Rushcliffe CCG (South Nottinghamshire). At the beginning of September, Sam Walters was confirmed as the Accountable Officer for the four Greater Nottingham CCGs. Transition arrangements are currently being confirmed.
11. Discussions about how health and social care commissioning can be better integrated are also planned for the near future.

Integrating Provision

12. The development of an ACS is an opportunity to improve outcomes for local people by having a more joined up health and social care system to improve the health of local people and make the best use of available resources.
13. To assist with the transformation of the health and care system, the Government created 50 Vanguard sites across England. One of the vanguards is in Rushcliffe and as part of developing the model in the south of the County, expertise was provided from international companies: Centene Corporation from the United States and Ribera Salud from Spain.
14. A piece of work was then completed looking at how transformation could be achieved and led to a proposal that was agreed by NHS England on how an ACS could be developed and national funding was awarded by NHS England to local NHS partners. This involves an extra £3.4m in this financial year for this purpose and has not been taken from local health and care budgets.
15. In order to consider how this might work, a number of conversations have taken place with other parts of the country which are bringing health and care service providers together in different ways. Discussions have taken place with areas such as Sunderland, Somerset and Taunton, Wolverhampton, South Warwickshire, Chesterfield, Northumbria

and Cornwall. Across these areas there are a number of different models of integrating provision being considered, ranging from full integration of primary, community and acute care, to any combination of the above.

16. Further work is due to take place between providers to consider what Greater Nottingham could learn from these models and how a more advanced model of integrated provision can be developed.

Integrating the System

Interim Support and Advice

17. A contract has recently been awarded to Capita and Centene UK to provide interim support and advice to Greater Nottingham in the development of the Accountable Care System. A robust communications plan is in place across all partner organisations in Greater Nottingham to respond to these queries and ensure that there is clarity on the position.
18. NHS Nottingham North and East CCG awarded a contract on behalf of all of the Greater Nottingham partner organisations. The procurement took place through the NHS England Lead Provider Framework, of which Capita is a part. Capita is a sleeping partner for the project and in this instance the delivery of the services specified will be completed by Centene through a sub-contract with Capita.
19. To develop a more joined up system of health and social care will take time and expertise. The NHS has used some of the national funding to procure Centene through a competitive process to buy in the support needed. Centene are now established in the UK and work directly with health and care. They have a track record of transforming health care systems internationally both in the USA and through partnerships in Europe.
20. Centene will provide expertise in bringing organisations together to better meet the needs of the population and the factors that enable this including best clinical practice, information, cost data and organisational redesign. Centene is not a provider of health and social care and accountability will remain with the local organisations. The funding for the contract has been made available following the confirmation of the Nottingham and Nottinghamshire STP (with an initial focus on Greater Nottingham) as a national ACS Accelerator site. The funding was provided by NHS England nationally and has not been taken from any budget for local services.
21. The contract will support and advise colleagues across the health and care system in order to co-design and produce the components that it is known need to exist in any future ACS, as well as providing co-ordination and support to local colleagues as these are implemented. More details on the specific areas that are within scope of the contract can be made available on request.

Future Work

22. As well as designing and implementing the necessary components of an ACS through the current phase of work, it is also vital to consider what may be needed in the future in order to manage these components on an ongoing basis.

23. Early work on a potential next phase of ACS development has begun, in the form of the development of a business case to consider the options for partner organisations in managing these ACS components going forwards. Legal and procurement support has been secured in order to advise the system on a number of possible options to manage the ACS components in the future system. Terms of Reference for a Steering Group to oversee this next phase of work are also currently being drawn up.
24. The development of an ACS in Greater Nottingham is moving at pace. There is a significant amount of work to be undertaken in order to deliver this and each partner organisation is currently taking stock of the role that they are playing in this. Key decisions will be subject to approval by the constituent organisations.

Other Options Considered

25. This report is to provide an update to the Committee on progress with the Nottingham and Nottinghamshire STP.

Reason/s for Recommendation/s

26. The report and the supporting presentation will ensure that the Committee is aware of the current progress and developments in relation to the Nottingham and Nottinghamshire STP.

Statutory and Policy Implications

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

Financial implications

28. There are no financial implications attached directly to this report. In terms of the overall financial position, the current estimated financial gap for the health and social care system in Nottingham and Nottinghamshire (to 2020/21) is £628m.

Service user implications

29. The STP aims to change how health and social care services are delivered to people in order to improve their experience of services when required. It aims to move care closer to home and organise care around people and their carers in a personalised way.

RECOMMENDATION/S

- 1) That the Committee is advised of the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) update published in July 2017, and aware of the

requirements of the Accountable Care System Memorandum of Understanding for Nottingham and Nottinghamshire, and progress to date.

David Pearson
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LM 01/11/17)

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

Financial Comments (OC 02/11/17)

31. There are no financial implications directly attached to this report as per paragraph 28.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH506

13th November 2017

Agenda Item: 5

**REPORT OF THE TRANSFORMATION DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****UPDATED ADULT SOCIAL CARE STRATEGY****Purpose of the Report**

1. The purpose of the report is:
 - a) to invite the Committee to recommend the updated Adult Social Care Strategy, attached as **Appendix 1**, to Policy Committee for approval.
 - b) to seek approval to develop and publish relevant design and marketing materials to share with appropriate audiences such as health and housing and the public after approval from Policy Committee.

Information and Advice

2. The '*Your Nottinghamshire, Your Future*' is Nottinghamshire's County Council's new corporate plan which was approved at Full Council in July 2017. It is part of the Council's Planning and Performance Framework and sets out the Council's vision, commitments and approach.
3. *Your Nottinghamshire Your Future*'s corporate vision is currently being translated into an Adult Social Care and Public Health departmental strategy.
4. To support the Council's new departmental strategy the current Adult Social Care Strategy has also been updated.

Background

5. The current Adult Social Care Strategy was approved by Full Council on 27 March 2014. Its aim was to set the future direction of adult social care in Nottinghamshire and enable the Council to meet its statutory duties within the funding available. It was produced in response to:
 - Changes in legislation, including the Care Act and Deprivation of Liberty Safeguards
 - Increases in demand for services as a result of an ageing population and increased levels of complexity
 - Challenging financial circumstances with a reduced budget and increasing costs.

6. The Strategy sets out the guiding principles for how social care should be delivered. It also provides a means to communicate the social care offer to the people of Nottinghamshire, Council employees and other stakeholders.
7. Three principles form the foundation of the Strategy:
 - promoting independence and wellbeing
 - ensuring value for money
 - promoting choice and control.
8. Since 2014 the Adult Social Care Strategy has been shared with service users, staff, County Council Members, Members of Parliament and partner organisations such as Health. Additional supporting material such as a public leaflet and an employee charter were also developed and circulated.
9. The introduction of the Adult Social Care Strategy enabled the department to more effectively manage increasing demand for services by resolving needs earlier on. It also provided a legal and ethical framework for delivering sustainable savings. To date, the Strategy has helped support £79 million of savings delivered. In addition the Adult Social Care Strategy has led to reduced budget pressures being requested for younger adults and no budget pressures being submitted for older adults services in 2016/17. These outcomes were achieved by focusing on:
 - Sharing responsibility for maintaining health and independence with people, their families and their networks
 - Developing more effective ways of working
 - Effectively managing the demand for services through increasing the use of preventative actions
 - Ensuring access to a wider range of source of support including better use of short term support.
10. Further work is now required to fully embed the guiding principles across both health and social care teams. To achieve this, and to ensure the new departmental strategy is effective, the existing Adult Social Care Strategy requires revision and updating.
11. The updated Strategy focuses on:
 - Promoting people's independence and well-being
 - Helping people to help themselves, by working with them to understand their strengths and what they can do to reduce their need for support
 - Sharing responsibility with individuals for their health and well-being and helping them find solutions within their existing networks of family, friends or communities, and utilising these resources before looking for formal social care support
 - Developing short term options available to reduce the level of long term support that may be required.

- A re-statement and communication of the social care offer to people who are self-funders.
12. The Strategy provides a clearer explanation of the social care offer and how it can be delivered. This is to support operational staff and ensure it is easy to see how the strategy translates into practice on an everyday basis.
 13. In developing the updated Strategy, a feedback exercise was undertaken to gather the views of service users, carers and employees, this was done over a short period of time in order to fit in with the development of the departmental strategy.
 14. Feedback and responses were received from 85 people from the following groups and forums:
 - The Older Adults Advisor Group
 - The Learning Disability and Autism Partnership Board – Carer Representatives
 - All social care staff with an online survey
 - Social care staff focus groups in the North and the South of the County to obtain more detailed feedback
 - Adult Social Care & Health senior managers via a workshop.
 15. Overall, the engagement with key stakeholders was positive, with plenty of constructive feedback for improvement of the Adult Social Care Strategy.
 16. The feedback is now reflected within the updated Strategy, which is attached as **Appendix 1**, and some of the changes made are summarised below:
 - Changed the language used to be more positive and reflect a more active service user involvement
 - Added a more comprehensive introduction to the Strategy and clarified headings to better set the context for those not familiar with social care
 - Emphasised the principle that adult social care provides advice and support to all the people of Nottinghamshire, self-funders and state funded alike
 - Made greater references to key legislation, namely the Care Act, so it was clear that the Strategy underpinned and supported the legislation.
 17. In order to ensure the key messages contained within the updated Strategy are communicated effectively, it is proposed that appropriate communications and marketing activity takes place to target the relevant audiences.

Other Options Considered

18. To not update the Adult Social Care Strategy may result in a lack of clarity about how the Council can continue to support people to live as independently as possible.

Reason/s for Recommendation/s

19. The recommendations are made so that the updated Strategy can be considered by this Committee and Policy Committee. Following consideration, amendments and approvals, the updated Strategy can be shared to ensure there is a clear and consistent approach to how the Council supports people to live as independently as possible.

Statutory and Policy Implications

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

Financial Implications

21. The costs of the proposed external communications in the region of £600. This is for the design and print of appropriate communications. It includes the cost of postage to partner agencies.

RECOMMENDATION/S

That:

- 1) the updated Adult Social Care Strategy, attached as **Appendix 1**, is recommended to Policy Committee for approval
- 2) the design and publication of appropriate communications is approved.

Jane North
Transformation Director
Adult Social Care and Public Health

For any enquiries about this report please contact:

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Constitutional Comments (SMG 02/11/17)

22. The proposals outlined in this report fall within the remit of this Committee.

Financial Comments (OC 23/10/17)

23. The financial implications are contained within paragraph 21 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.

[Adult Social Care Strategy 2014](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH496



Supporting Adults in Nottinghamshire 2017

Supporting Adults in Nottinghamshire

Introduction

This Strategy sets out the guiding principles for delivery of Nottinghamshire's Adult Social Care to ensure it is effective, can meet the needs of Nottinghamshire's people now and in the future and is fully compliant with the Care Act 2014.

Our focus will be to promote people's independence so that they can live more fulfilled enjoyable lives with strong links to their local community.

Where people need support we will make it as easy to access as possible to ensure people get the right support, at the right time and in the right place. This means working closely with local community groups, the voluntary sector, carers and families to provide support to people. To support people to remain living in their own homes, we will work alongside organisations such as health care providers to develop local, community-based support. This includes, wherever possible, reducing avoidable hospital admissions as well as the reliance on permanent residential care.

The type and levels of support people can expect will adapt and change either as their independence increases or where their needs change. We will have conversations about how needs may be best met and to ensure that expectations are realistic.

Nottinghamshire's Adult Social Care offer applies to all adults in Nottinghamshire and in line with the Care Act 2014, applies equally to people who pay for their own care as well as those whose care costs are met by us. This includes, providing advice and guidance, signposting to available resources and assessing care and support needs. We also have a range of materials available to support people who do fund their own care to support them to make well informed decisions about their future.



Our vision

For the people of Nottinghamshire to have access to the right support, if and when they need it.

For Nottinghamshire County Council to promote people's independence and wellbeing by building new relationships between formal social care, health, housing, and the support that already exists in families and their local communities.

To make this happen, we have developed some guiding principles that comply with the Care Act 2014, and are key to delivering good quality support to those who need it. By using these principles, we can work with people to help them feel safer and to lead as fulfilling and positive lives as possible.

We will:

- ✓ Promote individual health, well-being and independence
- ✓ Share responsibility with partners, providers, families, carers, friends and the voluntary services in the local community to maintain the health and well-being of people in our communities
- ✓ We will work to prevent or delay the development of care and support needs by providing advice, information and guidance to support independence for all, regardless of their financial circumstances
- ✓ Promote choice and control so people can receive support in ways that are meaningful to them but is balanced against effective and efficient use of resources
- ✓ Work to ensure people are protected from abuse and neglect, and if people do suffer harm we will work with them to achieve resolution and recovery in line with their wishes
- ✓ Provide support that is proportional to people's needs in order to make the best use of resources available



Key stages in supporting people

This strategy is built around three key stages:

1. Helping people to help themselves
2. Helping people when they need it
3. Supporting people to maximise their independence and then keeping people's progress under review



1. Helping people to help themselves

Connecting people with support and information they can access in their local communities and helping them to make the best use of their existing networks.

We will make sure that everyone has access to information and advice to support their wellbeing before they need formal social care services. This is a universal offer to all, both state-funded and self-funded.

We will focus on people's skills, experience and networks of existing support and see how these might help in the future.

This involves gaining a good understanding of how people and their families live their lives, what they like doing, what they are good at and what networks of support are already available to them. Finding out what support is already available can help someone to remain independent and stop them entering the social care system earlier than is necessary.

For some people it will be enough to talk through the difficulties they are experiencing, and to assist them to consider support options that might already exist and how they can use them. Some people will need more help and professional advice on issues such as how to get about the house safely or keep themselves active. Others will need information about how to access support already available in the community or from formal social care.

For some people this approach will not be enough; where it's not and more support is needed, we will move to the next step in the framework - **helping people when they need it.**

2. Helping people when they need it

Working with people in a timely way and supporting them to make their own decisions about short-term support to restore, maintain or enhance their independence.

People often approach us for help when they are desperate or in crisis. We will act quickly to help prevent the situation getting worse. We will help them through the time of crisis and then work with them and their families when things are more stable to consider what, if any, ongoing or long-term needs require support.

During times of crisis, we will avoid conversations about long-term resolutions such as using residential care homes following a stay in hospital. Instead we will ensure people are informed and aware about the options available to them that might help them regain their independence and live at home.

Equally, we will still look at short-term options when people are not in crisis. Some people only need help over the short term to regain their independence and we will work with them to achieve this. By avoiding making long-term decisions too soon we can avoid the risk of inadvertently reducing someone's independence instead of promoting it.

We will look to agree some short-term approaches that might only involve a few weeks of support until people feel confident and able to go forward with fewer or no formal interventions.

For people with continuing needs, we will look at ongoing support but will still start by first considering all options for one-off or short-term support.

By working with people to help themselves and putting support in place for short periods, we can start to build a more personalised offer to the individual and help address their specific needs.

3. Supporting people to maximise their independence and then keeping people's progress under review

Working with people in a personalised way to set achievable goals to promote independence and wellbeing. We will help people achieve what is important to them by keeping progress under active review.

Supporting people to maximise their independence

Even after working with people to help them help themselves by identifying available community resources and trying some short-term options such as reablement and enablement or rehabilitation, some people will still have needs that require a longer-term solution.

We will look at what might be needed in the longer-term, whilst remembering **the purpose of any support will be to restore, maintain or enhance people's independence**, helping them to live as settled and fulfilled a life as possible.

A support plan is the tool used to set goals to promote independence and wellbeing. By understanding what people want to achieve and setting short-term goals to help them get to where they want to be, the right balance can be achieved between support for as long as is needed and increasing people's abilities and independence over time. This means we will have open conversations with people about their support and the aim might include reducing this over time, if and when they regain or return to independence. [Page 25 of 102](#)



Keeping people's progress under review

It is really important when working with people over the longer-term to help them achieve what is important to them. We will do this by making sure we keep their progress under review.

We will ensure that people who have the potential to be more independent will be given the support to help make this happen working with them to help achieve their personal goals.

We will have conversations with people, carers and families about their aims for the future and expectations about ongoing formal social care. This includes how we can work together and share responsibility with them and other providers in meeting their needs.

We will ensure support is appropriate to peoples' needs and for those people who contribute towards the cost of their care we will ensure you are only paying for what is required. We will also work with people so they are informed about any benefits they are entitled to.

We will use our professional knowledge and experience to determine when it is the right and safe time to conclude support, including when formal support starts to inhibit peoples' independence. We can do this by helping people to set their ambitions for what their life could be like in the future and to identify realistic steps to achieve this.

In summary

Our purpose is to help people to promote their independence and wellbeing. This document sets out how we will work with people to achieve the outcomes that matter to them in their life.

13 November 2017

Agenda Item: 6

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

SERVICE DEVELOPMENTS AND CHANGES TO THE STAFFING ESTABLISHMENT IN ADULT SOCIAL CARE AND HEALTH

Purpose of the Report

1. To seek Committee approval of the following service developments and changes to the staffing establishment in Adult Social Care and Health:
 - a) permanent staffing arrangements at the Helmsley Road Short Breaks Service
 - b) the planned closure of Woods Court Care and Support Centre
 - c) 1 FTE Physiotherapist to be hosted by the Council in the Short Term Independence Service in the South of Nottinghamshire.
 - d) 1 FTE Business Support Assistant (Grade 3) within the Data Input Team for a period of 12 months
 - e) the development of a pilot of Grade 3 Social Care Assistants.
2. To seek approval to bring a further report to Committee on the outcomes of the pilot for Social Care Assistants in May 2018.

Information and Advice

Helmsley Road

3. Helmsley Road is a 12 bed Short Breaks (Respite) Service for adults who have a learning disability and is one of three short breaks services provided within the portfolio of directly provided residential services in Nottinghamshire.
4. In 2015, the overall capacity of the short breaks service was reduced by nine beds as a result of the closure of the Kingsbridge Way service. At that time, Helmsley Road provided eight short break beds and four emergency beds. The emergency beds were provided on an ad hoc basis as and when needed and the staffing required to support the emergency beds was drawn from relief and agency staff.
5. A decision was taken to close the emergency beds at Helmsley Road in favour of providing 12 permanent short breaks beds at this site to ensure that there continued to be sufficient capacity to meet demand across the County, following the loss of beds at Kingsbridge Way.

6. Although the number of permanent beds at Helmsley Road increased, there was continued use of relief and agency staff to complement the permanent staffing establishment and provide the levels of care and support required.
7. Committee approval is now sought for proposed permanent staffing arrangements within the Helmsley Road Short Breaks Service. Funding for these staffing changes is already available within the budget for the service.
8. The proposed permanent staffing establishment is shown in the table below alongside the current establishment for comparison purposes.

Position	Current establishment Hours per week/FTE	Proposed establishment Hours per week/FTE	Change Hours per week
Care Worker	514 hours p/w 13.9 FTE	555 hours p/w 15 FTE	Increased by 41 hours p/w
Cook	37 hours p/w 1 FTE	37 hours p/w 1 FTE	No change
Domestic	26 hours p/w 0.7 FTE	26 hours p/w 0.7 FTE	No change
Gardener/Handy Person	20 hours p/w 0.54 FTE	20 hours p/w 0.54 FTE	No change
Night Care Worker	126 hours p/w 3.4 FTE	189 hours p/w 5.1 FTE	Increased by 63 hours p/w
Senior Night Care Worker	84.25 hours p/w 2.27 FTE	63 hours p/w 1.7 FTE	Reduced by 21.25 hours p/w
Team Leader	148 hours p/w 4 FTE	148 hours p/w 4 FTE	No change
Team Manager	37 hours p/w 1 FTE	37 hours p/w 1 FTE	No change

9. The proposed changes increase the permanent establishment of Care Worker and Night Care Worker hours by 41 and 63 hours per week respectively and reduces the Senior Night Care Worker hours by 21.25 hours per week.

Woods Court Care and Support Centre

10. Woods Court is one of the Council's five Care and Support Centres. It is situated in Newark and provides respite care, assessment beds and short term care services to the local community. It also has a small number of long term residents receiving residential care. In February 2015, the Council agreed to the planned closure of all the remaining Care and Support Centres, and staff, residents and relatives were aware of this intention. It is now planned that the closure of Woods Court will take place in spring 2018, alongside the opening of the Extra Care scheme at Bowbridge Road.
11. Over the last few weeks it has become clear that the fire alarm system at Woods Court is not fit for purpose. The Council has been working with the Fire and Rescue service to review the facilities and as a consequence of these concerns a decision was taken to

reduce the number of available beds in the Centre from 30 to 23, and to ensure that all residents' rooms are located on the ground floor of the building. By October 20th this had been achieved, and the Fire and Rescue service has confirmed that this is an appropriate response to the situation.

Reablement Reviews – South Nottinghamshire

12. Within South Nottinghamshire the A&E Delivery Board agreed health system resilience funding to implement an integrated discharge function across Nottingham University Hospitals.
13. As part of the development of this the Council will host a Physiotherapist for six months. This post will be recruited by Health Partnerships and be seconded to the Council to support the Short Term Independence Service (STIS), which includes START, Assessment Beds and Community Reablement reviews to enhance flow within the system. It is anticipated that this resource will also free up homecare capacity in the south of the County.
14. It is therefore requested that the following post is approved:
 - 1 FTE Physiotherapist for six months at no cost to the Council. The post will be hosted and line managed by the Council with clinical supervision remaining with Health Partnerships.

Reviews - Younger Adults

15. As part of the expansion of the reviews work within Younger Adults, 1 fte additional Business Support Assistant post in the Data Input Team (DIT) is requested for a period of 12 months to support commissioning changes and address historic data errors within Mosaic. This post would be funded within the envelope of the already approved reviews expansion, as a result of residual funding from vacancies remaining under recruitment.
16. It is therefore requested that the following post is approved:
 - 1 fte Business Support Assistant (DIT) post (Grade 3) for 12 months at a cost of £23,412. This post will be funded from review expansion funding agreed by Committee in September 2017.

Pilot for Social Care Assistants

17. It is proposed to develop a pilot to test if a new Social Care Assistant (SCA) role will bring value to the department. The SCAs within this pilot would be Grade 3 (based on initial job evaluation) and carry out social care related support tasks rather than any assessment work. This pilot would give the Department an opportunity to test out whether teams would benefit from similar increased performance with Grade 3 workers as previously experienced with Grade 5 Community Care Officers operating in a hub worker role.
18. It is intended that the pilot of SCAs will enhance assessment time to allow staff to spend more time with service users to undertake promoting independence and more active

reviewing work. This would promote more timely reviews, the independence of service users and will help the Council to save money.

19. The cost will be up to £62,432 based on a four month pilot for 8 SCAs at Grade 3 (full year cost of each post £23,412).
20. The Committee will receive feedback on the outcome and effectiveness of the pilot in May 2018.

Other Options Considered

21. To continue with the current staffing arrangements at Helmsley Road, utilising relief and agency staff - this is less reliable and consistent and is more costly.
22. To continue to provide services at Woods Court Care and Support Centre at a reduced capacity - this would require a costly upgrade to the fire safety systems at the service, in line with recommendations from the Notts Fire and Rescue Service.
23. The Short Term Independence Service (STIS) would continue with existing staff and would not benefit from the additional skill set of the Physiotherapist.
24. Utilising existing DIT staff would result in delays in commissioning of services and in implementing changes to packages. Not addressing the data errors identified will impact on performance reporting, making delivery and resource management less effective.
25. To continue without the Social Care Assistant pilot - it was felt this would slow down the pace of progress with promoting independence and active reviewing.

Reason/s for Recommendation/s

26. The Helmsley Road Short Breaks Service requires a permanent, well trained and consistent workforce. By confirming the proposed arrangements, the service will be able to achieve this and reduce the reliance on relief and agency staff.
27. It is anticipated that the addition of a Physiotherapist to the STIS team in the South of the County will enhance the service and provide better outcomes for services users. This additional resource is also expected to release homecare capacity to support system flow in the South of the County.
28. The temporary Business Support Assistant (DIT) post will enable efficient commissioning of package changes, ensuring that where changes/ reductions in packages are required these will be implemented in a timely manner. The data cleansing element of this work will ensure quality information is available to inform performance reporting, service delivery and resource management.
29. The Social Care Assistant pilot will help to test the assumption that this post will undertake care-related tasks not requiring qualified social work input and allow more qualified staff time to undertake more complicated work with service users around promoting independence and more active reviewing.

Statutory and Policy Implications

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

Financial Implications

31. The staffing cost of the proposal to make permanent the staffing arrangements is £69,640 and is already available within the existing budget for Helmsley Road Short Breaks Service.
32. The Physiotherapist post has no cost implications for the Council.
33. The funding for the temporary Business Support Assistant (DIT) post will be met from within the envelope of the already approved reviews expansion, as a result of residual funding from vacancies remaining under recruitment. The Grade 3 post will cost £23,412.
34. The £62,432 funding for 8 Social Care Assistants for the four-month pilot will come from the Better Care Fund.
35. The financial implications of the closure of Woods Court have already been set out in the closure programme, previously agreed at Full Council. This will produce a saving of £964,000 across 2018/19 and 2019/20, which is already included in the department's savings plan.

Human Resources Implications

36. The establishment of the staffing structure at Helmsley Road reduces reliance on casual, relief and agency staff and ensures the permanency of posts within the service.
37. Staff at Woods Court Care and Support Centre are aware of the arrangements for closure, and will be supported by the Council throughout the process.

Safeguarding of Children and Vulnerable Adults Implications

38. Having a permanent staff team at Helmsley Road ensures that there is skilled and consistent care of vulnerable adults.
39. Current service users at Woods Court and their families will be fully supported by the Council as the closure arrangements proceed.

Implications for Service Users

40. Service users at Helmsley Road will have continuity of care from a permanent, regular staff team.
41. The long term residents at Woods Court will be supported to move to alternative, appropriate accommodation. Service users of the short term and respite services will be supported to find appropriate alternatives in the County.

RECOMMENDATION/S

That:

- 1) the proposed permanent staffing arrangements at the Helmsley Road Short Breaks Service, as detailed in **paragraph 8** of the report, be approved.
- 2) the closure of Woods Court Care and Support Centre, in line with the closure programme for the Care and Support Centres, be approved.
- 3) the request to host 1 FTE Physiotherapist post in the Short Term Independence Service, for six months, is approved
- 4) the establishment of 1 FTE additional Business Support Assistant post at Grade 3 in the Data Input Team for 12 months is approved. The post is envisaged to run from January to December 2018 although this is dependent on recruitment
- 5) the development of a pilot for Grade 3 Social Care Assistants is approved. These posts will run from December 2017 to March 2018
- 6) a further report be brought to Committee on the outcome of the pilot for Social Care Assistants in May 2018.

Paul Mckay

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Constitutional Comments (SMG 26/10/17)

42. The proposals outlined in this report fall within the remit of this Committee.
43. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (AGW 31/10/17)

44. The financial implications are contained within paragraphs 31 – 35 of this report.

HR Comments (JM 16/10/17)

45. Service to ensure that relief staff claims to these posts are explored and advice taken where necessary. All County Council redeployees will be considered in line with the redeployment procedure

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.

Supporting the delivery and expansion of assessments and reviews – report to Adult Social Care and Health Committee on 11 September 2017

Electoral Division(s) and Member(s) Affected

All.

ASCPH498

13 November 2017

Agenda Item: 7

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

INTEGRATED COMMUNITY EQUIPMENT LOANS SERVICE (ICELS)

Purpose of the Report

1. The purpose of this report is to request that Committee ratifies the following decisions made by the Integrated Community Equipment Loan Service (ICELS) Partnership Board on the basis that these posts generate significant savings for the Partnership and are therefore cost neutral:

- that the current temporary posts within the joint Integrated Community Equipment Loan Service (ICELS) Partnership Support Team be made permanent:

Equipment Review Team	FTE	Grade
Senior Practitioner Occupational Therapist (OT)	1	C
Qualified Clinician	1	B
Community Care Officer OT	2	5
Data Analyst	1	4
Review Support Assistant	2	3

Clinical Team		
Occupational Therapist	2	B

- appoint additional full time qualified clinicians and support on a temporary basis for 12 months, to increase the capacity and effectiveness of the ICELS Partnership Support Team:

	FTE	Grade
Qualified Clinicians	2	B
Review Support Assistant	1	3

Information and Advice

2. ICELS is a joint countywide service providing community equipment to help service users remain as independent as possible in their own homes. It is hosted and managed by the Council on behalf of all the local Clinical Commissioning Groups (CCGs) and Nottingham City Council. The service is delivered by the British Red Cross (BRC). It is overseen by a Partnership Board and has a Partnership Agreement and governance structure. A Pooled Budget is in place, which is contributed to by all partners. Each partner pays a percentage

of funds into the Pool. The budget contributions are reviewed annually and partner contribution levels are reset if needed. Any such changes are to reflect actual partner usage according to significant service changes, using a three year rolling average. The 2017/18 annual budget is £7.3 million of which the Council currently contributes £1.74 million. The Council's contribution has steadily reduced due to ongoing negotiation with Health Partners from £2.27 million in 2013/14, to £2.08 million in 2015/16 and now £1.74 million since 2016/17. These changes represent a reduction in the Council's annual contributions of £530,000 since 2013/14.

3. On 9th June 2010, Cabinet approved the establishment of a joint Integrated Community Equipment Loan Service (ICELS) for Nottingham City Council, Nottinghamshire County Council and the NHS bodies for Nottinghamshire. That report and a subsequent Delegated Decision on 7th April 2011 (AC/2011/00019) established the formation of the Partnership Support Team, which manages the service and leads on the interface between the partners and the service providers.
4. On 5th February 2016 Committee approved the following actions:
 - made permanent the core management posts within the Partnership Support Team
 - approved the extension of temporary contracts of the ICELS Equipment Review Team and ICELS Occupational Therapist until 31st March 2018
 - approved the appointment of an additional 'spend to save' temporary Occupational Therapist post to oversee non catalogue equipment purchase and improve staff training until 31st March 2018.
5. The service has been in existence since April 2004 in the south of the County and February 2006 in the north of the County. It operated as two services until 31st March 2011, when a new contract was set up to cover the whole county as one service with one service provider.
6. The ICELS is managed by the ICELS Partnership Support Team which is located at the Home Brewery Building in Arnold. The Partnership procures the service from the British Red Cross (BRC) with whom the current contract is in place for a countywide service until 31st March 2021, with an option to extend for a further two years.
7. A number of changes came into effect in April 2016 which have been beneficial to service users and professionals, these include:
 - 7 day operating, delivery and collections
 - Extended opening hours
 - Introduction of delivery time slots to give service users greater choice
 - A text messaging service to advise service users of the delivery time.
8. All of these improvements have been contained within the existing budget resources.

The Role of ICELS

9. The overall role of ICELS is to provide community equipment into clients' homes to:
 - Support discharges from hospital

- Prevent unnecessary admissions to hospital
 - Support on-going frailty
 - Prevent further deterioration, e.g. Falls prevention, Intermediate care.
 - Support client choice to remain in their own homes
 - Aid rehabilitation and re-ablement
 - Assist with children's support and development
 - Provide more specialist equipment when required
10. Equipment is ordered by occupational therapists, physiotherapists and community based nurses (Prescribers), who are employed by either health organisations or the Local Authority.
 11. The service loans equipment to individuals; it is therefore essential that equipment is returned when no longer required so that it can be refurbished and re-issued, which is an efficient use of resources.
 12. The service delivers over £19 million of equipment each year and collects back over £12 million of equipment; currently 92% of the returns are refurbished and able to be re-issued. Equipment is loaned for both short and long term usage, some items will remain with individuals for several years or even all of their lives, depending on need. Under national guidelines all such long term loaned equipment should be reviewed a minimum of once every three years.

The ICELS Partnership Support Team

13. ICELS has continually evolved and expanded in response to local and national changes, and to meet partners' subsequent increases in demand. Consequently the 'Core Management' team of four employees was made permanent in February 2016, and the temporary posts were extended to 31st March 2018. **Appendix A** shows the structure chart of existing permanent and temporary posts
14. The Partnership Support Team has evolved into three areas: Core Team, Equipment Review Team and Clinical Team. This allows them to carry out an extensive range of primary functions, as detailed in **Appendices B, C and D**, which have increased as the Team's remit has expanded and changed.
15. ICELS continues to have service growth of 10% a year since it began in 2004. As a consequence the ICELS Partnership Board recognised that more needed to be done to manage the service within its available budget resources. The Team has moved from being 'contract overseers' providing feedback and guidance to the Partnership Board and Operational Managers, to providing a more proactive 'gatekeeping role', identifying potential areas for improvement and implementing change.
16. This service is recognised as being one of the best services in the country, with 99% of equipment orders being delivered on time and over 92% of equipment returns are refurbished and reissued which significantly reduces costs. Other national services regularly contact Nottinghamshire for advice, guidance and visits to view how the work is carried out.

ICELS Equipment Review Team

17. The purpose of the Equipment Review Team is to undertake reviews of equipment prescribed to people living in their own homes and in care homes, where the original loan period has expired. This reviewing activity ensures that the equipment is still required, safe and appropriate, but also helps to reduce the overspend of ICELS by returning equipment that is no longer required.
18. The Review Team has been in place since November 2014 and up to the end of July 2017 has reviewed £4.25m of loaned equipment in homes, ensured £2.5m of equipment is safe remaining in situ or replaced, and returned £1.4m of no longer needed equipment to ICELS.
19. For the financial year 2016/17, the Review Team staff costs including mileage was £192,000. The identified equipment returns cost for this time period were £625,000. When factoring in ratios for returns and recycling (90%) and contract credit percentages (85%) this translates to a Return on Investment (ROI) of 276%.
20. In addition to reviews in clients' own homes, the Review Team clinicians assist with visiting care homes to carry out audits of loaned equipment.
21. To the end of July 2017, 143 completed care homes audits have been carried out by the Partnership Support Team since May 2014, as well as 81 follow up annual reviews. In total £1.48m of equipment has been identified and returned to ICELS over this time. On average for each care home reviewed, £7,723 of equipment has been returned.
22. The database of equipment to be reviewed continues to grow every month. At the starting point of the project the database value stood at £3.5m. At the end of July 2017 the total value of all equipment on the database has reached £11.3m, leaving £7m still to be reviewed. This increases on average by approx. £2.6m a year. Since the start of the project the team's reviewing capacity has steadily risen each year from £1.1m in the first year to now having maximum review work capacity of approximately £1.5m a year. This can be estimated as £375,000 per Review Team clinician over a year.
23. ICELS is currently working with the Council's ICT department to design more efficient recording systems.
24. Successful links have been developed with Nottingham City Care to access limited client records which is enabling the team to carry out more reviews in Nottingham City. Nottingham City Council has implemented a new client records system, Liquid Logic, and work is being completed to allow access by the ICELS Review Team.

ICELS Clinical Team - Occupational Therapists

25. The ICELS Clinical Team consists of a permanent Senior Practitioner Occupational Therapist (OT) who is part of the original Core ICELS Team, and two temporary full time OTs. This team monitors all Minor Adaptation requests, oversees Non Catalogue Community Equipment (NCCE) requests, provides advice and guidance to prescribers to

improve practice, and improved prescriber equipment usage, by providing an enhanced consistent equipment training programme.

26. The two temporary OT posts have generated further savings whilst improving practitioners' skills and knowledge.
27. Non Catalogue Community Equipment are items which are not listed on the ICELS standard equipment catalogue. By virtue of their specialist nature these meet specific clinical needs that cannot be covered by the standard catalogue range. Examples of NCCE equipment are:
 - Postural seating
 - Specialist beds
 - Specialist bathing and showering aids
 - Bespoke slings
 - Paediatric seating systems.
28. The team has successfully reduced costs of new NCCE purchases by overseeing ordering activity by practitioners and in some cases suggesting more cost effective alternatives. On average 60% of all NCCE equipment delivered are items from refurbished stock. **Appendix D** contains some further detail and examples.
29. At the end of 2016/17 the NCCE budget within the ICELS total budget overspent by 40%, which was offset at year end by savings achieved from the Minor Adaptations budget. So far in 2017/18 the NCCE budget is projected to overspend by 20%, a reduction of 20% in spend levels, as a direct result of intervention by the ICELS team. A large range of measures are being put in place to improve this area and will create further savings this year.
30. During July 2017, the team completed contact sheets for the calls, emails, visits, and work done so that the volumes and kinds of enquiries being dealt with can be better understood. See **Appendix D** for broad outlines.
31. Further savings could be achieved by increasing the number of equipment reviews being undertaken each year and greater clinical oversight on NCCE orders, however this would require additional qualified clinician time.
32. Based on the efficiencies and savings being generated from the current permanent and temporary staff, the ICELS Partnership Board have approved the creation of additional temporary staff to further increase capacity and performance. These additional staff should enable the review team to increase its reviewing capacity from £1.5m a year to £1.875m and increase the clinical team input to continue the work they are doing to reduce spend on NCCE. This would allow the team to develop capacity in a measured approach balancing demand with other Partnership measures to tackle general equipment returns awareness. Review support would also need to increase to support the additional clinicians.

Post	Full year Cost	Estimated Returns
2 fte Qualified Clinician (Band B)	£91,552 } £115,000	£317,000
1 fte Review Support Worker (Scale 3)	£23,412 }	

Governance

33. The ICELS Partnership Board has agreed continuation of the on-going management of the team by Nottinghamshire County Council as the host partner in accordance with the terms defined within the ICELS Partnership Agreement (January 2016).
34. The Deputy Director, Adult Social Care and Health will continue as executive lead for the partners and the Commissioning Manager will continue managing the Partnership Support Team Manager.

Other Options Considered

35. The options of not extending or making the posts permanent were considered, but there are some potential risks and concerns associated with this including: the current financial position could revert back to an overspend; the equipment review work would not be completed, potentially leaving individuals with older unsafe or unnecessary equipment or electrical equipment found that has missed annual inspections; audits of loaned equipment in care homes would not be completed; there would be no oversight of minor adaptations orders or consistent staff guidance and training across the Partnership.

Reason/s for Recommendation/s

36. The contracts for all the temporary posts are due to cease on 31st March 2018. The ICELS Partnership Board has kept all the posts under review and ascertained that the services provided bring significant added value to the ICELS service and secure savings that would not be realised without them. As a consequence the Partnership Board has taken the decision to make all these posts permanent and add further temporary posts to increase the Partnership Support Team's capacity and effectiveness.

Statutory and Policy Implications

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

Financial Implications

38. The ICELS annual Pooled Budget is £7.3 million. Prior to 2016/17 the service was routinely overspent at year end; in 2013/14 the service overspent by £590,000. With the introduction of the Review Team and then the OTs this overspend started to reduce and by 2016/17 it had been turned into a £501,000 underspend.

39. The turnaround was achieved due to all of the following factors:
- new contract implemented in April 2016 which secured reduced prices on some equipment and on contract delivery fees
 - equipment changes in practice put in place by the ICELS Partnership Team
 - ICELS Equipment Review Team
 - ICELS Care Homes Audits
 - ICELS Minor Adaptations Service review
 - ICELS Clinicians implementing tighter controls on some areas of NCCE
 - ICELS Clinicians providing more equipment training which improves practices and gains better outcomes for clients.
 - Health Partners working more proactively with ICELS Partnership Team to actively review activity statistics and target appropriate mattress and beds usage to reduce costs.
 - some partners carried forward Pooled Budget Balances due to savings the previous year.
40. All costs for these posts are contained within the jointly funded ICELS Pooled Budget. Under the terms of the Partnership Agreement, Partners have agreed to share any financial risks arising from making these posts permanent.
41. The full year cost of the ICELS Partnership Support Team is as follows:

Posts	FTE	Band	2017/18 Salary	2017/18 including on-costs
Permanent Staff already in place				
Partnership Manager	1	D	£41,967	£55,865
Finance Officer	1	5	£24,964	£32,774
Senior Administrative Support	1	4	£21,268	£27,755
Lead Clinician Senior OT	1	C	£39,177	£52,076

Requiring approval in this report:

Current Temporary Staff to be made permanent

Review Support Assistant	1	3	£18,070	£23,412
Senior Practitioner OT	1	C	£39,177	£52,076
Qualified Clinician	1	B	£34,538	£45,776
Community Care Officer OT	2	5	£49,928	£65,548
Data Analyst	1	4	£21,268	£27,755
Review Support Assistant	1	3	£18,070	£23,412
Occupational Therapist	2	B	£69,076	£91,552

Additional Temporary Staff to be appointed for 12 months

Qualified Clinician	2	B	£69,076	£91,552
Review Support Worker	1	3	£18,070	£23,412

Total annual cost of all staff	16 fte		£464,649	£612,965
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42. Comparison of ICELS staff costs to savings generated by the team:

Annual Equipment Review net returns	£531,000
Annual Care Homes Audit Equipment net returns	£415,000
Anticipated annual savings from Minor Adaptations reviews	£300,000
Anticipated annual savings from NCCE orders reviews	£177,000
Total estimate	£1,423,000

43. These savings figures are based on actual achieved savings in 2016/17 and savings identified so far in 2017/18.
44. Further background information on the service effectiveness is provided as **Appendix E**. This is the summary of service activity for 2016/17.

Human Resources Implications

45. All posts are filled with no vacancies.

Implications for Service Users

46. This service forms a vital part of the support network which enables clients to exercise choice by remaining in their own homes to live independently. It enables clients to be discharged safely home from hospital settings and prevents admission to acute care. The ICELS Partnership Support Team oversees the contract to ensure quality of service to clients is maintained.

Implications for Sustainability and the Environment

47. This service has been in place since April 2004 and successfully remains efficient and effective in re-cycling and re-using its equipment resources, vastly reducing impacts in waste. The service endeavours to collect back and re-issue 90% of equipment returned. Annually the service processes a total of £30m in equipment deliveries and collections with a budget of £7.4m. The ICELS Partnership Support Team works closely with the service provider to identify more efficient ways of working and increase collections as part of on-going savings. This includes engaging with GP practices to increase public awareness.

RECOMMENDATIONS

- 1) That the Committee ratifies the following decisions made by the ICELS Partnership Board:
- make permanent the following temporary posts within the ICELS Equipment Review Team:

Equipment Review Team	FTE	Grade
Senior Practitioner Occupational Therapist (OT)	1	C
Qualified Clinician	1	B
Community Care Officer OT	2	5
Data Analyst	1	4

Review Support Assistant	2	3
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- make permanent the two temporary Occupational Therapist posts within the ICELS Clinical Team:

Qualified Clinicians	2	B
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- appoint additional temporary full time staff to further increase the capacity of the Review Team and Clinical Team on a 12 month basis:

Qualified Clinicians	2	B
Review Support Worker	1	3

Paul McKay

Deputy Corporate Director, Adult Social Care and Health

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Constitutional Comments (SMG 26/10/17)

48. The proposals outlined in this report fall within the remit of this Committee.
49. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (DG 01/11/17)

50. The financial implications are contained within paragraphs 38 - 44 of this report.

Background Papers and Published Documents

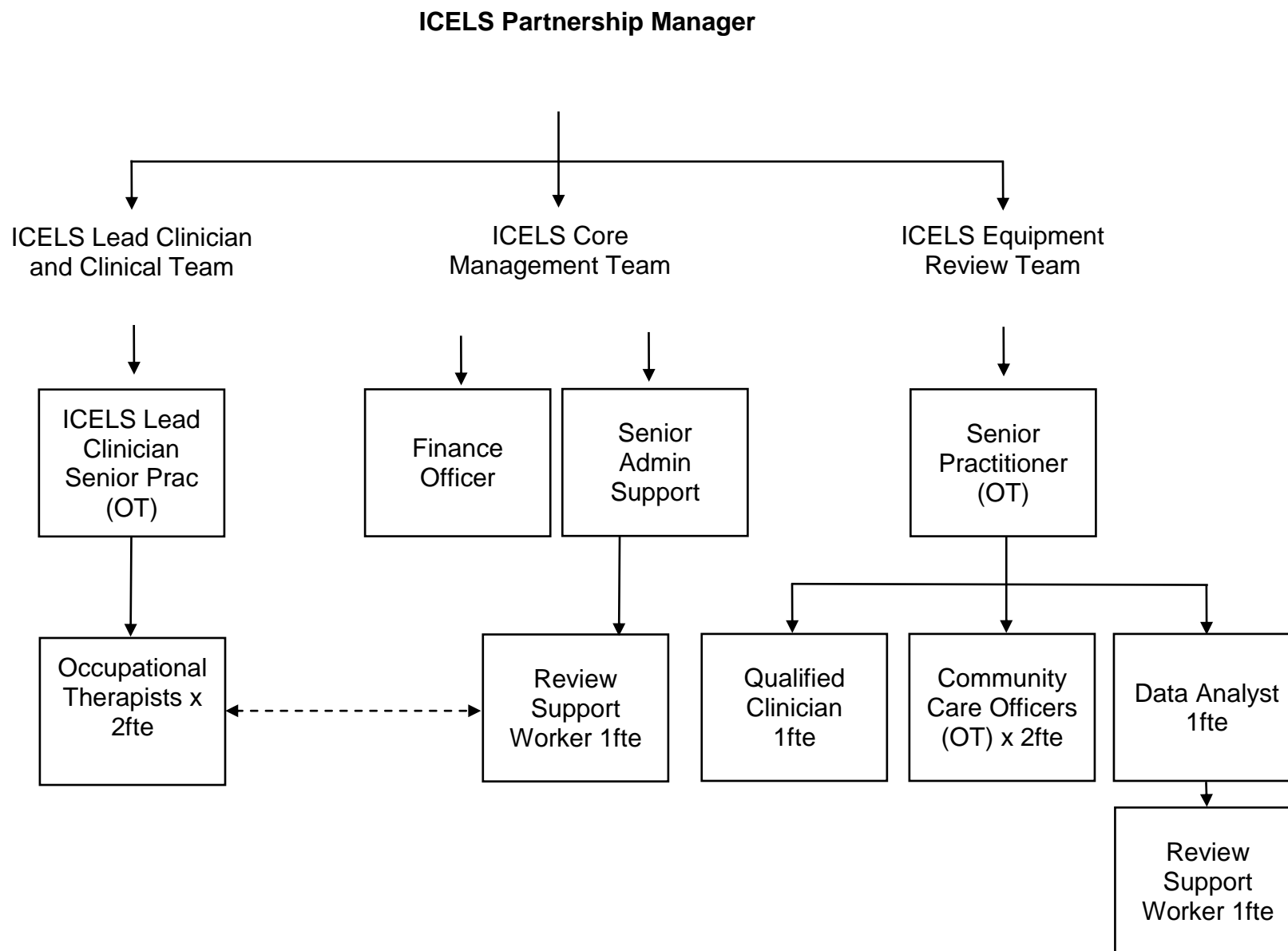
Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Delegated Decision AC/2011/00019 - 7th April 2011
Integrated Community Equipment Loans Service (ICELS) – report to Adult Social Care and Health Committee on 5th February 2016

Electoral Division(s) and Member(s) Affected

All.

ASCPH495



ICELS Partnership Support Team Primary Functions

- Oversee the county wide service, the ICELS contract and to monitor and report on the budget and contract position via the governance structure.
- Liaise with the contractors to make changes and improvements to the day to day running of the service and ensure the contract is being fulfilled.
- Oversee the access of prescribers (approx. 3,300), follow up inappropriate prescribing practice when highlighted, run reports and work with managers to make changes for restructures.
- Facilitate the ICELS rolling training programme that incorporates mandatory training for new starters and clinical equipment training for on-going development.
- Every month fully audit all the activity reports from BRC to check for accuracy of charging and identify any patterns of poor practice by prescribers.
- Meet regularly with managers in the community to discuss issues, problem solve and plan ahead.
- Run ad hoc projects to focus on key areas when required, to influence change and develop the service and improve quality and efficiency.
- Administer the clinical advisory groups to monitor the catalogue range and manage prescribing behaviour and expectations.
- Report to the ICELS Partnership Board, administer the Lead Commissioners and Finance Group and Operational Management Groups. Liaise with other county wide management groups to influence strategic and operational changes
- Work with other ICELS nationwide, to influence development changes

ICELS Equipment Review Team Primary Functions

- Undertake reviews of equipment prescribed to people living in their own homes and in care homes.
- Complete telephone reviews and home visits
- Identify equipment in the homes visited that needs to have annual maintenance and servicing completed in line with LOLER/PAT regulations
- Work with BRC to cleanse and update client records

ICELS Clinical Team Primary Functions

- Provide advice to prescribers to problem solve complex situations and suggest alternative solutions.
- Provide advice to prescribers on equipment usage and provision of more specialist items, in particular to successfully ensure the use of existing refurbished special stock rather than new purchases.

Examples of 3 reviewed orders on 10/8/17:

- Sling quote for £234 provided catalogue sling at just £115 saving: £119
- Sling quote for £240 provided catalogue slings at just £150 saving: £90
- Provided a refurbished chair from stock saving: £2,735

Summary of Specialist seating requests reviewed between 1/10/16 to 10/8/17

- Reviewed 283 Riser recliner requests. 87 have been provided from existing stock at estimated saving of £130,290. (47 cancelled, not eligible)
- Reviewed 154 postural chair requests. 88 provided from existing stock at estimated saving of £195,561,

The remaining requests either didn't meet service criteria, client needs changed or were identified as not suitable.

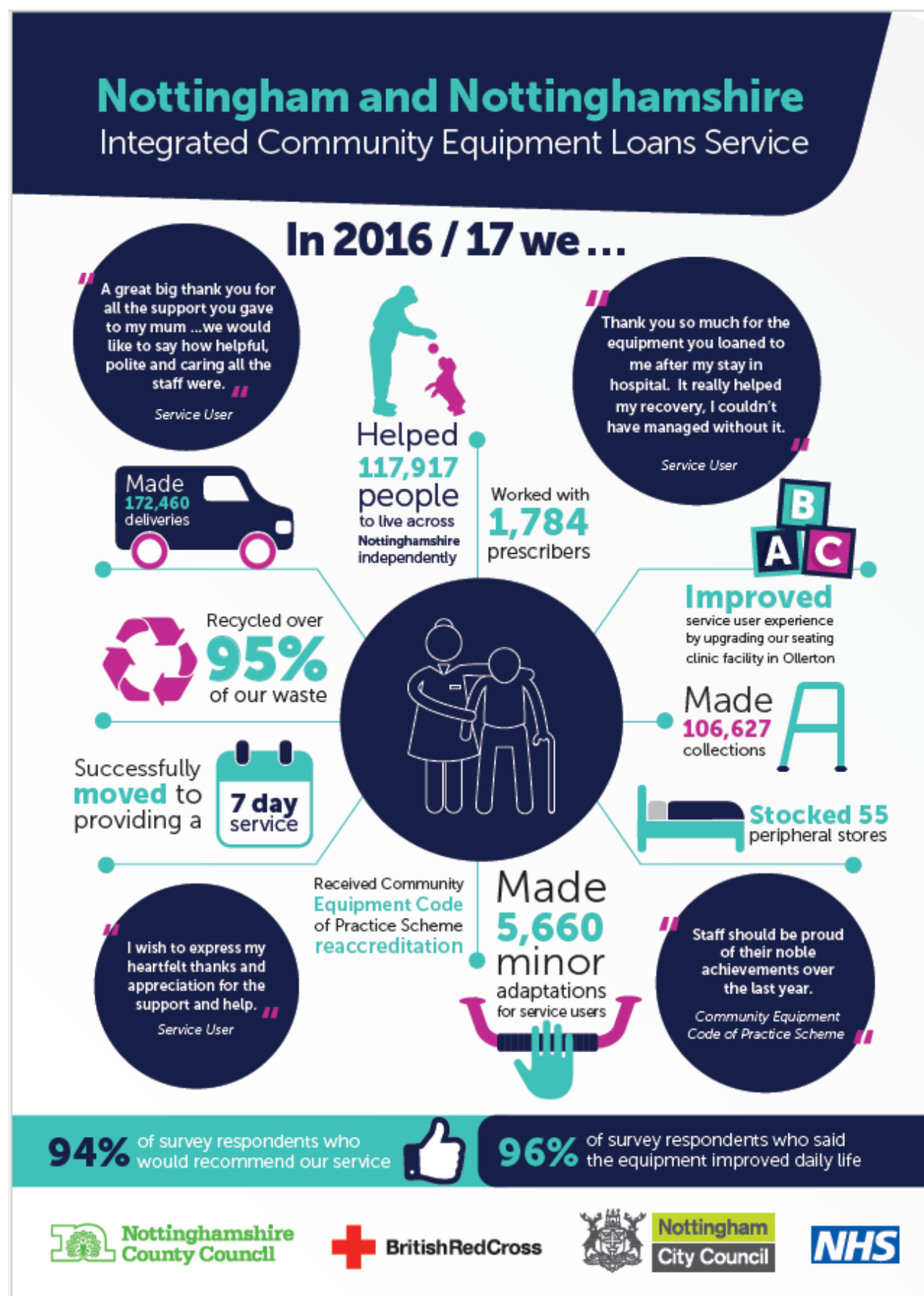
- Run a rolling training programme that incorporates mandatory training for new starters and clinical equipment training for on-going development. This should ensure staff are fully conversant with their own responsibilities and are able to safely use and demonstrate equipment in the community, thus keeping clients safer. It further reduces mistakes from arising from incorrect items being issued and items being returned to stores as unsuitable.
- Broad outline of recorded calls/emails for assistance in July 2017:

Prescriber requests for advice/assistance (Equipment solutions, policy, guidance, problem solving, NCCE/Min Ads orders checks & gatekeeping.)	1,046	315 hours
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Assistance to BRC/NCCE clinical work (Identifying NCCE stock, decisions on complex deliveries,	68	21 hours
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Service development/Training (Supplier contacts, planning, arrange and present ICELS training)	35	51 hours
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Out of Area Assistance	3	1 hour
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13 November 2017

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE & DIRECT SERVICES, ADULT SOCIAL CARE AND HEALTH

UPDATE ON TENDER FOR HOME BASED CARE AND SUPPORT SERVICES

Purpose of the Report

1. This report provides an update for Members on the progress of the procurement of the home based care and support services, as agreed by this Committee on 12 June 2017.
2. This report advises Members of the outcome of the tender for the Rapid Response and Hospital Discharge Service and award of contract.
3. The report seeks approval of the proposed financial and payment models and advises Members of any possible issues and financial implications as a result of the re-modelling of the services. This includes any increase in the hourly cost of homecare which may have implications for the Council's Medium Term Financial Strategy.
4. This report seeks approval for the establishment of a temporary 1 fte Project Manager post (Hay Band C/D) to support the implementation of the new services and the ongoing contract management.

Information and Advice

Background

5. A number of reports have already been presented to this Committee over the past year in preparation for the launch of the new tender for home based care and support services. Over this time, considerable work has been undertaken to understand the complexities and challenges of the home care market and to prepare a model which supports the principles of the Adult Social Care Strategy. This model offers fair financial remuneration and greater security to providers and in return offers better quality, more reliable home care services to service users and their carers.

The New Model for Home Based Care Services

6. The model that has been designed brings together services that will help to deliver principles laid out in the Care Act 2014, particularly in relation to the following:
 - To prevent, delay or reduce the development of people's social care needs, so far as possible

- To work in an integrated, person-centred way, with all other support agencies including those in the third sector.
7. The model has two main elements: short term reablement services and longer term services for which people require an eligibility assessment. The short term reablement services will focus on avoidance or delay of the need for longer term home care services through targeted interventions to maximise independence, supporting people through short term crisis and providing more accurate assessments of need to inform any care planning for longer term services, if required. This element of the model will be delivered by the Council's Short Term Assessment and Reablement Team (START) and a new service which has recently been procured, the Rapid Response and Hospital Discharge Service (RR&HDS). Consideration has also been given to the proposed three tier model currently being developed by the Adult Social Care & Health (ASCH) Transformation Team to ensure that proposals complement and support each other. See **Appendix 1** 'Person Centred Model of Home Based Care'.
 8. START is primarily focused on people who, with the help of a reablement service, may be reabled and need no ongoing service whilst the RR&HDS is a shorter service (up to 14 days) focused on people at home in temporary crisis or in hospital awaiting discharge. The purpose of the service is to prevent unnecessary admission to hospital or short term care, or to facilitate timely discharges from hospital. This service is guaranteed to deliver a first visit within 24 hours and operates 7 days a week.
 9. The contract for the new Rapid Response & Hospital Discharge Service has recently been awarded and the successful provider is Carers Trust East Midlands. The contract has been awarded for an initial period of two years with an option to extend. The commencement date for this new County-wide contract is 20th November but a similar service has been operating in the south of the County for a number of years with very positive outcomes. Service user and carer satisfaction has always been good and a significant number of people who have used this service following a stay in hospital have required no longer term, or a reduced, home care service at the end of the service. This pre-existing service will be replaced by the new contract.
 10. These two services will assist many more people to regain or retain independent living skills and as a result reduce the need for ongoing home care services. It is anticipated that approximately 50% of people going through these services will either require no ongoing service or a reduced package at the end of their reablement period.
 11. The second element of the model will address the needs of people who require ongoing services. It is this part of the service delivery model that this report is particularly concerned with. Over the past 12-18 months, through consultation with stakeholders, service users and carers, staff members and providers the following model has been developed. This is based on having six lead providers covering Bassetlaw, Mansfield and Ashfield, Newark and Sherwood, Broxtowe, Gedling and Rushcliffe supported by smaller providers for individual or bespoke packages.
 12. The lead providers will be procured through a tender exercise and the smaller agencies have already been identified through the establishment of the home based care dynamic purchasing system (DPS). A DPS is an electronic procurement system which gives the Council greater flexibility by having a list of providers who have been through the first

part of a tendering exercise and are therefore ready to respond quickly to specific requests for services or individual packages. It is similar to a framework agreement but allows new providers to join at any time, is a completely electronic process and is used exclusively by public sector organisations. The lead providers will be required to deliver home based care services to the majority of service users in their designated area who require domiciliary care services; this includes care and support services to the Extra Care schemes.

13. The 24 Hour Response Service is the final component of the overall service design offering a quick response to people who are already in receipt of home based care services but who may occasionally require additional help quickly. This service is linked to Telecare systems, operates on a County-wide basis and is available 24 hours a day and 7 days a week. It is also due to be re-tendered imminently.
14. Whilst these services will be for people with longer term care needs nevertheless they could be supported to maximise their independent living skills and over a longer period of time could reduce their dependency on care services. This would require providers to work in a different way to take a more person-centred, enablement focused and flexible approach, which in turn requires services to be commissioned in a different way, both from the individual service user's perspective and from a strategic and procurement angle. Services need to be procured on outcome focused care with targets and incentives in order to drive changes and efficiencies.
15. However, these more flexible and responsive services are likely to incur greater costs, at least initially, as there will need to be a change from "time and task" type services where providers are paid by the minute to a payment model which offers providers greater financial incentive and security, which they can then pass on to their employees.
16. The model is underpinned by a robust reviewing system and clearly defined outcomes that are closely monitored. These will be set out in the specification and contract and will focus on:
 - Volume of new referrals accepted
 - Retention of packages
 - Service user and carer satisfaction
 - Maximisation of independence and reduction of size of care packages.

Market Issues

17. Members will be aware of the local and national issues around the provision of home care services, including the recruitment of home care staff and the fragility of the home care market. Both nationally and locally there is a lack of sufficient workforce capacity across the health and social care sector, and this is particularly the case in relation to care workers employed in the private and voluntary sectors as a result of unfavourable conditions of employment, including pay rates, and relatively low status of the work. This is compounded by high employment rates and high demand for labour in competing sectors such as supermarkets. It is clearly evident that home care providers locally are not able to recruit or retain sufficient care workers to deliver the required volumes of services to meet needs.

18. Over the last couple of years, a number of the larger national home care providers have exited the market, and in some areas providers have handed back council contracts on the grounds that the hourly rates do not enable them to deliver good quality services and in many cases are not financially viable. The independent regulator of health and social care, the Care Quality Commission (CQC), in its annual report 'The State of Health Care and Social Care in England' shows that there is increasing instability in the care market as providers face increasing costs and are required to deliver efficiencies whilst trying to maintain good quality services.
19. Through market engagement in preparation for the procurement, providers have identified two key factors in ensuring that services commissioned by local authorities and the NHS through their contractual arrangements enable the home care market to become viable and sustainable. These two key factors are:
- An hourly rate which enables providers to pay their staff at least at or above the National Living Wage including for travel time, and which enables them to compete with other employers such as supermarkets where staff pay rates are significantly higher
 - Payment for hours commissioned as opposed to a payment model based on the minutes of direct care delivered.
20. This report explains how these two factors will be addressed and the implications for the Council, most significantly the cost pressures. These cannot be avoided if the Council is committed to ensuring that the care market is able to deliver the quality and capacity of services required for the Council to meet its statutory responsibilities for people who require care and support services.

Establishing a rate for home care services

21. Currently, the average hourly rate for home care services is £15.50. This average applies to home care services commissioned from the four core providers and from the providers who deliver home care services on a spot purchasing basis. This rate is the result of two increases agreed by ASCH Committee in November 2015 and April 2017. The first phase approved a 10% in-year fee increase to the core providers which was subsequently applied from 1 December 2015. Then in April 2016 Members approved a further 6% increase for home care services to take account of the impact of the National Living Wage (NLW). A further increase of 2.62% was applied in April 2017 to take into account the further increase in the NLW.
22. These increases were necessary to take account of escalating providers' costs arising from various legislative changes relating to their workforce coupled with the findings from an open book exercise undertaken by the Council during summer 2015. This involved working with providers to help understand their cost pressures by analysing a breakdown of their costs. It was initiated following concerns about the viability of existing contracts with home care providers and supported living providers. The exercise showed that the cost to providers for the delivery of home care services had increased considerably since the award of the contracts in 2014 and highlighted that the core provider rates were unviable.

23. Providers were experiencing significant and sustained difficulties in recruiting and retaining care staff and had high staff turnover. This limited their ability to deliver the required volumes of services to meet increasing needs and especially their ability to arrange and commence delivery of care services at short notice, potentially impacting on people awaiting a return home from hospital.
24. In preparation for the launch of the new tender, it is imperative that a realistic payment rate is set in order to address some of the issues in the home care market and social care workforce. To do this, work has taken place with finance, legal and procurement colleagues to agree a viable pricing strategy, structure and payment model. A series of cross-departmental meetings have been held to establish a strategic approach to the evaluation and award of the future contract. This takes into account the issues facing the provider market and looks to address existing difficulties in the recruitment and retention of provider staff.
25. The United Kingdom Home Care Association (UKHCA), the trade body of the home care organisation, routinely collates information from all local authorities with responsibilities for commissioning social care about the average hourly rate paid to home care providers, including a breakdown of the rates related to staff pay such as travel time, and other terms of the contracts. It then publishes the comparative data broken down into regions. It has also produced its own costing model which shows staffing costs at 70%, with 27% attributed to running the business, leaving an operating surplus or profit of 3%. The organisation sets what it deems to be a 'minimum price for homecare' which for 2017/18 equates to £17.50 per hour, which it states is the minimum required to enable providers to meet their legal obligation and the ability to run a sustainable business.
26. As already explained the current average rate in Nottinghamshire is £15.50. Based on the prices submitted by the providers as part of the tender in 2013/14, the average hourly rate of the four core providers for the home care service ranged from £12.70 to £13.20 per hour in 2014/15. Following the fee increases applied in December 2015, April 2016 and April 2017, the average cost of home care services across all of the providers has now increased, however this remains significantly lower than the minimum price of £17.50 identified by the UKHCA for 2017/18.
27. From the information gathered from the open book exercise, the main cost faced by the providers relates directly to increasing staffing costs in terms of staff pay and terms and conditions of employment. The exercise also showed that the average turnover rate was 50%, with one of the largest providers stating they had a 70% turnover rate during 2014. The open book exercise showed that the average cost to the four core providers was significantly above their average tendered price.
28. In order to break the cycle of unviable rates, low staff pay, high turnover and ensure that the needs of service users and their carers can be met, a realistic rate needs to be agreed, one which is fair to providers, passed on to front line staff but is affordable to the Council. Therefore in addition to market engagement further financial analysis has been undertaken to establish a viable hourly rate. This figure takes into account the findings from the open book account exercise, the UKHCA suggested rate and the Foundation Living Wage. A figure of £17.00 per hour has been established for Nottinghamshire and it is suggested that this is used as an 'indicative rate' for the tender exercise. It is not being

set as an absolute rate but will give the market a guide when setting their bid price which they must substantiate in terms of cost pressures and profit margin.

29. Setting an indicative rate of £17.00 gives potential bidders a signal that the Council has taken into account market factors. This does not set an absolute rate but it recognises that one rate will not accommodate the differing pressures and issues across the County. The £17.00 rate will offer a guide, which the providers can bid below or above but will need to demonstrate the rationale behind their bid price. The Council will not be confining bidders to a set price but will be allowing providers to bid at a price they consider viable given their cost pressures and profit margin.

Payment Model

30. The Council is committed to improving the quality of home care across the County and moving to a model based on commissioning for outcomes for service users which will allow for a greater degree of individuality and flexibility in care plans rather than a prescriptive 'time and task' service. This will require significant change in the way in which services are commissioned, planned, delivered and paid for.
31. Currently the Council pays home care providers on the actual minutes delivered to each individual service user. This payment model is quite restrictive and can cause cash flow issues for providers, particularly small providers. It does not encourage them to offer staff salaried contracts due to fluctuating monthly payments. In the new home care model it is intended for the Council to move to payment of 100% of commissioned hours, dependent on the successful delivery of agreed outcomes.
32. In order to incentivise the providers to achieve the agreed outcomes, they will be paid 95% of the commissioned hours from the start of the new contract with an additional 5% available on the achievement of two to three high level outcomes which the providers will be monitored on and will need to meet before they can be paid the full 100%. This will give providers a greater degree of financial surety and therefore they will be in a better position to offer staff improved terms and conditions but will also build-in incentives to achieve 100%.
33. Analysis has also been undertaken of the impact of changing contract terms to pay providers on the basis of 95% and 100% of commissioned hours as opposed to payment for minute by minute delivery.

Financial Considerations

34. Improving conditions in the home care market does not come without financial consequences. The total budget for home based care, including Extra Care, is currently approximately £18m. 2,526 service users accessed home based care services 2016-17, using an estimated total of 1,047,200 hours of care over the year.
35. The changes to the home care model in relation to the indicative rate and paying for commissioned hours rather than on actual minutes delivered will result in a pressure on budgets. This will have an impact on the rate for home care, direct payments and Extra Care. The impact on Supported Living contracts has been considered but agreed there

will be no current impact. The minimum financial impact, at the indicative rate of £17.00 is £3.7m.

36. Current rates are for 2017/18. Rates for future years will need to take account of cost pressures arising from inflation and increases in the National Living Wage. The impact will change depending on the final rates as submitted by the successful bidders.

Home Based Care

37. On the basis of the average tendered rate being £17.00 per hour, and a payment of 95% of commissioned hours, there could be additional costs of £2.0m, at current volume levels. If the payment is made on 100% of commissioned hours then this will further increase the costs.

Direct Payments

38. The home care rate is linked to the Direct Payment (DP) rate and the RAS (Resource Allocation System), therefore the rate increase will have a wider impact on the Council's budget.
39. As a minimum, 20% of DPs are at an agency rate equivalent to the current home care average rate of £15.50. Increasing these to an average of £17.00 per hour would lead to a pressure of £1.5m.
40. However the current level of DPs arranged with home care agencies (excluding payments to Personal Assistants) is estimated at 60% of all DPs. This would lead to an additional costs of £3m, on top of the £1.5m above.
41. A programme of work is underway to increase the availability of Personal Assistants so that there is a reduction in the numbers of DPs provided by home care agencies. This should help to keep the cost pressures relating to DPs to a minimum.

Extra Care

42. The new lead providers will be expected to deliver home based care and support services to service users within the Extra Care schemes in their area. These services will be procured under the same tender and specification but payment to the provider will be made on a 'block' basis. This reflects the requirement for staff to be in-situ for 24 hours per day in designated schemes.
43. An indicative rate for the home based care and support services within Extra Care has been calculated at £16.00. This takes into account that the service is static and therefore travel costs are not incurred by the providers. An increase to the indicative rate of £16.00 paid on a 'block' arrangement could lead to additional spend of £0.2m. Additional pressures are described below in Table 1.

Table 1

	Budget £m	Full year effect £m	Total £m
Homecare	15.7	2.0	17.7

Direct Payments	44.6	1.5	46.1
Extra Care	2.7	0.2	2.9
Total	63	3.7	66.7

Capacity in the home based care market

44. In the main, this is a cost pressure relating to the potential increase in the hourly rate for home care, but there are also demand pressures arising from an ageing population with increasingly complex health and social care needs who are supported to live at home for as long as possible, including at end of life. Sufficient home care and DP capacity will enable more people to remain living independently at home, but at the same time, this will help to delay people requiring long term residential or nursing care.
45. Due to the inability of the current core providers to deliver the required volumes of home care, the numbers of services commissioned on a spot purchasing basis has increased significantly with a 10.28% shift from 33.6% in April 2016 to 43.9 % in April 2017. Services purchased on a spot basis are not covered under existing contractual frameworks. It is therefore critical that the necessary procurement processes are completed to ensure all the required home care services are commissioned under the rigours of contractual arrangements.
46. The tender of home care services and the new contractual framework should reduce the risks associated with commissioning significant volumes of services on a spot basis and outside a contractual framework.

Implementation Plans

47. A Project Officer post was previously approved by the ASCH Committee on 18 April 2016 to assist with the implementation of this project. To date this post has not been utilised and the work has been undertaken by existing staff. However, it is now recognised that this post is required to oversee the full implementation of the services covered under this project.
48. It is proposed that the funding for the above post is used to part fund the establishment of a temporary Project Manager for implementation post (Hay Band C/D) to 31 October 2019, on a full-time basis. The post holder will support the implementation of the full range of services being procured under this project, establish systems for ongoing contract management of the various services and to deliver the required outcomes within the timescales. The Job Evaluation team have allocated an 'indicative' grading of band 'C', however this is subject to formal evaluation and therefore could change.
49. The cost to the Council for the Project Implementation Manager post (February 2018 – October 2019) would be £93,110.

Communications, Engagement and Co-production

50. The Council has been working with service users and carers to elicit their views and experiences to inform the development of the home based care service model. An 'Experts by Experience' engagement group has been formed and members of this group attended the Adult Social Care and Public Health Committee meeting on 12 June 2017 to

contribute to the presentation on the 'Tender for Older People's Home Based Care and Support Services'. Providers, health partners and staff have also been involved in engagement and consultation events. The Council will continue to inform and involve service users, carers, staff, stakeholders and the public on the ongoing work and implementation of the new services.

Other Options Considered

51. In coming to the decision on using an indicative rate other options have been considered and discounted; these are:-
- Continuing with current model which is paying on actual minutes delivered. This approach has been shown to be ineffective in that it does not offer providers the degree of financial surety required for them to be able to offer their staff better terms and conditions.
 - Adopting a fixed rate which would not allow for variations in the homecare market and workforce across the County, as detailed in **paragraphs 21-29**.
 - Introducing an upper or lower bid price, generally known as floor and ceiling rates, could limit the market for the same reasons as above.

Reason/s for Recommendation/s

52. The Council is required to re-procure services in line with its statutory obligations. The current home based care model and service delivery is not meeting the needs of people in Nottinghamshire and a realistic rate needs to be set to reflect market and workforce issues.

Statutory and Policy Implications

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

Financial Implications

54. As outlined above in **paragraphs 34-43** the overall possible impact of the increase in the home based care rate could be £3.7m. The cost of the extension of the Project Manager post will be funded from departmental reserves.

Public Sector Equality Duty implications

55. The nature of the services to be commissioned mean they will affect older adults and people with disabilities, including people who have multiple and complex health and social care needs. The Council has completed an Equalities Impact Assessment to consider the implications of the tender process on people with protected characteristics

and to identify and put in place mitigating action to ensure that these groups of people are not disadvantaged as a result of the tender process.

Implications for Service Users

56. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. The aim of the tender process is to enable the Council to commission sufficient volumes of home care services and to ensure these services are sustainable and are able to meet current and future needs.
57. The new model will encourage a more reliable and consistent workforce as providers will be able to offer staff improved terms and conditions, which in turn will improve the quality of services being delivered.
58. Through the use of the Dynamic Purchasing System, the Council will be able to procure individual packages of care for service users who may have specific needs that cannot be met by the lead provider. It will also enable smaller organisations, including micro-providers, to be included in the arrangements to help to support a diverse range of providers who will be able to deliver smaller volumes of services, including in more rural parts of the County.
59. The re-tendering of home care and support services may impact on some people who currently receive home care from the core providers if those core providers choose not to tender for the services or if they do not meet the quality thresholds. If and where this is the case, the Council will work with the providers to ensure that the transition is managed carefully so that any disruption in services is minimised through appropriate mitigating action.

Human Resources Implications

60. It is proposed that the temporary Project Manager post is established at Hay Band C/D until 31 October 2019 on a full-time basis, an 'indicative' grading of band 'C' has been allocated pending formal evaluation and therefore could change.

Implications for Sustainability and the Environment

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

RECOMMENDATION/S

That the Committee:

- 1) comments on the progress of the procurement of the home based care services
- 2) agrees to receive a progress report on the Rapid Response and Hospital Discharge Service within six months of full implementation of the service

- 3) supports the proposed financial and payment model and the potential implication to the Council's medium term financial strategy
- 4) supports any engagement and communication activities that are required as part of tender and implementation of the home based care services
- 5) approves the establishment of a temporary 1 fte Project Manager post at Hay Band C/D to 31 October 2019 to support the implementation of the new services and the ongoing contract management.

Ainsley MacDonnell
Service Director, North Nottinghamshire & Direct Services

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Constitutional Comments (SMG 26/10/17)

62. The proposals outlined in this report fall within the remit of this Committee.
63. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (DG 20/10/17)

64. The financial implications are contained within paragraph 54 of this report.

HR Comments (SJJ 31/10/17)

65. The temporary post will require a full evaluation and recruited to on a fixed term basis

Background Papers and Published Documents

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

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

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

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

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

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

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

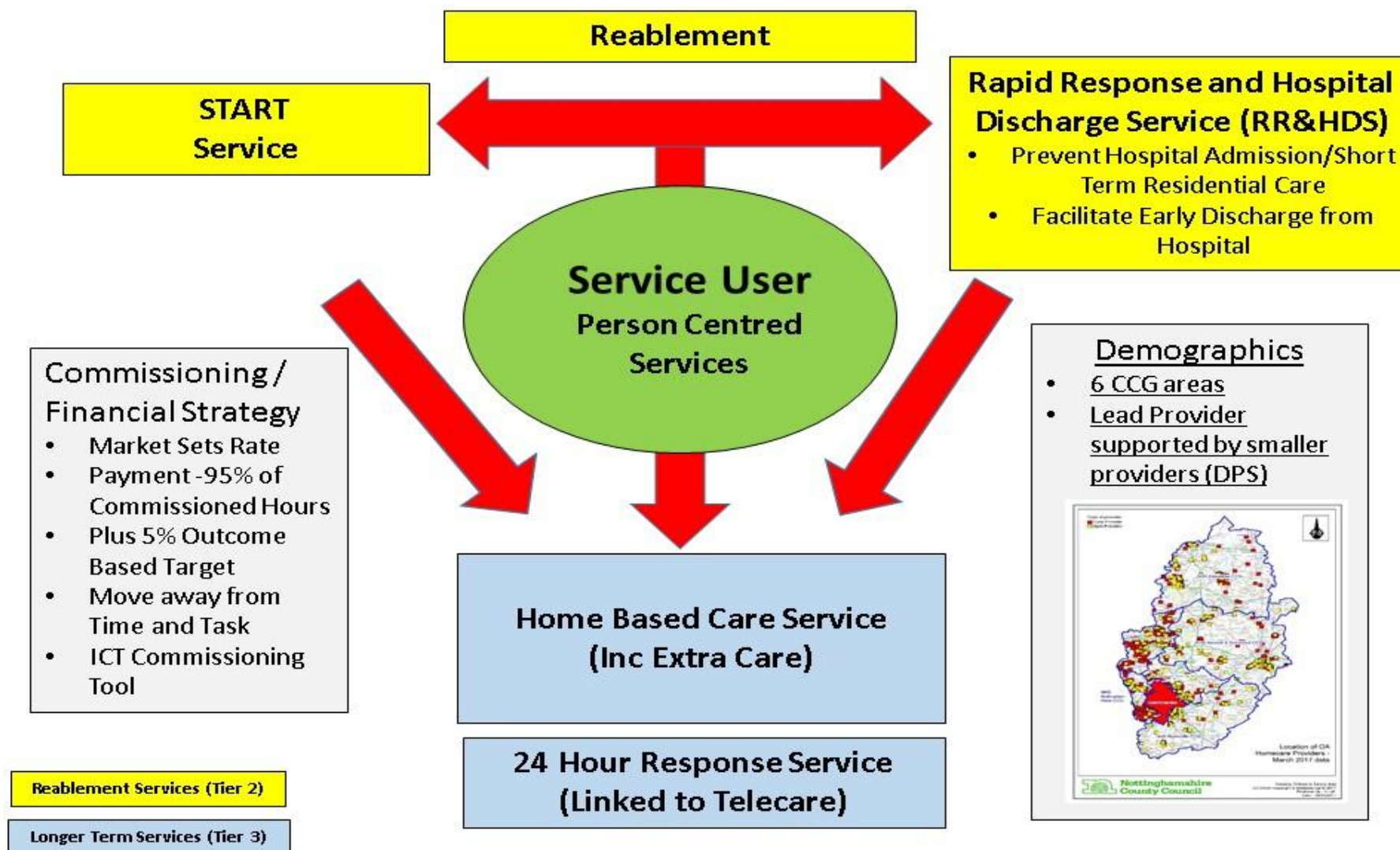
Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All.

ASCPH497

Person Centred Model of Home Based Care



13 November 2017**Agenda Item: 9**

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE COUNTYWIDE ASPERGERS TEAM

Purpose of the Report

1. To seek approval to establish an additional 0.5 full time equivalent (FTE) Social Worker post (Band B) on a permanent basis to manage increasing demand on the Countywide Asperger's Team.
2. To seek approval to establish the following posts on a temporary basis for a period of 12 months to eliminate the current waiting list for assessments:
 - 1 FTE Social Worker (Band B)
 - 1 FTE Community Care Officer (Grade 5).

Information and Advice

3. Asperger syndrome is a form of autism which is a lifelong disability that affects how a person makes sense of the world, processes information and relates to other people. While there are similarities with autism, people with Asperger syndrome have fewer problems with speaking and are often of average, or above average, intelligence. They do not usually have the accompanying learning disabilities associated with autism, but they may have specific learning difficulties. These may include dyslexia and dyspraxia or other conditions such as attention deficit hyperactivity disorder (ADHD) and epilepsy¹.
4. The Countywide Aspergers team was established in 2009 to ensure the Council was able to fulfil its statutory duties under the Autism Act (2009). The team is staffed by 1 FTE Team Manager, 2.5 FTE Social Workers, 2 FTE Community Care Officers and 2 FTE Promoting Independence Workers (PIWs).
5. The Autism Act (2009) was the first disability specific law in England. It puts a duty on the Government to produce a strategy for autistic adults and to produce statutory guidance for local councils and health bodies on implementing the autism strategy. The original guidance was published in December 2010 and was then updated in March 2015.
6. The Autism Act (2009) puts specific duties on local authorities and the NHS such as providing appropriate training for all staff (including specialist training for key staff such as community care assessors), ensuring a clear pathway is in place to diagnose and assess adults with autism, ensure an autism lead is appointed in their area and that services are commissioned based on adequate population data to meet local needs. Furthermore, a local authority cannot refuse a community care assessment for adults with autism solely

¹ <http://www.sabp.nhs.uk/advice/FAQs-and-diagnoses/What%20is%20Asperger%20Syndrome.pdf>

based on IQ. This is regardless of any previous decision made by professionals as to whether any assessment would be beneficial and lead to an outcome for the person which would provide them with additional support, such as a personal budget.

7. Referrals can be made by anyone, including self-referral, family, carer or professional. All referrals go through the Customer Service Centre (CSC), which is provided with a script. The CSC aims where possible to meet people's needs without requiring a referral to the Aspergers Team. When appropriate the CSC will, for example, refer people to prevention and enablement services that the Council funds to help them to live independently and maintain their own home, such as Brighter Futures. The majority, however, do require a referral to the Aspergers Team. In order to be referred the person has to "have a formal diagnosis of Asperger's Syndrome or High Functioning Autism without an associated learning Disability". An associated learning disability equates to an IQ of 70 and below.
8. Staff within the Countywide Aspergers Team provide specialist advice, information and support to help adults with Aspergers, as well as their carers and families, to enable them to manage the person's condition and needs. In their work, the team cover a wide range of tasks including:
 - Safeguarding enquiries
 - Social care assessments to identify a person's level of need.
 - Best Interests and Capacity Assessments
 - Reablement work - the service provided by the Promoting Independence Workers (PIWs) is outcome focused, target driven work to help the service user to achieve a specific outcome, for example, employment, study, find social groups, and meet other people. This aims to meet the person's needs without requiring a social care assessment or long term social care services.
 - Carers' assessments -to consider the impact the caring role has on the carer's life, for example, health needs, employment, study, social life.
 - Reviews - to ensure that the service being provided is meeting the person's need, the person is happy with the support and whether it is increasing a person's independence. Reviews are crucial in reducing reliance on social care support. Reviews are completed in the first 6/ 8 weeks when a new service is set up to ensure that it is working and then at least annually.
9. The most recent studies of Autistic Spectrum Disorder (ASD) prevalence in the UK suggests that up to 1.1% of the population have an ASD². The proportion of the population thought to be on the spectrum has gradually increased as more is understood about ASDs and as a result, the definition of what constitutes an ASD has expanded.
10. Prior to 2013, a diagnosis of autism would only be made if the person demonstrated a 'marked impairment' in social interactions and communication as well as in language development, and showed a 'marked restriction' in interests and activities. If they appeared to have severe difficulties in social interactions and extremely restricted interests but showed no significant delays in language development, they were diagnosed with 'Asperger's Disorder', which was considered a separate diagnosis. However, since 2013, these two conditions are amalgamated within 'Autism Spectrum Disorder' (ASD).

² <http://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>

11. Clinicians are also able to allow for a diagnosis to be made retrospectively, when the person is an adult. To achieve this, clinicians can rely on the memories of parents and other carers to determine when symptoms first appeared, without having observed this behaviour directly. 'Sub-threshold cases' now also qualify for a diagnosis on a more consistent basis. This means that when a clinician is unsure whether someone meets the criteria for ASD, they are now more likely to diagnose the condition. More sophisticated diagnostic practices mean that individuals and their families are more likely to seek diagnosis and support now than ever before.
12. Evidence of these developments can be seen in data in Nottinghamshire which shows that referrals received by the Countywide Aspergers Team have increased significantly since 2014/15. In three years prior to April 2015, the average number of referrals received in a year was 91. From April 2015 to present (including the end of year projection for 2017/18), the average is 155.
13. This sustained increase in demand has led to an increase in the number of cases that are waiting for action to be taken. Due to lack of resources the team risk assess and prioritise cases according to need.
14. A snapshot of work on 18 September 2017 showed that there were 70 new referrals requiring initial fact finding and prioritisation (triage). The reasons for these referral were stated as:
 - 58 are reablement
 - 8 are assessments
 - 4 are carer's assessments.
15. In addition to these referrals there is also work that has been triaged but is awaiting allocation to be completed. In this category there are:
 - 10 safeguarding cases
 - 11 assessments
 - 47 carer's assessments
 - 58 cases of future work (the majority of which will be reviewing activity)
 - 89 reviews.
16. The service prioritises, risk assesses and reviews cases that are waiting. Demand data over the last three years suggests that current increases in demand will continue and an increased number of service users could experience delay in waiting to be assessed. Therefore, without additional resources and capacity, the waiting list will continue to steadily grow.
17. The team has already undertaken a number of steps to manage increased demand within existing resources such as:
 - Setting up clinics
 - Carer's reviews
 - Increasing referrals to the recently established Nottinghamshire Enablement Service

- Re-writing the script for the Customer Service Centre on two occasions to refine advice given and signpost the public to community and voluntary services where appropriate
 - Sending out letters to individuals and their carers on the waiting list to provide assurance that the Council continues to be aware of the person's case and to contact the Council if there is a change in need, as well as to ask if the person's circumstances have changed and as such no longer require any intervention from the team. This approach has been successful previously in reducing the total number of people waiting for support.
18. Nottinghamshire Healthcare NHS Foundation Trust has previously proposed a comprehensive integrated pathway for autism and ADHD that would join up Nottingham City Council and Nottinghamshire County Council resources. This would have supported the team with demand and provided a more tailored approach for referrals. However, health commissioners have not decided to commission this pathway to date due to financial constraints. This work was suspended in early 2017.
 19. Reablement work has been successful in providing lower level, time limited, bespoke support in individual cases. This approach is more cost effective and provides better outcomes than automatically initially allocating social workers / or community care officers for each individual case. However, as the Autism Act provides a specific right for a diagnosed person to receive a community care assessment, an assessment is often requested by individuals and carers. Some individuals and carers are concerned about the approach to promote people with Asperger Syndrome's independence and feel safer with higher levels of direct support being provided. As such, there is particularly high demand for assessments in the team as assessments are requested even if exemplary work has already been done by the Promoting Independence Workers and expert staff have every confidence that the outcome of the assessment will not result in the person being eligible for additional support.
 20. Clinics have also been successful in managing presenting demand for support. Led by PIWs, they provide a good opportunity to address low level issues and signpost to appropriate services that can help. As there are only 2 PIWs covering the whole County, however, the number of clinics to date that have been able to be planned and facilitated by PIWs has been limited. On 10th July 2017 the Adult Social Care and Public Health Committee approved the use of the improved Better Care Fund to establish additional PIWs within the Nottinghamshire Enablement Service. As these posts are being recruited to in the Nottinghamshire Enabling Service, they are working closely with the Asperger Team to use some of this additional capacity to develop the services, staff skills, pathways and clinics to meet the additional demand for reablement for people with Asperger Syndrome and enable them to access timely advice and short term work to promote their independence.
 21. Undertaking reviews of packages of care and support for people with Asperger Syndrome, ensures that a focus is maintained on promoting independence. This brings numerous benefits to service users including (but not exclusively limited to) enabling individuals to exercise choice and control over their lives, economic wellbeing, improved physical and mental health. In addition to direct benefits to service users, this work also contributes to existing Departmental savings targets. Between April and the end of September 2017, there have been five instances where reviewing work carried out by the Asperger Syndrome Team has enabled appropriate and significant reductions in care packages

saving approx. £1,300 per week or £68,000 over 12 months. In order to manage the increasing demand for reviews for people with Asperger Syndrome, the team is going to work closely with the Countywide Review Team to utilise some of the additional posts that are being recruited into the team in order to deliver savings from undertaking more reviews. This will include a plan to ensure the relevant specialist training and supervision is in place for reviewing staff.

22. Analysis has been completed to consider the impact of the projected increases in demand on the team each year, the average number of hours taken to complete each type of work undertaken by the team, the expected division of tasks between roles and the number of working hours available to a full time equivalent worker over the course of a full year. The outcome of this modelling suggests that to manage the expected level of demand on the Aspergers Team, without accruing a waiting list will require; 3 FTE Social Workers, 2 FTE Community Care Officers and 3 FTE Promoting Independence Workers. This is an increase of 0.5 permanent FTE Social Worker and 1 FTE permanent PIW to the current establishment. The additional capacity being recruited to in the Nottinghamshire Enablement Service will be made available to cover the additional 1 FTE PIW required to work with people with Asperger Syndrome.
23. The same methodology has been applied to quantify the amount of capacity that is needed to clear the current waiting list. This modelling suggests that an additional 1 FTE Social Worker, 1 FTE Community Care Officer and 1 FTE Promoting Independence worker would be required on a temporary basis for 12 months to clear the current waiting list. The additional posts in the Nottinghamshire Enabling Service will cover the one additional temporary PIW required.
24. Having considered and utilised all options from other existing Departmental resources to meet the increasing demand for services for people with Asperger Syndrome, the remaining resources required are set out at **paragraphs 29 - 32.**

Other Options Considered

25. The option of using agency staff to quickly bring additional capacity to the team has been considered. The knowledge and skills required, however, to work with people with Asperger Syndrome are very specialist and not available via the Council's contracted agencies. Utilising staff who do not have these skills can also have a detrimental impact on the health and wellbeing of the person with Asperger Syndrome as it can lead to the wrong advice and support being provided. The preferred option therefore is to recruit, train and develop staff within the central team where they have ready access to supervision from an appropriately skilled and experienced manager.
26. The demand modelling within this report gives an estimate to quantify the resource required to clear the backlog and to manage incoming demand without a waiting list growing in future. The option of maintaining the current establishment whilst relying on support from the Nottinghamshire Enabling Service has also been considered. However, taking this approach would increase the likelihood and / or impact of risks such as:
 - The waiting list continuing to grow
 - Increased risk of complaints, as more people would be waiting, and would be waiting a greater length of time if demand continues to increase and resources available stay the same.

- Reputational damage; if the Council is failing, or perceived to be failing to meet statutory duties to Nottinghamshire residents with ASD within the Council's remit.

Reason/s for Recommendation/s

27. The recommendations in this report are being made in order ensure that the Council has sufficient resources in place to remove the current waiting list and manage demand for services more effectively. The additional permanent resource, in addition to current work being undertaken across the Department, will significantly reduce the risk of a waiting list building up again in future.

Statutory and Policy Implications

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

Financial Implications

29. The financial implications for adding posts to the staffing establishment of this team is summarised in the tables below. The costs stated in 2017/18 in each table assume posts will be in place by January 2018. PIW capacity is not included within these costings, as it is proposed that the additional permanent and temporary capacity required is covered by established posts within Nottinghamshire Enabling Service.

Permanent Resource Required to Increase Capacity

Requested Post	Cost in 2017/18	Recurrent Costs
0.5 FTE Social Worker (Band B) Authorised car user status	£5,722	£22,888
Mileage budget	£250	£1,000
TOTAL	£5,972	£23,888

Temporary Resource (all for 12 months)

Requested Post	Cost in 2017/18	Cost in 2018/19
1 FTE Social Worker (Band B) Authorised car user status	£11,444	£34,332
1 FTE Community Care Officer (Grade 5) Authorised car user status	£8,194	£24,581
Mileage budget for 2 staff	£750	£2,250
TOTAL	£20,388	£61,163

30. There are one-off IT costs of £6,000 to enable mobile working.
31. The total funding that would be required is shown in the table below:

2017/18	2018/19	2019/20 (recurrent)
£32,360	£85,051	£23,888

32. The Department has a budget to fund agency staff to avoid the building up of waiting lists for assessments. The agency, however, is unable to provide staff with the required experience and skills to work with people with Asperger Syndrome. It is therefore recommended that the costs of the temporary Social Worker who can train in the team and the temporary Community Care Officer are resourced through the Improved Better Care Fund. The permanent Social Worker (0.5 FTE) post would be funded from the Community Care Support Budget.

RECOMMENDATION/S

That Committee:

- 1) approves the establishment of a permanent 0.5 FTE Social Worker post (Band B) in the Countywide Aspergers Team and the post allocated authorised car user status
- 2) approves the temporary establishment of 1 FTE Social Worker post (Band B) and 1 FTE Community Care Officer post (Grade 5) for 12 months in the Countywide Aspergers Team and the posts allocated authorised car user status.

Sue Batty
Service Director, Mid Nottinghamshire

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Constitutional Comments (SLB 19/10/17)

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

Financial Comments (DG 13/10/17)

34. The financial implications are contained within paragraphs 29 - 32 of this report.

HR Comments (SJJ 13/10/17)

35. All the new posts will be recruited to in line with the authority's recruitment policy with and subject to the agreed VCDR process. The temporary Social Worker and Community Care Officer posts will be recruited to on fixed term contracts. The recognised trade unions have been consulted and are in agreement with the recommendations.

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.

Proposals for the use of the improved Better Care Fund 2017/18 – report to Adult Social Care and Public Health Committee on 10th July 2017

Electoral Division(s) and Member(s) Affected

All.

ASCPH500

13th November 2017

Agenda Item: 10

**REPORT OF SERVICE DIRECTOR, MID NOTTINGHAMSHIRE, ADULT
SOCIAL CARE AND HEALTH****APPROVAL FOR USE OF IN-YEAR IMPROVED BETTER CARE FUND
TEMPORARY FUNDING****Purpose of the Report**

1. This report presents how the Council intends to spend an amount of one-off funding arising during the implementation stage of the plan to utilise the additional Improved Better Care Fund money announced in the Chancellor's budget statement on 8th March 2017. The proposal meets the associated funding conditions and are to be delivered within the current financial year.
2. The report requests approval from the Committee for the specific establishment of posts where required and for progressing these within the financial year.

Information and Advice**Background**

3. The Spending Reviews of 2015 and 2017 identified new money for adult social care in the form of the Improved Better Care Fund. This new element of the Better Care Fund is to be paid directly to local authorities for adult social care - amounting to £2.6bn by the end of the Parliament. In Nottinghamshire the original Improved Better Care Fund and the additional Improved Better Care Fund will provide an additional £64.13m over three years - with £16.06m in 2017/18, £21.56m in 2018/19 and £26.51m in 2019/20. The additional money announced is temporary up to March 2020.
4. The additional funding was announced by the Chancellor of the Exchequer in his budget statement of 8th March 2017 in response to national widespread concerns and calls for action about the lack of sustainable funding for adult social care. The grant conditions for the additional funding to be paid to a local authority under this determination were confirmed on 27th April. The conditions are that the funding is to be spent on:
 - adult social care and used for the purposes of meeting adult social care needs
 - reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and
 - stabilising the social care provider market, such as home care, residential and nursing care. This will include the availability of care services, attracting and retaining the workforce and the quality of services provided.

5. The additional funding is provided through the Better Care Fund (BCF), which is a pooled budget arrangement overseen locally by the Health and Wellbeing Board. In 2017/18 the total pooled budget for Nottinghamshire is £72.752 million. This Fund requires agreement between the Council and local Clinical Commissioning Groups (CCGs) through the Health and Wellbeing Board. Following this, a summary of the proposals and the approach to allocating the funding was approved by the Nottinghamshire Health and Wellbeing Board on 28th June 2017 and a report setting out the plan and requesting approval to establish any associated posts within Nottinghamshire County Council was approved by the Adult Social Care and Public Health (ASC&PH) Committee on 10th July 2017.
6. Quarterly national progress reports are required against the plan for the 2017 Improved Better Care Fund. These are submitted to the Department of Communities and Local Government (DCLG) to show how councils are using the funding based on the conditions attached to it. Two progress reports have been submitted to date; an example of the latest submission is available as a background paper. Nottinghamshire has made good progress implementing the plan which has included recruiting to a number of new posts. Due to the high proportion of new posts that required establishing, especially in order to provide extra re-ablement capacity to promote both older and younger adults to (re)gain independent living skills, a recruitment campaign started immediately. The initial round of recruitment has now been completed and therefore it is possible to predict more accurately the amount of funding that will not be required until all posts are filled. This accounts for costs associated with using the Department's supply register and externally provided agency staff where these can be appropriately used to cover vacant posts.
7. Of the total £16,059,934 Improved Better Care Fund, it is forecast that £15,499,646 is on track to be spent against the plan by March 2018. £560,287 has therefore been identified as one-off funding available to be spent during the remainder of 2017/2018. The funding lends itself well therefore to short term provision that will support the additional pressures and demands across the system during the winter months. Priorities are therefore being recommended based on how they can support hospital discharge and avoidance and have been developed in discussion with health staff across the County who are engaged in relevant work on Urgent and Proactive Care. Formal approval from the Clinical Commissioning Groups has been sought.

Proposals for use of the one-off funding in 2017/18

Supporting Hospital Discharge to manage additional winter pressures

8. A small number of proposals and establishment of associated posts were approved in the Planning for Hospital Discharge report presented to ASC&PH Committee on 9th October 2017 as part of plans to manage the predicted additional demand over winter. These were the establishment of 3 FTE temporary Social Worker and 1 FTE temporary Community Care Officer posts across mid and north Nottinghamshire to manage increased demand arising from hospital admissions over the winter, from November 2017 to 30th April 2018 at a cost of £83,710 to be met from the Improved Better Care Fund. In addition the CCGs in the south of the County agreed to fund 1 FTE Social Worker and 1 FTE Community Care Officer for eighteen months to be based at Queen's

Medical Centre to help manage additional winter pressures and support the review of integrated discharge arrangements.

9. Having one or two Social Workers working weekends is now standard practice at King's Mill and Queen's Medical Centre Hospitals with plans underway to put this in place at Bassetlaw Hospital. It is beneficial both for supporting a good flow of timely hospital discharges as well as work in Accident and Emergency Departments to avoid admissions. Staff volunteer to work at weekends and Bank Holidays and are paid at time and a half for doing this. The aim is to increase the number of staff who work at weekends in hospitals across the County over winter and it is proposed to allocate £15,000 for this which will be made available until end of March 2018.

Occupational therapists to support hospital discharge and manage winter pressures

10. Evidence from SCIE¹ and others shows that the enhanced assessment and goal setting skills of Occupational Therapists (OTs), coupled with their ability to remove environmental barriers and help people to regain practical skills and confidence are key to re-abling people and minimising reliance on long term care and support services such as a homecare. Any homecare packages that can be reduced in size releases more homecare capacity for others to use, which in turn will help with the pressures homecare providers face in meeting demand.
11. Whilst hospitals provide OTs to support hospital discharge their focus is primarily to maximise people's functioning to enable this. This is different to the role that social care OTs have in maximising people's long term independence. There are, however, currently no social care OTs working in integrated discharge functions in hospitals. On 9th October 2017 Committee approved a project that will start in April 2018 to train staff who are involved in hospital discharge across the County in therapy led approaches to promoting independence. To support the above project It is proposed that the following temporary post is recruited to at a cost of £15,259.
 - 1 FTE Occupational Therapy post (Band B) – King's Mill Hospital up to March 2018
12. The Short Term Independence Service (STIS) and Reablement (START) teams support hospital discharges, minimise delayed transfers of care and help reduce homecare packages. Since the Committee approval of use of IBCF within the START service local research has been conducted, based on national evidence and thinking, which shows that there are better outcomes for people and improved productivity from having a therapy led service. The service has therefore taken the opportunity to revise the organisational structure detailed in July's Committee paper 'Proposals for the use of the Improved Better Care Fund'. It is proposed that the following temporary posts are established/disestablished. The posts proposed to be disestablished are vacant, were temporary until 2020 and funded from the IBCF.
 - Establish 3.5 FTE Occupational Therapy posts (Band B) - up until March 2020 at an annual cost of £160,216

¹ Social Care Institute for Excellence (2010) Reablement: Emerging practice messages. London:SCIE

- Disestablish 7.5 Temporary FTE Reablement Support Workers (Grade 2) at an annual cost reduction of £159,150

The difference can be accommodated within the annual allocations of IBCF.

13. At Bassetlaw Hospital Integrated Discharge Team, instead of a qualified OT it is planned to trial a model that has been successful in Doncaster Hospital Discharge Team in creating additional capacity through use of a temporary FTE Therapy Assistant, at Grade 5 for four months over the winter period (December 2017 to end of March 2018) at a cost of £10,222.
This will be established as an NHS post and recharged to the Improved Better Care Fund.
14. In addition to this, there is a request to provide Occupational Therapy capacity at HMP Whatton, through employment of an agency worker until the end of the financial year (£14,000), to enhance the offer of reablement for older prisoners. Under the Care Act 2014 the Council has a duty to assess and meet the care and support needs of people detained in prisons in the County. The Council already provides support with personal care needs within the prisons subject to an assessment.

Voluntary sector services to support hospital discharge and manage winter pressures

15. The Age UK Notts Patients' Representative Service worker funded by and based at Sherwood Forest Hospital Trust (SFHT) provides independent advocacy, representation, information and support for older people and their carers during their stay at King's Mill hospital. The service also provides short term post-discharge support and is able to offer sign-posting to a wide range of services within the community that can provide further ongoing support to patients, enhancing both safe and efficient discharges. The worker can get involved in resolving situations where delays are being caused by waiting for home care packages to be set up or care home placements for people who fund their own care and have advised the Hospital Social Work Team that they wish to arrange this themselves. The worker will guide a relative on the tasks needed to organise these services and, for example, call providers and see which are available and when. Some delays are caused due to there being a delay in the availability of a service that a patient has chosen and the patient not being willing to leave hospital into an interim placement. The Age UK worker can work with the family to help them accept an interim offer or alternative arrangements. In mid Nottinghamshire in July, delays with setting up home care packages was the second biggest reason for delays to health and patient choice delays were the fourth highest reason. It is proposed to use £14,600 to fund an additional temporary worker for five months over the winter period to support self-funders arranging their own care promptly.
16. Age UK provide the Connect Service in mid Nottinghamshire. Connect offers short term support focusing on helping people to self-manage their independence. They offer information, advice, signposting and practical support around physical and mental health, housing, finances and accessing social activities. The service is at full capacity in mid Nottinghamshire. Connect has strong links with staff at King's Mill Hospital and referrals are rising. It is therefore proposed to fund additional capacity in the service over the winter at a cost of £8,000.

Intensive community services to support hospital discharge and manage winter pressures

17. Intensive Home Support (IHS) is a new care model funded in Mansfield and Ashfield by the Mid Nottinghamshire Alliance Better Together Vanguard to provide community based intensive clinical support and therapy to people with complex needs, to either a) help them stay at home and avoid a hospital admission when they have a health crisis or b) be discharged directly back home safely after a hospital stay. The team is made up of Advanced Nurse Practitioners and support workers to help with personal care. The service has medical oversight from a Consultant Geriatrician. The service is working closely with the Council's Short Term Independence Service (STIS) which is made up of Social Workers, Community Care Workers, Occupational Therapists and Re-ablement Workers. The teams are aligning in order to maximise joint resources to enable as many people as possible to remain/return directly home with a re-ablement plan. Due to its success, there is a plan in place to expand IHS into Newark and Sherwood District from April 2018. The clinical element is already being provided by Community Health Partnerships and from April 2018, and the support worker element will be funded by the CCG. It is proposed to allocate one-off funding of £60,000 to enable this service to start earlier and be operational from January to March 2018 over the winter period. Avoiding using short term beds to re-able people where possible supports the Adult Social Care Strategy, because people are far less likely to return and remain home if they move to a bed first, rather than going directly home from hospital.

Housing support for hospital discharge

18. In South Nottinghamshire it is proposed to allocate £67,500 to support implementation of a scheme similar to the housing input to Integrated Discharge ASSIST scheme in Mansfield. The main objective of the Hospital to Home Prevention and Discharge Service is to reduce the impact and demand on health and care services and ensure that people who are deemed medically fit for discharge, but who have a specific housing issue that may be preventing them from being discharged, have arrangements made promptly. This may include rapid installation of adaptations and equipment, or finding alternative temporary accommodation. In addition to the above, case workers will also work in the community to support people prior to reaching a crisis point with a view to avoiding hospital admission where appropriate.
19. The scheme is being piloted on a 12 month basis across the south of the County. The proposal is to jointly fund the scheme by both Social Care and Health. The Council will allocate £67,500 from IBCF which has to be used by March 2018 and the Multi-speciality Community Provider for Health will continue to fund for a further six months with the scheme ending in October 2018.

Falls prevention

20. In September 2016, Committee approved a Falls Prevention project, 'Education and Communication support'. Since January 2017, a Commissioning Officer has been working with Public Health colleagues and a range of partners to raise awareness of the impact of falls and how to prevent them, stimulate the development of age appropriate exercise activities across the County, as well as develop simple tools for staff and partner agencies to embed and use in their day to day work. Analysis of local data and research

by the Institute of Public Care² has identified falls as one of the key factors that lead to admission to residential care and are influential in setting older people on a pathway to increasing social care support needs. The research cited the potential benefits to social care of increasing the numbers of older people to engage in exercise. There is currently a temporary FTE Falls Prevention Commissioning Officer post with a contract due to end at the beginning of January 2018. It is proposed that the contract is extended until the end of March 2018 at a cost of £12,055.

- Three month extension of 1 FTE Falls Prevention Commissioning Officer post (Band C)

Meeting adult social care needs

21. Evaluation is underway of the seven Local Integrated Care Teams (LICTs) linked to GP clusters that pro-actively identify people at risk of hospital admission for interventions. The seven Social Worker posts in the teams have been funded for the past two years by the CCGs, however, in order to deliver savings and ensure the most cost effective future model, the teams are being reviewed. The Local Government Association have funded a review of the impact on packages of social care across the three different version of LICITs in place across the three Transformation Planning areas in the County. This will not be completed until the end of November. The CCG savings, however, have to be made in the current financial year. In order to maintain the existing posts whilst the evaluation is completed and decisions are made about the future model and funding arrangements, it is therefore proposed to temporarily fund 2 FTE Social Workers (Band B) in the Local Integrated Care Teams in mid Nottinghamshire until the end of March 2018. The posts are already permanently established.
22. The Council has a duty to undertake an annual review where people are in receipt of care and support, whether that is at home, in supported living or in a care home. It is requested that 3 FTE Reviewing Officers (Grade 5) are established to focus on undertaking reviews for people in residential and nursing home care. These posts would be funded from the IBCF until the end of March 2018 at a cost of £24,500, and £73,500 will funded from departmental reserves in 2018/19.
 - establish 3 FTE temporary 12 month Care Homes Reviewing Officers (Grade 5)
23. The countywide Aspergers Team is a small team which has been experiencing an increase in demand for assessments for some time. As part of a wider plan to address the current level of need, which includes use of resources in the Notts Enabling Service and the existing Reviewing Teams, it is proposed that temporary staffing resources are also established to increase the team's capacity at a cost of £19,638 to March 2018 from the IBCF and the remaining nine months of 2018/19 from reserves:
 - 1 temporary 12 month FTE Social Worker (Band B)
 - 1 temporary 12 month FTE Community Care Officer (Grade 5).
24. The development of Technology Enabled Care is one of Nottinghamshire's Sustainability and Transformation Plans work streams and a high level strategy and approach has

² 2013 Institute of Public Care 'Research for Preventative Approaches to Reducing Older People's Need for Care'

been approved. Concurrently, there is local interest in a Leicestershire scheme called 'Lightbulb,' which consolidates housing work to maximise the opportunities to support health and social care in enabling residents to stay independent, have timely access to a range of housing and preventative services such as Assistive Technology and adaptations. A business case on how the benefits of the Lightbulb scheme could potentially be delivered in Nottinghamshire is now required. The business case will sit within the overall strategic approach of the Technology Enabled Care work stream. The Programme Manager cost is £15,000 and if it is not possible to source from an agency, approval is sought to establish a three day a week Project Manager post for three months.

25. The Council has contributed to the cost of sexual violence counselling and therapy services since early 2016 to provide support for victims/survivors of historical sexual abuse in Nottinghamshire. It was agreed to extend this contribution from Council reserves until the end of March 2018 whilst a review took place to consider and identify the specific and medium to long term support required by survivors of sexual abuse. It is now proposed that the IBCF be used for this purpose.
26. The Debt Recovery Finance Officer post commenced in 2015 to support the Debt Collection strategy when changes in the legislation were implemented as a part of the Care Act. Prior to April 2015, the Council was able to apply a charge against a service user's property if their care was being funded by the Council. This meant that the Council was informed where there were any changes in the ownership of the property. As a result of the change the Council does not hold security over any debts which have accrued. The amount of unsecured debt has risen from £739,000 in December 2015 in respect of 59 service users to £1.36m as at December 2016. The value of unsecured debt as at 31st May 2017 stands at £1.98m in respect of 115 service users. The Debt Recovery Finance Officer undertakes constant monitoring of records relating to properties to ensure that funds relating to these properties are not misappropriated as the funds are required to repay the accrued sum of charges for people's care. The cost of the full time post per annum is £27,055. It is proposed that funding from the IBCF is used for the post until the end of the financial year.
 - Extension of 1 FTE Debt Recovery Finance Officer (Grade 4) to end of March 2020

Other Options Considered

27. The funding needs to be allocated and used this year to meet the national criteria of the improved Better Care Fund and to provide appropriate support for people with health and social care needs in Nottinghamshire.

Reason/s for Recommendation/s

28. The proposals for using the one-off funding have been discussed and reviewed by senior managers in the department to ensure that they meet the BCF criteria and are realistic within the timescales available for using this funding.

Statutory and Policy Implications

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

Service User Implications

30. The proposals will provide additional capacity and service provision for people who need care and support in a variety of settings, with a particular focus on the anticipated increase in demand during the upcoming winter period.

Financial Implications

31. The above proposals all meet the requirements of the Improved Better Care Fund and will utilise the in year slippage of £560,287
32. The costs for 2018/19 will be funded from the BCF Care Act.

RECOMMENDATION/S

- 1) That Committee approves the establishment and extension of the posts and use of the available one-off funding in the Improved Better Care Fund for 2017/18 as detailed in the report in **paragraphs 8 to 26**, and summarised in the table below:

Proposal	Use of funding	Funding required for 2017/18	Funding required for 2018/19
Support for discharge from hospital and avoiding admission to hospital	3 FTE Social Workers (Band B) 1 FTE Community Care Officer (Grade 5) Trusted Assessor work with residential care providers (NB. Posts and activity above approved by the Committee on 9 th October 2017)	£70,875 £10,000	£14,176
	Social Work cover at weekends across the County	£15,000	
	2 FTE Social Workers (Band B) – Local Integrated Care Teams (these posts are already permanently established)	£45,776	
	Newark and Sherwood Intensive Home Support service	£60,000	
	Hospital to Home prevention and discharge service (South Notts)	£67,500	

Proposal	Use of funding	Funding required for 2017/18	Funding required for 2018/19
	Age UK support and advocacy (hospital discharge) (Mid Notts)	£14,600	
	Additional Connect Services funding	£8,000	
Occupational Therapy capacity	1 FTE Therapy Assistant (Bassetlaw Hospital) (Grade 5) (4 months December 2017- March 2018)	£10,222	
	1 FTE Occupational Therapist (King's Mill Hospital) (Band B) (4 months December 2017- March 2018)	£15,259	
	3.5 FTE Occupational Therapists (START) (Band B) (6 months October 2017 - March 2020)	£80,108	
	Disestablish 7.5 FTE Reablement Support Worker posts (Grade 2).		
	Occupational Therapy capacity at HMP Whatton	£14,000	
Social care posts	3 FTE Care Homes Reviewing Officers (Grade 5) 12 months	£24,500	£73,500
	1 FTE Falls Prevention Commissioning Officer (Band C) (post extension until March 2018)	£12,055	
	1 FTE Debt Recovery Finance Officer (Grade 4) (post extension until March 2018)	£27,755	
	Asperger's Team: 1 FTE Social Worker (Band B) 12 months 1 FTE Community Care Officer (Grade 5) 12 months	£19,637	£58,913
Meeting adult social care needs	Expansion of Assistive Technology	£15,000	
	Sexual violence support services	£50,000	
	Total cost	£560,287	£146,589

Service Director, Mid Nottinghamshire, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LM 02/11/17)

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

Financial Comments (KAS 02/11/17)

34. The financial implications are contained within paragraphs 31 and 32 of the report.

HR Comments (SJJ 02/11/17)

35. HR implications are contained within the report where appropriate.

Background Papers and Published Documents

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

Proposed allocation of Better Care Fund (Care Act) funding -report to Adult Social Care and Health Committee on 12 September 2016

Planning for Hospital Discharge – report to Adult Social Care and Public Health Committee on 9th October 2017

Proposals for the use of the Improved Better Care Fund 2017/18 – report to Adult Social Care and Public Health Committee on 10 July 2017

Improved Better Care Fund temporary funding Quarter 2 return to DCLG

Electoral Division(s) and Member(s) Affected

All.

ASCPH502

13 November 2017**Agenda Item: 11****REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****PROCUREMENT OF THE HANDY PERSONS ADAPTATION SERVICE
(HPAS)****Purpose of the Report**

1. To seek approval to proceed with the procurement of the Handy Persons Adaptation Service (HPAS).

Information and Advice**Background**

2. The HPAS service has been delivered by the Council since 2010. It is a partnership arrangement with the seven district and borough Councils, the Checkatrade scheme and a number of small or medium size local traders who deliver the service to people in their own home. The Council co-ordinates the service on behalf of the other councils who now fund the service through the Better Care Fund.
3. Over the past 12-18 months, discussions have been ongoing about the future model and viability of the service. As part of these discussions it has been identified that the services provided by the traders should be tendered for in line with procurement regulations. There have also been changes to the Construction and Design Management Building Regulations 2015 which have implications for the Council and traders in terms of duties and responsibilities.
4. This report is requesting approval to proceed with a tender process to ensure that the Council is meeting its obligations and achieving best value.

Current Service

5. The purpose of HPAS is to carry out basic and practical maintenance tasks and to fit simple adaptations to enable service users (older people or a person with a disability) to continue to live independently in their own homes. This also prevents them from having to access more expensive and less independent forms of residential accommodation or hospital.
6. There are two elements to the HPAS service – adaptations such as installing simple equipment like grab rails or key safes and Handy Persons which involves either home maintenance or simple repairs. The Handy Persons jobs are provided at a set rate of £15

as a one off payment which is paid by the service user; the fitting of the minor adaptations is free to the service user.

7. The adaptations are the main part of this service; in 2016/17 a total of 3,976 jobs were delivered of which 91% were adaptations. The average price for a job was approximately £119 and the budget is approximately £450,000 per annum. This covers costs associated with the Customer Service Centre, traders and materials.
8. Prior to June 2015, the Council oversaw the recruitment and checking of the traders through its own Trading Standards "Buy with Confidence" scheme. This was replaced by Checkatrade as approved at Community Safety Committee in July 2015. Checkatrade ensures that traders are fully checked and reliable suppliers of services. The Council is currently working with Checkatrade to extend the range of services offered to HPAS including a greater level of scrutiny on health and safety policies and practice.
9. Although the Council is no longer the primary funder of this service it retains overall co-ordination of the service which is through a single point of access at the Customer Service Centre. CSC staff receive service user referrals, check eligibility and contact traders on the approved list to arrange service delivery within agreed time scales. This model allows for flexible and timely responses as there are a number of traders available, supports local businesses and gives the referrer greater access to information and advice from the Customer Service Centre.

Future Developments

10. Members will be aware that the Council is required to adhere to proper processes around procurement of services. The service is funded by districts and borough councils' contributions through their Disabled Facilities Grant (DFG) from the Better Care Fund (BCF). Over the last 12 months the Council has worked closely with the districts and borough councils to agree the future model of the service in order to ensure that it is more efficient and comprehensive.
11. The Council retains the responsibility of procuring the adaptation and minor works services as it co-ordinates the service overall and the funding is managed through the Council. The tender will result in an improved, streamlined service which will be delivered through an agreed payment structure.
12. The Council will continue to work with partners and traders in preparation for the procurement activity. Sessions will be provided for small traders who may not have the knowledge or expertise to submit tenders. The Council will offer support and guidance to ensure that all the providers get an opportunity to bid.
13. The proposed model will build on the strength of the current system which has one point of access and a number of traders who can respond quickly. So access to the service will continue through the Customer Service Centre which will continue to provide co-ordination and oversight of the service. There will be a number of approved providers or traders in each district and Checkatrade will continue to provide an enhanced checking service offering greater customer security. Quality monitoring will be undertaken by district and borough councils who will check a sample of up to 10% of actual jobs delivered.

Other Options Considered

14. Other options have been considered and discounted as follows:

- Continue with the existing model: this is not viable as it would leave the Council and traders potentially vulnerable under the Construction and Design Management Building Regulations and would not achieve best value or adhere to procurement regulations.
- Tender for one large provider which would remove the service from the Customer Service Centre which currently handles all HPAS calls, allocating jobs to traders, processing trader invoices and producing monthly monitoring for partners: this could result in a fragmented service. The current model of using small traders provides a quick response to customers and supports the local economy.
- Distribute the service across seven districts but it would then cease to be a County wide joined up service. This option could potentially affect the Customer Service Centre and reduce the opportunities for small traders.

Reason/s for Recommendation/s

15. The Council seeks approval to proceed with the procurement of the HPAS service. A tender exercise will ensure that the Council is using a regulated, robust, cost effective and transparent method to obtain this service.

Statutory and Policy Implications

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

Financial Implications

17. The cost of this work will be managed within the existing HPAS budget.

Human Resources Implications

18. The proposed model will ensure the continuation of service through the Customer Service Centre.

Implications for Service Users

19. HPAS offers clients a prompt low cost service which if withdrawn could lead to an increase in numbers of service users accessing more expensive and less independent forms of residential accommodation or hospital.

Implications for Sustainability and the Environment

20. The current model of HPAS supports the local economy by using small and local traders and also reduces carbon emissions through localised traders.

RECOMMENDATION/S

- 1) That approval is given to proceed with the procurement of the Handy Persons Adaptation Service.

Paul McKay

Deputy Corporate Director, Adult Social Care and Health

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Constitutional Comments (SLB 19/10/17)

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

Financial Comments (DG 19/10/17)

22. The financial implications are contained within paragraph 17 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.

Update on Key Trading Standards Matters – report to Community Safety Committee on 14th July 2015.

Electoral Division(s) and Member(s) Affected

All.

13 November 2017

Agenda Item: 12

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

ADULT SOCIAL CARE AND HEALTH - EVENTS, ACTIVITIES AND PUBLICITY

Purpose of the Report

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

Information and Advice

2. Over the course of the year, the range of public events, publicity and promotional activities that may be undertaken by adult social care and health are wide ranging and there are a variety of reasons for doing so, for example:
 - promotion of services to give information to people in need of social care services and their carers
 - encouraging interest in recruitment campaigns for staff, carers and volunteers
 - engagement of communities with services in their locality
 - generation of income through public events.
3. Over the next quarter, adult social care and health would like to undertake the activities detailed in **paragraphs 4 – 18**.

Occupational Therapy (OT) Show

4. Members will be aware that the Council has been working with Access Independent, an external agency, to ensure that service users receive a timely social work assessment and review. Access Independent has previously completed OT assessment work on behalf of the Council and was successful in assisting the Council to reduce OT assessment build-ups.
5. Access Independent has approached the Council to showcase their work with the Council at the forthcoming OT Show on 22 & 23 November at the NEC Birmingham. As part of this it is proposed that a Council officer takes part in the workshops and shares the learning.
6. At the same show, members of the OT Intake team will present a poster on the work of their team. The poster outlines the effectiveness of the OT Intake team in providing

person centred assessments via telephone, clinic and face to face. It demonstrates the importance of actively engaging people to participate in the assessment process through the use of technology. The poster evidences the excellent practice within the OT Intake team and shows how the OT clinics can help people to help themselves by promoting independence and wellbeing, which is part of the Adult Social Care and Health strategy.

7. The poster zone displays posters submitted by OT professionals from NHS Trusts, private health care, local authorities and many more. It provides a format for individuals and teams within the OT profession to share best practice and network with colleagues from across the UK. The OT Intake team completed an abstract for a poster submission that was accepted for display in the poster zone. Members of the OT Intake team and Principal OT will be present at the poster zone to answer questions.

Notts Enabling Service (NES)

8. The Notts Enabling Service provides free short term enablement support to people with a learning and/or physical disability and to young people in transition from Children's to Adults Services. The Notts Enabling Service wants to:
 - develop promotional activities such as video clips of Promoting Independence Workers supporting service users to raise awareness of the benefits of an enabling approach and the use of video clips to enhance recruitment into the service.
 - develop co-produced leaflets and provide promotional activity to showcase their work at events in disability forums and to health partners.
 - provide information to local communities and universal services in order to establish co-produced resources and community activities for people with a range of disabilities.

Data Sharing with Health

9. Work is underway, as part of the health integration agenda, to build on initial "Interoperability" projects with health partners across Nottinghamshire. This involves improving the sharing of information across health and social care systems to provide a holistic approach to patient care. The Council is already sharing social care information for over 75s in receipt of a care package through the GP Repository of Clinical Care (GPRCC). This allows all GPs in Mid and South Nottinghamshire to view patients in their care who are in receipt of a social care package. The next phase of GPRCC will also look at identifying individuals where early identification and referral to social care may help to maintain their independence for longer. This information sharing is ahead of many other local authorities who have expressed interest in seeing what Nottinghamshire has achieved so far.
10. King's Mill Hospital Emergency Department also has access to basic information through a live button to retrieve adult social care information held by the Council. This is designed to speed up hospital discharges and prevent patients being admitted to hospital. Phase 2 at King's Mill Hospital, which is being developed to share hospital information directly with social care, has now started. It is expected that the next stages of the above projects will reach the live stage in spring 2018 and any supporting communications agreed in advance to inform all Nottinghamshire residents impacted by this work.

11. The Council is continuing to work with many partner health organisations to improve integration and information sharing, considering whether all Information Governance regulations are met, specifically for the consent to share information. This will also include any future General Data Protection Regulation (GDPR) changes being brought in for May 2018.

Clinics

12. There are further plans to widen the use of social care clinics to ensure that service users have greater choice on how and when they interact with Adult Social Care. Social Care and Occupational Therapy clinics also help to reduce waiting times for appointments with staff. Where new clinics are established or existing clinics are expanded there will be a need to conduct targeted communications with local service users and partner organisations such as health to outline the enhanced offer.
13. By way of example, Bassetlaw Older Adults team is shortly to embark on holding social care clinics in Newgate surgery in Worksop. The clinics offer the opportunity to work in partnership with health and other public service colleagues and to provide advice, information and support to people who may need social care support in the future. This is a good example of integrated working involving partners such as community health providers, the voluntary sector and housing. It is intended to advertise the new service locally. The Notts Enabling Service will also be involved in this service in future, to support people to be signposted to other appropriate resources in their communities.

Care and Support Planning

14. A peer review to measure the quality of the care and support planning process is underway with social care workers. In order to supplement this data, feedback is needed from service users on their experience of care and support planning.
15. There is a plan to develop and promote self support planning and to seek a group of service users to work with the Council to develop and promote this process.

Great British Care Awards – East Midlands Event, 17th November 2017

16. The Great British Care Awards are a series of nine regional awards celebrating excellence across the care sector, held on an annual basis. The purpose of the awards is to promote best practice within social care, and pay tribute to those individuals who have demonstrated outstanding excellence within their field of work. Sector support includes the Department of Health, Care England, The National Care Forum, Alzheimer's Society, The Voluntary Organisations Disability Group (VODG) and the Social Care Institute for Excellence (SCIE) as well as commercial organisations. There are a total of twenty one award categories available for nomination covering all areas of the care sector, from older people or specialist services to frontline staff such as care workers and care managers to people who have made an impact in other ways such as chefs, activity co-ordinators and innovators in the sector. The winners from the regional events are put forward to national finals the following year.

17. Over the last few years, Nottinghamshire County Council has had a number of finalists and winners at the East Midlands event and the national awards. Last year the Integrated Discharge Team at Bassetlaw Hospital won the award for Care Team.
18. The finalists for this year's East Midlands awards have just been announced. The Benefits Team, based with the Adult Access Service, has been nominated in the Care Team category and a staff member from Gedling day services has been nominated in the Care Innovator category. As in previous years the Council has booked a table at the awards event in Nottingham on Friday 17th November so that the finalists are able to attend. It is usual practice for them to be supported at the event by a member of the Senior Leadership Team and the Chairman of the Adult Social Care and Public Health Committee.

Other Options Considered

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

Reason/s for Recommendation/s

20. To ensure that people in need of social care services and their carers are aware of the range of services on offer; encourage engagement with local communities and increase income generation.
21. To seek agreement that Access Independent can present the work with the County Council at the National OT Show on 22nd and 23rd November and any related publicity. In addition that the Principal OT and OT colleagues can attend the event as part of the workshop and presentation of the poster and bring back any learning from the national event.

Statutory and Policy Implications

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

Financial Implications

23. There will be minimal costs attached to producing the OT poster and attending the national OT show. These will be covered in the relevant team budgets.
24. The cost of a table at the Great British Care Awards (for 10 people) is £1,100 and will be paid for from the departmental budget.

RECOMMENDATION/S

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

Paul McKay
Deputy Corporate Director, Adult Social Care and Health

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Constitutional Comments (LM 01/11/17)

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

Financial Comments (DG 02/11/17)

26. The financial implications are contained within paragraphs 23 - 24.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH501

13 November 2017**Agenda Item: 13****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 considers whether any amendments are required to the work programme.

Jayne Francis-Ward
Corporate Director, Resources

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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>
11th December 2017			
Review of Transformation Team	Report on review of Adult Social Care Transformation team and future structure and priorities.	Programme Director, Transformation	Stacey Roe
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care (to include performance on Deprivation of Liberty Safeguards and reference to future inclusion of PH outcomes)	Service Director, South Nottinghamshire	Celia Morris/ Matthew Garrard
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 report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department (including progress with reviews).	Programme Director, Transformation	Ellie Davies
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
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Adult Social Care and Public Health – planned events and activities	Approval for range of activities and events planned by the department over the coming months.	Deputy Director	Jennie Kennington
Adult Social Care and Health – summary of issues for approval	Report including progress with Systems Review and change of post in Mosaic Team, and follow up to report in July 2017, with outcome of review visit by external partners regarding adult safeguarding plan in the department.	Deputy Director	Jennie Kennington/Kathy Fox/Stuart Sale

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Approval of temporary posts in Adult Social Care and Health		Corporate Director, Adult Social Care and Health	Veronica Thomson/Jennie Kennington/Kath Sargent
8th January 2018			
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
National Children and Adult Services Conference 2017	Report back on attendance at conference.	Corporate Director, Adult Social Care and Health	Jane North
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/Kay Massingham
Progress with alternative service delivery model for directly provided social care services		Service Director, North Nottinghamshire and Direct Services	Ainsley MacDonnell/Jane McKay/Jennifer Allen
Adult Social Care and Health consultation – presentation of outcomes and recommendations	Report on the outcomes of the consultation undertaken in relation to 4 proposals relating to services to carers, and charging for social care services.	Corporate Director, Adult Social Care and Health	Bridgette Shilton/Karen Peters/Maggie Pape
Progress report on Fair Price for Care review of fees framework for older people's residential care		Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
5th February 2018			
Progress on tender for older people's home based care and support services	Progress report on the tender for these services.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/Jane Cashmore
Recommendations for a future strategy on Extra Care	Report on the outcome of a review of the current Extra Care strategy by Members working group and recommendations for a future strategy.		Sue Batty
12th March 2018			
Defence Medical Welfare Service - Aged Veterans Services in Nottinghamshire - project evaluation		Service Director, Mid-Nottinghamshire	Lyn Farrow
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Service Director, South Nottinghamshire	Celia Morris/ David Gilbert
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 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
Progress with the development of the transitions service for children and young adults with disabilities		Service Director, North Nottinghamshire and Direct Services and Service Director, Mid-Nottinghamshire	
Quality auditing and monitoring activity - care home and community provider contract	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
suspensions			
16th April 2018			
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department.	Programme Director, Transformation	Ellie Davies
Progress with tobacco control and smoking cessation services	Report on progress with and uptake of these services commissioned by the Council.	Consultant in Public Health	Nathalie Birkett
14th May 2018			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Service Director, South Nottinghamshire	Celia Morris/ David Gilbert
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
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
To be placed			
Use of Public Health Reserves	Report requesting approval to proposals for use of remaining unallocated reserves	Director of Public Health	Kay Massingham
Public Health Commissioning intentions	Proposals for recommissioning of Public Health Services from 2019 onwards	Director of Public Health	Jonathan Gribbin