

Adult Social Care and Public Health Committee

Monday, 05 February 2018 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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|---|--|---------|
| 1 | Minutes of the last meeting held on 8 January 2018 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Public Health Commissioning Intentions 2019 Onwards | 7 - 18 |
| 5 | Adult Social Care and Commercial Development | 19 - 28 |
| 6 | Deprivation of Liberty Safeguards - Outcome of Community Care Officer Pilot | 29 - 36 |
| 7 | Update on the Development of an Integrated Health and Social Care Partnership in South Nottinghamshire and Nottingham | 37 - 44 |
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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 8 January 2018 (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
David Martin
Liz Plant

Mike Pringle
Francis Purdue-Horan
Andy Sissons
Muriel Weisz

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Resources
Paul Johnson, Service Director, Adult Social Care and Health
Jennie Kennington, Senior Executive Officer, Adult Social Care and Health
Ainsley MacDonnell, Service Director, Adult Social Care and Health
Jane North, Programme Director Transformation, Adult Social Care and Health
David Pearson, Corporate Director, Adult Social Care and Health
Veronica Thomson, HR Project Manager, Resources

MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 11 December 2017 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

None

MEMBERSHIP CHANGES

The following temporary changes of membership, for this meeting only, were reported:-

- Councillor Liz Plant had replaced Councillor Yvonne Woodhead
- Councillor Mike Pringle had replaced Councillor Sybil Fielding

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

HOLLES STREET SHORT BREAKS SERVICE - OUTCOME OF CQC INSPECTION

The Chairman informed the Committee that the Holles Street Short Breaks Service in Worksop had been praised for its 'outstanding' care following a recent inspection by the Care Quality Commission. A press release would be issued on the subject.

ADULT SOCIAL CARE AND HEALTH CONSULTATION

David Pearson introduced the report and responded to questions.

RESOLVED 2018/001

- 1) That approval be given for the Adult Social Care Charging policy to be revised as described in paragraphs 13 to 17 of the report and submitted to Policy Committee for approval
- 2) That the proposals to increase the capacity of the Short Term Assessment and Reablement Team be approved
- 3) That the proposal to develop the way in which support is provided to carers based on the feedback received to the carers consultation be approved, with the work to be reported to Committee for approval in the Spring.

THE HEALTH AND DEVELOPMENT OF ADULT SOCIAL CARE AND PUBLIC HEALTH WORKFORCE

Sue Batty introduced the report and responded to questions.

RESOLVED 2018/002

- 1) That a targeted recruitment campaign for a number of frontline posts for the delivery of social care and support be approved.
- 2) That the extension of three Social Worker (Band B) and seven Community Care Officer (Grade 5) posts, working in the Care Delivery Groups in South Nottinghamshire, until March 2019 be approved, with funding provided from the South Nottinghamshire Clinical Commissioning Groups as part of their Better Care Fund allocation for 2018/19.

UPDATE OF THE OCCUPATIONAL THERAPY POLICY

Sue Batty introduced the report and responded to questions.

RESOLVED 2018/003

That the updated Occupational Therapy policy, attached as Appendix 1 to the report, be recommended to Policy Committee for approval.

OLDER ADULTS CARE HOMES: REVIEW OF THE FAIR PRICE FOR CARE FRAMEWORK

Paul Johnson introduced the report and responded to questions.

RESOLVED 2018/004

- 1) That the commencement of the local 'Fair Price for Care' framework and associated fee levels for older adults care homes in Nottinghamshire which will include a review of the Quality Audit Framework be approved.
- 2) That funding of up to £50,000 be approved to support this work through the engagement of external consultants.

ATTENDANCE AT LOCAL GOVERNMENT CHRONICLE AWARDS EVENT – MARCH 2018

David Pearson introduced the report and responded to questions.

RESOLVED 2018/005

That the attendance of the Chairman of the Adult Social Care and Public Health Committee at the Local Government Chronicle Awards ceremony on 21 March 2018 be approved.

NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE, 11-13 OCTOBER 2017

Jane North introduced the report and responded to questions.

RESOLVED 2018/006

That there were no actions required in relation to the key messages from the National Children and Adult Services Conference which took place in Bournemouth between 11th and 13th October 2017.

WORK PROGRAMME

RESOLVED 2018/007

That the work programme be updated to include:

- Support to carers provision based on the feedback received to the carers' consultation to be reported to Committee for approval in the Spring.
- Update on discussion with care home providers regarding possible options for providing respite care – March meeting

- Update on the work being undertaken in relation to hybrid workers – September meeting

The meeting closed at 12.08 pm.

CHAIR

5 February 2018**Agenda Item: 4**

REPORT OF DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH COMMISSIONING INTENTIONS 2019 ONWARDS

Purpose of the Report

1. To seek approval to Public Health commissioning intentions, along with approval to undertake consultation with key stakeholders, to align timescales by extending contracts where applicable, and to approve additional temporary staffing capacity to enable implementation.

Information

Context and Background

2. Since 1st April 2013, local authorities have been responsible for improving the health of their resident local population and for Public Health (PH) services including most sexual health services and services aimed at reducing drug and alcohol issues. This responsibility is reflected in the Council Plan 'Your Nottinghamshire, Your Future 2017-2021 and is explicit in ambition 6 'People are healthier'.
3. Contracts for current PH commissioned services will begin to expire from 30 September 2018. At the same time, future financial constraints include the end of the ring fence of Public Health grant March 2020 and the Council's own financial position as set out in the Medium Term Financial Strategy. Safely terminating these contracts, identifying options for how best to address future needs, and the letting of new contracts which deliver best value for money requires a planned approach.
4. Within this context an officer Task and Finish Group was set up to develop proposals for Public Health commissioning intentions. In developing these the following issues were considered:
 - Review of historical contract delivery and analysis of future need
 - Best service model (e.g. assessment of the relative merits of life course versus age-specific service models, and of service models which offer a more integrated approach to addressing the various needs of an individual versus separate services for addressing different types of need)
 - Capacity and competitiveness of the Public Health services provider market
 - Best procurement approach (e.g. options for securing increased influence in the market by "bundling up" services into a single tender)
 - The implications of the development of an Accountable Care System for PH commissioned services, and its potential as a means of commissioning for improved outcomes.

Commissioning Intentions

5. Table 1 below summarises the proposed commissioning intentions. The key proposed change is to move to an integrated “wellbeing” service that encompasses substance misuse, tobacco control, obesity prevention and weight management, wellbeing@work and public mental health within a single contract, in a life course approach. Such an approach would offer potential cost savings as well as achieving critical mass, effectively managing transition from children’s to adults’ services, and putting the service user at the centre of provision.

Table 1 Summary of Commissioning Intentions

Element	Approx value annual £	Proposal	Rationale and key assumptions	Compared to existing provision	Risks
Integrated “wellbeing” service	<p>Currently £11,680,608</p> <p>Proposed: £10,730,608</p> <p><i>The bundled service would need to achieve a saving of £950K against equivalent existing budgets from 2020/21</i></p>	<p>Commission a bundled lifestyle / wellbeing service in a life course approach encompassing</p> <ul style="list-style-type: none"> • Substance Misuse Services (SMS) • Tobacco Control • Obesity Prevention and weight management (OBPWM) • Wellbeing@work • Mental health 	<p>Rationale: Merger of services elsewhere has achieved critical mass in the context of budget constraints and some are judged effective.</p> <p>A life course service with a single provider has potential to manage transition from Children’s to Adult services. Evidence base in OBPWM and SMS supports a family based approach.</p> <p>A co-ordinated approach across key lifestyle services would put the service user at the centre of provision, able to move seamlessly across different service provision.</p> <p>Mental health could be included with focus on</p>	<p>The bundled service would integrate a mental health approach with appropriate referrals. Currently public mental health provision is limited to a single year’s funding for suicide prevention training.</p>	<p>Ability of market to support a bundled approach – presence of sufficient providers. May not be an attractive proposition to a non NHS provider not familiar with Nottinghamshire children’s public health/NHS/NCC infrastructure thus limiting the market</p> <p>Ability of providers to manage a bundled service, manage sub-contractors appropriately, and manage high risk elements e.g. SMS.</p> <p>Concentration of risk into a single contract / single provider.</p> <p>The model may limit the ability of the provider to fully integrate</p>

Element	Approx value annual £	Proposal	Rationale and key assumptions	Compared to existing provision	Risks
			<p>supporting general service users with mental wellbeing and appropriate referrals to GPs or Psychological Therapies. Demographic information in the Options Appraisal for mental health supports the integration.</p> <p>Assumptions: An integrated lifestyle service could potentially make referrals for NHS Health Checks for people in hard to reach groups.</p> <p>There would be the ability to specify which elements are most important to NCC as commissioner and to include pilot elements within the specification.</p> <p>Providers are willing to tender for this service.</p>		<p>with other Children & Young People and Adult services and partner organisations.</p> <p>Early evidence suggests that this model is less effective for some lifestyle change programmes particularly smoking cessation therefore performance could fall.</p> <p>Potential for some areas of activity to be squeezed in pursuit of those elements with easier outcomes.</p>
Sexual Health (SH)	<p>Current: £6,413,600</p> <p>Proposed: £6,313,600</p> <p><i>Planned £100K budget saving from 2020/21</i></p>	Continue service on existing timeframe and recommission on expiry (currently 2021 with options for extensions to 2024). From 2020/21, vary contract to address planned budget saving, following	<p>Rationale: Current integrated services commenced on 1 April 2016. Contract timeframes permit the opportunity to work with</p>		<p>Need to maintain open access as part of mandate</p> <p>Providers may not be willing to commit to a change in offer</p> <p>Changes may impact</p>

Element	Approx value annual £	Proposal	Rationale and key assumptions	Compared to existing provision	Risks
		discussion with the current providers and taking into account the recommendations from the refresh of the SH JSNA in June 2019.	<p>providers to agree where and how to make the required budget savings (with effect from April 2020) that have the lowest impact on SH outcomes and inequalities and which take account of the latest JSNA.</p> <p>Assumptions: Integrated Sexual Health Service providers are willing to negotiate on change to offer. Co-commissioner Nottingham City Council is willing for Notts CC to make adjustments.</p>		<p>Nottingham City provision which is part of the Framework agreement</p> <p>Reputational damage to the council if redundancies occur in Integrated Sexual Health Services as a result of budget reduction</p>
NHS Health Checks	<p>Current: £848,000</p> <p>Proposed: £591,000</p> <p><i>Reduction to annual budget from £848K to £591K by 2020/21 (£257K reduction)</i></p>	Continue as annual direct award with PC Hubs or GPs. Achieve savings by removal of underspend, adjustment of payments made to GPs to better incentivise practices to deliver checks to those most at risk.	<p>Rationale: GPs have access to patient data that enables them to identify the eligible population. No other provider is able to do this without the practices agreeing to put in place the relevant information sharing agreements. The GP-led service is cost effective and benchmarks well against market prices from other providers.</p>		<p>Risk of contract underperformance, managed by contract management mechanisms and additional performance management support from CCG leads.</p> <p>Maintain compliance with national mandate.</p> <p>The eligible population is increasing in size year on year, so there may be cost pressures if performance starts to improve.</p>

Element	Approx value annual £	Proposal	Rationale and key assumptions	Compared to existing provision	Risks
			<p>The new IT system reduces the administrative burden on practices and therefore is expected to increase the proportion of each practice population that is offered a check.</p> <p>Assumptions: Performance continues at its current level. The proportion of the population with high Cardio Vascular Disease risk (national figure) will not exceed 5% of the total (local) eligible population</p> <p>Delivery to GP registered population¹</p>		
Community Infection Prevention and Control service (CIPC)	<p>Current: £91,000</p> <p>Proposed: £60,000</p> <p><i>£31K budget reduction by 2020/21</i></p>	Work with CCGs to develop a co funded, CCG hosted CIPC service from April 2018 that provides a sustainable provision.	<p>Rationale: Depends on integrated working with CCGs, joint funding and CCG agreement to host the CIPC service.</p> <p>Assumptions: CCGs commit to fund the CCG focused provision CCGs agree to host a co-funded CIPC service</p>	Reduction to service with focus on residential and care home settings.	<p>Management of outbreaks may absorb all available resource leaving no opportunity for proactive audit and prevention work.</p> <p>May not be able to respond to new community infection threats as they arise (e.g Anti Microbial resistance to antibiotics).</p>

¹ GP registered population means individuals registered to a GP practice located within the County.

Element	Approx value annual £	Proposal	Rationale and key assumptions	Compared to existing provision	Risks
			Investment is sufficient to meet the outbreak management requirements within residential and care home settings		<p>Staff attrition may result in loss of expert clinical knowledge and skills.</p> <p>Failure to address healthcare associated infections in services commissioned by the LA (and other commissioners) carries risk of avoidable disability and death of residents and/or loss of independence.</p> <p>Reputational risk if stakeholders consider the LA is not undertaking its duty to protect the public's health.</p>
Domestic Violence and Abuse	<p>Current: £1,007,438</p> <p>Proposed: no change</p>	Extend existing contract to March 2020 to align timeframes with other contracts (and with known PH grant) Recommission on expiry.	Rationale: No issues identified with current service.	None proposed.	No change.
Healthy Child Programme (HCP) 0-19	<p>Current: £13,741,048 reducing over contract life</p> <p><i>Proposed: increase by £35,000 from 2019/20 to</i></p>	<p>Continue as is until contract expiry and recommission at that time. Expiry March 2020 with extension possible to 2024.</p> <p>From 2019, incorporate element</p>	Rationale: Existing contract started only 1 April 2017 and is already designed to deliver annual savings in light of budget constraints.	None proposed.	No change.

Element	Approx value annual £	Proposal	Rationale and key assumptions	Compared to existing provision	Risks
	<i>incorporate oral health activity</i>	of children's oral health, see below.			
Oral health	<p>Current: £83,000</p> <p>Proposed: £35,000, to be transferred to HCP, see above.</p> <p><i>Budget saving of £48K from 2019/20.</i></p>	Contract to be varied, March 2019. Statutory elements of service potentially to be subsumed into the 0-19 HCP contract after that.	<p>Rationale: Budget constraints have already been considered and provisional agreement secured to terminate non-statutory elements, with view to incorporating statutory elements within alternative existing contract.</p> <p>Assumptions: 0-19 provider will be willing and able to incorporate oral health aspects.</p>		<p>Risk of reduction in service as end of contract approaches. Mitigation: planning for transfer of activities into 0-19 contract.</p>

6. There is also potential to integrate Children's Centres within the Healthy Child Programme (HCP) 0-19. Further consideration could also be given to whether the HCP could also be included in the integrated wellbeing service, given that the first contract end date for HCP is 31 March 2020 (although extension options allow for continuation to 2024).
7. Outside of the integrated wellbeing service, some other Public Health services would continue to be commissioned separately, e.g. Sexual Health services, NHS Health Checks, Domestic Violence and Abuse.
8. The proposals in Table 1 relate to externally commissioned PH services only. Separate consideration will also need to be given in due course as to whether to continue the following in-house services:
 - a. Tobacco control activities to tackle illicit tobacco – annual Service Level Agreements in place.
 - b. ASSIST programme of smoking prevention in schools – delivered under licence by the Youth Service; expires March 2019 with no option to extend.
9. The intentions will require the extension of contracts on some existing commissioning services in order to align timeframes ready for potential integration. Specifically, the contracts for Substance Misuse (adults) and Domestic Violence and Abuse would need to be extended from September 2018 to March 2020, and the Obesity Prevention and Weight Management contract

would need to be extended from March 2019 to March 2020. These projected extensions are in line with extension provisions in existing contracts, but would be subject to agreement by the providers.

10. The overall timeframe for implementing the re-commissioning, should the intentions be agreed by Members, is as follows:

Time period	Action
May – November 2017	Needs analysis, options identification and assessment of outline proposals within Public Health staff team
Feb 2018	Formal Committee consideration of proposed intentions
Subject to authorisation	Extension of relevant contracts to March 2020
By end April 2018	Mitigation plan if providers do not agree to an extension
Subject to authorisation – by end March 2018	Initial consultation with stakeholders
Three months after consultation closes – by end June 2018	Development of detailed proposals
Six weeks after preparation of proposals – by end July 2018	Stakeholder engagement and consultation / soft market testing
From July 2018	Preparation of service specifications taking into account the results of consultation and testing
By end Dec 2018	Authorisation of procurement and award by Committee
By end March 2019	Tender period
By October 2019	Award of contract(s) for 1 April 2020 start
Oct 2019 – March 2020	Mobilisation phase
1 April 2020	Commencement of new service(s)

11. In line with the above timeframe, approval is sought to conduct initial consultation on the high-level commissioning intentions with key stakeholders – these include CCGs, Public Health England, and Health and Wellbeing Board partners. Initial consultation responses will be used to develop detailed proposals for more extensive stakeholder engagement, service user consultation and soft market testing.

Risk Analysis

12. Risks associated with each individual proposed intention are included in table 1. Risks will be exposed to soft market testing. Wider risks affecting the whole process include
- Lack of clarity over future budget beyond 1 April 2020 – changes to Public Health grant and level of resources not yet known
 - Development of Accountable Care Systems - implications for coverage, alignment of services, and costs of commissioning
 - Potential perceptions / feedback from external stakeholders and partners
 - Extension of existing contracts is subject to agreement by contractor(s). If they decline, alternative services would have to be procured earlier.

Capacity

13. Re-commissioning Public Health services requires an increase to current staffing on a temporary basis. Since the last round of service commissioning, addressing budgetary constraints has reduced the Public Health permanent staffing establishment by about 20%.

Even at its former level, during the last round of full service commissioning in 2015, the Public Health division was unable to accommodate the increased workload within its permanent establishment. To address this, additional resource was put in place through employment of two FTE staff members on temporary fixed term contracts. We have reviewed existing staff capacity in order to come to a conclusion that extra temporary capacity is required.

14. Options to increase capacity at the present time have been examined as follows:

Option	Cost estimate	Pros and Cons
1. Engage the Council's corporate Programmes and Projects Team, to work on project management aspects of the recommissioning process for a fixed term of 18 months.	Per FTE Band D Project Manager = £56,932 per year (top of scale; includes on costs, includes allowance for 2018 estimated pay award) 2 posts x 18 months = £170,796 (£113,864 per full year)	Would bring specialist project and programme management skills, plus familiarity with the Council's processes and ways of working. Potential to be faster to execute than formal recruitment. Availability would depend on competing priorities within the Programmes and Projects Team – needs further exploration of feasibility. May have limited ability to undertake mobilisation elements requiring specialist Public Health knowledge – hence costs assessed for 18 months only.
2. Recruit to temporary posts within Public Health to support the recommissioning process for a fixed term of up to 24 months.	1 x FTE Band E Health Improvement Principal (to lead a time-limited recommissioning team) plus one Band D Public Health and Commissioning manager. Band E max cost £63,372 per year (top of scale, includes on costs, estimate for 2018 pay award) Band D max costs at £56,932 Annual cost at £120,304; for two years £240,608.	Potential to attract staff with specialist Public Health skills and insight. Potential career development for staff within the authority – opportunity to gain PH experience, including at a more senior level. There can be difficulties in successfully recruiting to fixed-term posts, but this method was a successful approach previously at Band D. Lead-in time would be necessary to allow for recruitment processes. Training and induction overhead – could affect efficiency at initial stage. Would be able to undertake mobilisation elements requiring specialist Public Health knowledge – hence costs assessed for 24 months.

3. Seek secondments from NHS or health organisations with commissioning experience	To be explored, but likely to be more expensive than above options	Potential to bring in staff with specific skills and experience around health service commissioning. Likely to be unfamiliar with Council processes. Likely to be more expensive than other options.
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15. Having considered these options in conclusion the preferred option is 2. Having explored option 1 there is insufficient existing capacity to undertake this work, and option 3 is expected to be more costly.
16. Two fixed term posts for a maximum period of two years, one at Hay Band E and one at Hay Band D, would cost a maximum of £120,304 per year (top of scale, including on costs) i.e. maximum total cost of £240,608. This can be met from within the Public Health reserves, where there remains just over £1M of unallocated funds.

Other Options Considered

17. All Public Health Services were reviewed by the Task and Finish Group to examine whether they could be included in an integrated approach. The reasons why other services were not included in the integrated wellbeing bundle are set out in Table 1.
18. With regard to time options for making the change, another option assessed was a 1 April 2019 start, which would entail termination of the smoking cessation contract a year early. This option was discounted as it would not leave sufficient time for soft market testing prior to detailed consultation and procurement, nor would it allow sufficient time for mobilisation.
19. Other options to increase staff capacity are set out at paragraph 14 above. Other options were either less cost-effective or would potentially not provide the range of skills needed.

Reason for Recommendations

20. The proposed commissioning intentions represent the optimum approach to address budget constraints whilst still maintaining sufficient Public Health commissioned services to be able to address health need in the population.
21. With regard to timeframes, a 2020 start for the new integrated service would:
- Allow sufficient time for soft market testing prior to consultation and procurement process
 - Allow sufficient time for mobilisation
 - Permit greater certainty about budget – a year beyond the ring fence for the Public Health grant
 - Align with timeframes for ACS development and potential change to commissioning landscape
22. With regard to capacity, the establishment of temporary posts is an approach which worked successfully in the division to accommodate the last round of re-commissioning, and is affordable within the available Public Health reserves.

Statutory and Policy Implications

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

Financial Implications

24. The financial envelopes indicated for the commissioning intentions would deliver £1.386M of savings to address known future budget reductions. However in the case of the worst case scenario being used for planning there would remain an additional cost pressure currently forecast at £3.485M in 2021/22.

25. With regard to the requirement for additional staff capacity, the cost of establishing two temporary posts for a maximum period of two years would be £240,608. This can be met from within the Public Health reserves, where there remain just over £1M of unallocated funds.

Human Resource Implications

26. The temporary posts will be recruited to and appointed on fixed term contracts.

Implications in relation to the NHS Constitution

27. Changing to an integrated wellbeing service for some elements of public health services is in line with the values of the NHS Constitution, because it will provide for a patient-centred approach (Value 4). At the same time, the NHS has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population (Value 1). The services to be included in the proposed integrated wellbeing service are those which disproportionately affect particular sections of society.

RECOMMENDATION/S

- 1) That Members approve the outline commissioning intentions for further development, as set out in Table 1.
- 2) That Members approve consultation with key stakeholders on the commissioning intentions.
- 3) That Members approve the outline timeframe for start of new integrated service at 1 April 2020 and approve extension of relevant existing contracts to 31 March 2020, in line with extension provisions in existing contracts.
- 4) That Members approve the establishment of two two-year fixed term posts, one Public Health Principal graded at Hay Band E and one Public Health and Commissioning Manager graded at Hay Band D, to support the recommissioning process, and also approve the funding for these posts from Public Health reserves.

Barbara Brady
Director of Public Health

For any enquiries about this report please contact:

Kay Massingham, Public Health Executive Officer

kay.massingham@nottsc.gov.uk

Constitutional Comments (LMC 4.1.18)

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

Financial Comments (DG 24.01.18)

29. The financial implications are contained within paragraphs 24 and 25.

HR Comments (SJJ 08/01/2018)

30. These are contained within paragraph 26

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.

Electoral Division(s) and Member(s) Affected

- All

5 February 2018**Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE AND
DIRECT SERVICES****ADULT SOCIAL CARE AND COMMERCIAL DEVELOPMENT****Purpose of the Report**

1. The purpose of this report is:
 - a) to provide an update on the work the County Horticulture and Work Training Service has been doing with the Council's Commercial Development Unit
 - b) to seek approval to commence formal consultation with staff, service users and carers on a proposal to reduce the annual running costs of the County Horticulture and Work Training Service, and to report back to Committee on the consultation
 - c) to provide a summary of the work undertaken to explore alternative models of service delivery for some of the Council's directly provided adult social care services
 - d) to set out the ability of the Council's directly provided adult social care services to trade and to seek approval for these services to continue to be managed under direct Council control and that opportunities are sought to reduce running costs through commercial development where appropriate.

Information**County Horticulture and Work Training Service**

2. The County Horticulture and Work Training Service, also known as Brooke Farm, supports service users with learning disabilities and Asperger's Syndrome to gain horticulture skills through growing seasonal produce and plants, which are sold in a shop at the Linby site and at other locations around the County. A Grounds Maintenance and Golden Gardens Service, employing people with disabilities, delivers garden maintenance and gardening to Council facilities, private establishments and local residents. The service operates from three sites at Linby, Skegby and Balderton.
3. Eight staff with disabilities are part of a workforce of 24.6 full-time equivalent (FTE) workers and 60 work trainees, or service users, attend the service across the week. The service has continued to be supported throughout all of the Council's recent financial challenges out of recognition that paid work and meaningful occupation bring numerous benefits that enhance wellbeing, confidence and quality of life. However, the annual net running costs of the County Horticulture and Work Training Service are £663,000 which presents a challenge for the Council in terms of longer term sustainability.

4. The Commercial Development Unit has been established as a Council wide function to support Council services to develop ideas that will generate new income and reduce service delivery costs. The County Horticulture and Work Training Service has worked with the Council's Commercial Development Unit in order to identify opportunities to increase the income generated from the sale of goods and services to the public and to reduce the cost of providing the service.
5. A range of initiatives have been identified through this work which could be implemented over a four year period. This would support the Council to maintain the County Horticulture and Work Training Service but at a reduced and more sustainable cost.

Proposal to reduce the annual running costs of the County Horticulture and Work Training Service

6. The three main elements of the proposal are:
 - a. to undertake improvements to the Brooke Farm, Linby, site to increase customer numbers and average spend
 - b. to reduce operating costs by vacating the site at Skegby and supporting work trainees to transfer to the Linby or Balderton site
 - c. to cease all Grounds Maintenance and Golden Gardens activity.
7. It is anticipated that the proposal, after four years, will reduce annual running costs by at least £110,000, with the potential for greater savings up to a total of £249,000, during and beyond this period.
8. The reduction in annual running costs anticipated is an amendment to the indicative savings profile previously reported to the Finance and Major Contracts Management Committee as part of an update on the work of the Council's Commercial Development Unit. The amendment reflects both a revised approach to the staffing profile and also further work that has been undertaken to review the income and savings potential. Further progress reports will be brought back to both Committees in due course.
9. The three elements of the proposal are detailed in **paragraphs 10 – 22**.

Proposal to undertake improvements to the Brooke Farm, Linby, site

10. Improvements to the Brooke Farm, Linby, site, which are designed to increase customer numbers and average spend include:
 - a. extending the shop opening hours and improving car parking for customers
 - b. reviewing the product offer sold in the shop, ensuring that more popular and more profitable lines are stocked and that waste is reduced to a minimum
 - c. improving the location and size of the existing café and increasing the range of food and drink available
 - d. developing a purpose built children's play area to encourage families to visit the site
 - e. increasing the range of plants that are available throughout the year and creating a dedicated plant sales area.

11. A one-off capital investment of £353,000 has been requested to support the proposed improvements at the Brooke Farm site. A new Commercial or Retail Manager post will be required to assist in the implementation of the proposed changes.
12. It is anticipated that, by increasing customer numbers and average spend, this element of the overall proposal will reduce the annual running costs of the service by approximately £32,000 after four years. In addition, the proposed improvements will increase the range of work experience opportunities available to work trainees.

Proposal to vacate the Skegby site

13. The site at Skegby has been proposed for potential housing development as part of the Ashfield District Plan and it is possible that the service will need to vacate this site in the coming years to accommodate this.
14. Work trainees who access the service at the Skegby site would be supported to transfer to an alternative County Horticulture and Work Training Service site at either Linby (Brooke Farm) or Balderton. With the proposed improvements at the Brooke Farm, Linby, site there will be a greater range of work experience opportunities for work trainees to choose from.
15. Two full-time equivalent (FTE) Employment Support Workers (Grade 5) at the Skegby site will be at risk of redundancy as a result of this proposal and will be offered support to identify a suitable redeployment opportunity within the Council. A vacant part time (0.5 FTE) Caretaker post (Grade 1) will be deleted from the staffing structure.
16. It is anticipated that, by vacating the Skegby site, this element of the overall proposal will reduce the annual running costs of the service by approximately £94,000 a year. In addition, vacating the site will release an estimated capital receipt of £3.7 million for the Council.

Proposal to cease the Grounds Maintenance and Golden Gardens services

17. The Grounds Maintenance and Golden Gardens services deliver garden maintenance and gardening to Council facilities, private establishments and local residents. The service is heavily subsidised by the Council and costs substantially more to deliver than the income it generates. The service is not commercially viable in a competitive market and customer numbers continue to drop. It is therefore proposed that all of the Grounds Maintenance and Golden Gardens activity is ceased.
18. The Grounds Maintenance and Golden Gardens services employs eight people (7.7 FTE) with disabilities as Horticulture Operatives (Grade1). It is proposed that these individuals are offered the following two options:
 - a. the opportunity to take voluntary redundancy or,
 - b. the opportunity to be retained in supernumerary Grade 1 positions at the Brooke Farm site for up to a maximum period of four years (concurrent with the length of the business case implementation period), during which time they will be provided with support by the Council's I Work supported employment service to undertake additional work skills training to find alternative permanent job roles. If after the four year period any of the Horticulture Operatives have been unable to find an alternative post it is recommended

that consideration should be given as to whether redundancy should be offered again. There is however a good degree of confidence that this will not be necessary, as given the proposed improvements to the Brooke Farm, Linby, site it is anticipated that over the period of the business case implementation, additional employment opportunities will arise.

19. A vacant 1.0 FTE Supervisor post (Grade 4) and 1.95 FTE vacant Horticulture Operative posts (Grade 1) will be deleted from the staffing structure.
20. It is anticipated that, by ceasing the Grounds Maintenance and Golden Gardens services and supporting the Horticulture Operatives to find alternative employment, this element of the overall proposal will reduce the annual running costs of the service by approximately £123,000, after consideration of the loss in income. If all of the eight Horticulture Operatives remain in post for the duration of the four year period the cost to the service would be an additional £16,000 a year when compared to the 2017/18 budget for the service. This is because some income will be lost by ceasing the services.
21. After four years it is anticipated that the overall impact of all of the three initiatives will be a reduction in the annual running costs of the County Horticulture and Work Training Service of between £110,000 and £249,000, depending on the number of Horticultural Operatives that continue to be supported in supernumerary posts over that period.
22. Approval is therefore sought to consult with staff, service users and carers on the proposal to reduce the annual running costs of the County Horticulture and Work Training Service.

Alternative Models of Service Delivery for Adult Social Care Services

23. In addition to the County Horticulture and Work Training Service, the Council runs a wide range of directly provided adult social care services, including:
 - Day Services – day care for all service user groups at 10 locations countywide
 - Short Breaks – three short term respite care sites for younger adults with disabilities
 - Shared Lives – respite and residential care for service users in a carer's own home
 - I Work Team – support to help adults with a disability to find paid or voluntary employment
 - County Enterprise Foods – a community meals and supported employment service
 - Church Street – an 8 bed residential home for service users with a learning disability.
24. These directly provided adult social care services employ approximately 550 staff and provide support to approximately 2,500 service users. In order to ensure that the services can be sustained in the face of ongoing financial challenges, work has been undertaken to explore a range of alternative models of service delivery. Possible options have been explored as follows:
 - continue to manage the services under direct Council control
 - transfer the services into a new Council owned local authority trading company
 - transfer the services into a joint venture company and share ownership with another Council
 - transfer the services into a new social enterprise company

- outsource the services to an existing organisation in the independent care sector.
25. Significant work has been undertaken by Council officers with some external legal and commercial advice to support this. Each of the models explored have different benefits and risks. Whilst all of the models were potentially viable, with the Council able to choose to adopt any of them, a desk top appraisal of the models initially indicated that the transfer of the services into a new Council owned local authority trading company could offer the most potential benefits to the Council, to the services and to service users. The main benefits noted were:
- a local authority trading company could develop new services for the Council and step in to manage failed services in the care market in order to meet the Council's obligations under the Care Act
 - a local authority trading company would have freedom to trade and provide services to organisations and persons other than the Council, provided that this was no greater than 20% of the company's total activity
 - a local authority trading company could introduce changes in order to reduce costs in ways that the Council could not, i.e. differences in employee terms and conditions
 - any profit generated by a local authority trading company could be reinvested back into the services or returned to the Council to reduce the cost of the services.
26. The appraisal also identified a number of risk factors, including:
- the transfer of the services into a local authority owned trading company could involve some disruption to service delivery. Given the current pressures on social care funding and the instability in some sectors of the external care market, any level of disruption could present a significant risk for the Council in terms of its ability to meet its obligations under the Care Act
 - the transfer would require substantial investment. It was not anticipated that there would be a return on investment in the initial two years of trading (in fact costs would be likely to increase for this period) and although the potential for a return on investment was indicated in the longer term, this could not be guaranteed.
27. Subsequently, bearing these risk factors in mind, and in the light of the development of the Council's Commercial Development Unit, which supports services to increase commercial opportunities and reduce costs, combined with the legal advice described in **paragraph 28** about the ability of Council run services to trade, it was perceived that many of the same benefits of transferring the services into a local authority owned trading company could be realised, at a reduced level of risk, whilst retaining the services under direct Council control.

Ability of Council run Adult Social Care Services to Trade

28. Legal advice sought has confirmed that the Council is able to trade, or sell its services, to other local authorities, organisations or private individuals, providing this is not undertaken in order to make an overall profit. This means that the Council could make a charge for a product or service in order to cover the costs of providing that product or service as long as the charge does not exceed the cost to the Council of providing that product or service. In determining the charge, the Council would need to take into account the full cost to the Council of providing that product or service, including any associated central costs.

29. The Council has a duty to provide care and support to people who have eligible adult social care and health needs and a duty to provide financial support to cover the cost of care and support for those people who, after financial assessment, are eligible to receive it. Any work undertaken to develop the commercial potential of the Council run adult social care services will not affect these people. There could be greater opportunities, however, to sell services to people who fund their own care, to other local authorities and to external organisations. Providing it was not on a regular basis, the Council can also sell services to people in receipt of a Direct Payment from the Council. Any additional income that is generated by the services will reduce the subsidy required from the Council to sustain them.
30. Building on the work already undertaken between the County Horticulture and Work Training Service and the Commercial Development Unit, it is proposed that the Council's directly managed adult social care services continue to be managed, as now, under direct Council control and that opportunities are sought to reduce running costs through commercial development where appropriate. The Council may wish to further consider options for alternative service delivery models at a future point.

Other Options Considered

31. In respect of the proposal to cease the Grounds Maintenance and Golden Gardens services (detailed in **paragraphs 17-20**) other options considered were:
- a. to seek full cost recovery through an increased charge - however it was anticipated that this would make the service unaffordable for the majority of customers
 - b. to continue to operate the services as now - this would mean that the Council would be continuing to provide a heavily subsidised service for private customers and would negatively impact on the overall ability to reduce the running costs of the County Horticulture and Work Training Service.
32. The alternative models of service delivery that were explored for some of the Council's directly provided adult social care services are described in **paragraph 24**.

Reason for Recommendations

33. The proposal to reduce the annual running costs of the County Horticulture and Work Training Service will support the Council to maintain the service but at a reduced and more sustainable cost.
34. The proposal to retain Council run adult social care services under Council control and to seek to explore commercial development opportunities where appropriate will allow the Council to work towards reducing the running costs of the services at a reduced level of risk compared to the alternative models of service delivery considered.

Statutory and Policy Implications

35. 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

36. The proposal to reduce the annual running costs of the County Horticulture and Work Training Service will allow the Council to reduce the subsidy required to maintain the service by between £110,000 and £249,000 a year (after four years) depending on the number of Horticultural Operatives that continue to be supported in supernumerary posts over that period.
37. A one-off capital investment of £353,000 has been requested through the Commercial Development Unit to support the proposed improvements on the Brooke Farm, Linby site.

Human Resources Implications

38. Subject to the outcome of consultation with the staff group and their trade union representatives, any change to the opening times of the Brooke Farm shop and improved café may require staff to adopt different working hours and to develop a wider range of skills.
39. Two full-time equivalent Employment Support Workers (Grade 5) currently employed at the Skegby site, may be at risk of redundancy because of the proposal to vacate the Skegby site. Subject to the outcome of consultation with affected staff and their trade union representatives, any individuals who are subsequently identified as being at risk of redundancy will be offered the opportunity to seek voluntary redundancy if this is their wish or support to identify a suitable redeployment opportunity, in line with Council policy. A vacant part time (0.5 FTE) Caretaker post (Grade 1) at the Skegby site will be deleted from the staffing structure.
40. Of the Eight Horticultural Operatives (7.7 FTE at Grade 1) who are disabled workers, four are supported through a Department for Work and Pensions specialist disability employment programme and are employed in the delivery of the Grounds Maintenance and Golden Gardens services. Subject to the outcome of consultation it is proposed that these services are ceased and that, as described in **paragraph 17**, the Horticultural Operatives are offered the opportunity to take voluntary redundancy or the opportunity to be retained in a supernumerary position at the Brooke Farm site for up to a maximum period of four years, during which time they will be provided with support by the Council's I Work supported employment service to undertake additional work skills training to find alternative permanent job roles. If after the four year period, any of the Horticulture Operatives have been unable to find an alternative post it is recommended that consideration should be given as to whether redundancy should be offered again. There is however a good degree of confidence that this will not be necessary, as given the proposed improvements to the Brooke Farm, Linby, site it is anticipated that over time additional employment opportunities will arise.
41. A vacant 1.0 FTE Supervisor post (Grade 4) and 1.95 FTE vacant Horticulture Operative posts (Grade 1) linked to the Grounds Maintenance and Golden Gardens services will be deleted from the staffing structure.

Public Sector Equality Duty Implications

42. An equality impact assessment has been undertaken for the proposal to reduce the annual running costs of the County Horticulture and Work Training Service and is available as a background paper to this report. The equality impact assessment will need to be reviewed in response to the consultation on the proposal with staff, service users and carers.

Implications for Service Users

43. The development of an improved shop, café and plant sales area at the Brooke Farm site will increase the range and capacity of work training activities available to service users.
44. Work trainees who currently access a service at the Skegby site would be supported to transfer to one of the remaining County Horticulture and Work Training sites at Linby or Balderton. If, on an individual basis, this was not an appropriate option, alternative service provision may need to be identified.

Implications for Sustainability and the Environment

45. Based on the results of a customer survey within Linby village, it is considered that the proposed developments at Brooke Farm would have a positive impact on the local community in terms of the improved facilities and products that customers would be able to take advantage of.
46. The site at Skegby has been proposed for potential housing development as part of the Ashfield District Plan and it is possible that the service will need to vacate this site in the coming years to accommodate this.
47. Private customers and organisations, including the Council, who are customers of the Grounds Maintenance and Golden Gardens services will need to find alternative suppliers.

RECOMMENDATIONS

That Committee:

- 1) gives approval to commence formal consultation with staff, service users and carers on a proposal to reduce the annual running costs of the County Horticulture and Work Training Service, and to report back to Committee on the consultation
- 2) gives approval for the Council's directly managed adult social care services to continue to be managed under direct Council control at this time and that opportunities are sought to reduce running costs through commercial development where appropriate.

Ainsley Macdonnell

Service Director, North Nottinghamshire and Direct Services

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Constitutional Comments (SLB 22/01/18)

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

Financial Comments (DM 19/01/18)

49. The financial implications are contained within paragraphs 36 and 37 of the report.

HR Comments (SJJ 22/01/18)

50. The human resources implications are implicit in the body of the report.

Background Papers and Published Documents

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

Equality Impact Assessment for the proposal to reduce the running costs of the County Horticulture and Work Training Service

Commercial Development Unit: service outcomes and approval – report to Finance and Major Contracts Management Committee on 18 December 2017.

Electoral Divisions and Members Affected

All.

ASCPH521

5 February 2018**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE****DEPRIVATION OF LIBERTY SAFEGUARDS: OUTCOME OF COMMUNITY
CARE OFFICER PILOT****Purpose of the Report**

1. To share the outcome of the pilot to introduce the Community Care Officer role into the Countywide Deprivation of Liberty Safeguards (DoLS) team.
2. To seek the approval of Committee to permanently establish up to 4 full-time equivalent (FTE) Service Advisor posts (Grade 4) within the Countywide DoLS team.

Information

3. In September 2016, Adult Social Care Health Committee approved a request to establish 4 FTE temporary Community Care Officer (CCO) (Grade 5) posts for 12 months as a pilot within the Countywide DoLS team. Following successful recruitment into these roles, the 12 month contracts for these posts are due to end during April 2018.
4. The purpose of the CCO posts was to support Best Interests Assessors (BIAs) to complete assessments and to take on a range of tasks relating to managing the DoLS process to enable improved assessment capacity of social work qualified staff.
5. The rationale for establishing the temporary posts was twofold:
 - introducing the posts provided an opportunity to pilot a new process recommended by the Association of Directors of Adult Social Services (ADASS) for risk assessing referrals and completing assessments using a desktop based process
 - the posts also enabled the team to test assumptions within the ADASS proposal that some work completed by BIAs and Senior Practitioners could be delegated to a non-qualified role to release assessment capacity from existing resources.
6. The overall aim of the pilot was to establish whether a non-qualified role would help the team increase capacity to manage increased demand for assessments, improve quality of service and ensure that statutory responsibilities are being met.

Using a non-qualified role to support a desktop assessment process

7. The process described within the ADASS guidance recommended using a non-qualified role to gather information and intelligence from existing records and pre-populate aspects of the six assessments that form the DoLS process. The BIA would then focus their activity strictly on tasks where the skills of a BIA are required. The guidance also suggested a process by which all or the majority of assessment activity could be conducted over the telephone and that the person being assessed did not always have to be seen 'in person' if they met specific criteria following a risk assessment.
8. In practice, introducing the CCO role to this process caused duplication in information gathering and scrutiny. For DoLS work, ultimately the BIA is responsible for the assessment and there is no equivalent lower level assessment work that the CCO can do instead of the BIA. Undertaking the CCO pilot, has however, enabled a more concise assessment process to be successfully introduced as a result of working with the ADASS guidance. It also identified other tasks that can be delegated to non-qualified workers in order to free up qualified staff time to focus on undertaking assessments.

Delegation of other tasks to a non-qualified role

9. Aside from piloting using a non-qualified role to support a desktop assessment process, it was recognised that the pilot provided additional opportunities to test how a non-qualified role could have other benefits for the DoLS team, particularly increasing assessment capacity from existing resources.
10. An operational challenge within the team is how to best utilise the expertise of Senior Practitioners and balance duties to support best practice alongside using their expertise to complete complex assessments. Establishing the CCO role within the team has allowed a number of tasks and duties to be delegated away from Senior Practitioners. During the pilot, CCOs have taken on the following duties:
 - screening and prioritising referrals
 - allocation of cases to BIAs
 - tracking 'live' cases through the process and highlighting any issues and causes for concern
 - liaison with hospitals and care homes
 - screening of reports of paid representatives to highlight risks and issues
 - monitoring of authorisations in place and whether Conditions are being followed
 - screening of short breaks and emergency care referrals
 - contacting the Office of the Public Guardian to check for existing Power of Attorney in cases
 - making safeguarding referrals as required.
11. Undertaking this level of work has achieved a number of positive outcomes for the service for the duration of the pilot. The number of assessments Senior Practitioners completed during this period improved. An analysis of all allocations to the Countywide DoLS team showed that between July and September 2017 (between month 3 and month 6 of the pilot) the average number of assessments allocated to Senior Practitioner colleagues increased from 1.5 cases per week to 2.2 cases per week. This suggests that after the initial investment in time was made during the first three months to establish the remit,

processes and protocols of the post, Senior Practitioners were able to delegate more tasks and undertake more assessments themselves.

12. CCOs have been able to undertake scrutiny of a greater volume of cases where DoLS authorisations are in place to make sure that any conditions of an authorisation are being met. As part of the assessment process, BIAs are required to identify a family member or friend of the person being assessed who will be the Relevant Person's Representative (RPR) and protect their interests throughout the process. The RPR must maintain regular face-to-face contact with the person being deprived of their liberty, ensure that their interests are being safeguarded and that any recommendations or conditions made by the BIA during the assessment are being implemented. By way of example, a DoLS might have been authorised subject to the person's GP reviewing their medication to ensure it is appropriate. If the RPR has any concerns then they can raise these with the central DoLS team to take action. They can also support the person to make a formal complaint or request a review of the DoLS authorisation by the Court of Protection.
13. The Council has to ensure that the RPR is consulted and fully communicated with during the assessment process. The CCOs have provided much needed additional capacity to enable communication with the rising number of RPRs, to check that they understand and are fulfilling their role correctly and are reporting any concerns to the Council. As the volume of cases the Council is managing has increased, the amount of follow up work that is necessary in working with RPRs has also increased. The CCOs have shown that the increasing volume of work with RPRs can be supported by non-BIA qualified staff.
14. If a family member or friend cannot be identified to be the person's RPR, the BIA has to arrange for a Relevant Person's Paid Representative (RPPR) to undertake the role. The RPPR has the same roles and responsibilities as a RPR but is a paid professional and must provide written reports to the Countywide DoLS team at an agreed frequency. CCOs have been able to read and screen these in order to identify any which raise concern and need passing to a BIA for action. BIAs do not monitor that conditions are being complied with unless an issue is raised by an RPR.
15. The ability to check all the reports is therefore crucial to ensuring that the person who is under the DoLS authorisation is not at risk. It is a legal requirement to monitor compliance with conditions in this way and the Council is open to challenge if it is unable to evidence that the conditions of the authorisation set are being met. The pilot has shown that this investigatory work can be completed by a non-qualified worker, which frees up BIA time for assessments and supports the Council managing risk effectively for a larger number of 'active' cases where a DoLS authorisation is in place.
16. An additional aspect of the CCO role has also been to work with external partners, such as care homes and hospitals. Each CCO has had oversight of care homes within a locality (or localities) within Nottinghamshire. CCOs have been conducting visits to Managing Authorities where there is evidence that they have not understood the referral process correctly or if there have been persistent mistakes within the information that they have shared. CCOs have been able to meet with care home managers and relevant staff to signpost them to helpful information and have been able to offer advice on making referrals. The work has helped to reduce instances of inappropriate referral and has enabled greater self-support through signposting to online resources and information. Both of these outcomes reduce pressure on BIAs, as they are less likely to be required to

use their time on cases where a Managing Authority has made a mistake on a large number of cases and also reduces the number of inbound queries the team has to manage day-to-day.

17. CCOs have also been involved in ensuring the Countywide DoLS team continues to be responsive in active prioritisation of referrals from hospitals, where circumstances are more likely to change quickly. For example, the urgency of referrals may change quickly, or may not be required at all if a person is to be discharged. This capacity offered by CCOs has ensured that this is done on a more consistent basis and enabled Senior Practitioners to focus on other duties. Both hospitals and care homes have given excellent feedback about the input of CCOs, commending their ability to give information and help managers to support their staff.

Summary

18. The legislative requirements of the DoLS process mean that it is difficult for a non-qualified worker to do any meaningful work to prepare an assessment without duplicating the work of the BIA. The CCO job description includes the requirement to manage a case load and complete Community Care Assessments, which is not applicable in the DoLS team. Therefore, establishing CCO posts within the team is not the appropriate option.
19. However, the pilot has proved that a non-social work qualified role that is supervised by Senior Practitioners can ensure better utilisation of skills within the team. The evidence has shown that this work had added a great deal of value to the work of the team, both in terms of increasing productivity and managing risk. As a result, the conclusion drawn from the pilot is that a Service Advisor (Grade 4) role would ensure that the positive outcomes of the pilot could continue to be achieved. The pilot confirmed that there is a sufficient volume of work for up to 4 FTE roles.

Other Options Considered

Retaining the CCO role

20. Other ways to implement the ADASS guidance in full using the CCO role have been considered. However, learning the lessons from the pilot has indicated that the likelihood of finding a solution through greater investment of time and resources into looking at these issues is low.

Business Support roles

21. The evaluation considered whether the Business Support Administrator (BSA) role at Grade 3 is an appropriate role to undertake the tasks. This is not appropriate, however, as the non-qualified role requires social work related tasks to be undertaken with independent, autonomous judgements being made under the supervision of Senior Practitioners. The Service Advisor role will be directly supervised by social work staff and the pilot has proved that this relationship is integral to the success of having a non-qualified role within the team. This line management relationship is also important because the role is outwardly facing in going to care homes and hospitals to work with partners.

Revert to the previous model

22. The final option that was considered was to allow the CCO pilot to come to an end and for the roles to not be replaced in any form. This would mean that tasks delegated to CCOs during the pilot would revert to Senior Practitioners. Although the money that would be invested in posts could instead fund additional assessment capacity, any such gain would be negated because the numbers of assessments completed by Senior Practitioner would reduce. Therefore, following this option would represent a false economy to the service and would have a detrimental impact on enabling the team to meet its objectives and on staff morale in an area of adult social care that is particularly challenging to recruit to.

Reason/s for Recommendation/s

23. The recommendation to establish up to 4 FTE Service Advisor (Grade 4) posts is made on the basis of it being the best option available in enabling the Countywide DoLS team to meet its objectives to improve productivity from available resources, manage risk and to meet statutory obligations. The rationale for establishing 4 FTE posts is based on the volume of work that Service Advisors would be required to complete, which would be equal to or more than what the CCO posts managed during the pilot.
24. Funding for these posts will be met within existing resources. Using existing resources to establish this role within the team represents best value for money and most efficient use of resources compared to the alternative options available. The recommendation is to allow up to 4 FTE posts to be established, however, it would be the intention to recruit initially to 2 FTE posts and then review their impact before making a decision on how much capacity is required once the new posts become fully functional. If the funding is not required for either of the additional two Service Advisors then this will be used to fund additional assessments through the Council's agency contract.

Statutory and Policy Implications

25. 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

26. The cost of establishing 4 FTE Service Advisor posts is shown in the table below. However, funding of these posts would be from existing resources. The intention would be for two posts to be in place by April 2018 and if the additional two posts are necessary, they will be in place by end of 2018.

	Salary cost (including on costs)	Mileage	Total
Service Advisor (Grade 4) Authorised Car User Status	£111,020 (£27,775 per FTE)	£2,000 (£500 per FTE)	£113,020 (£28,275 per FTE)

27. The requirement to fund set up costs for the Service Advisor roles will depend on recruitment to these posts. If any costs are incurred, such costs will also be met within the current budget.

HR Implications

28. The CCO posts have fixed term contracts, which come to an end during April 2018 and 1 FTE post is currently vacant. Employees in these posts with at least 12 months service are eligible for support with redeployment for the length of their notice period.
29. In the event of the current CCO post holders being re-deployed to the Service Advisor posts, as the Service Advisor posts are at a grade lower than the CCO posts, these employees would receive pay protection at Grade 5 for two years. The current post-holders would have priority through redeployment for the Service Advisor posts but would be encouraged to apply for posts that are Grade 5.
30. During the notice period staff are supported with redeployment which in this case would include consideration of the Service Advisor posts. If at the end of their notice period they have not been redeployed, they could if they have two years continuous service, be eligible for a redundancy payment.

RECOMMENDATION/S

That Committee:

- 1) supports the findings of the pilot to introduce the Community Care Officer role into the Deprivation of Liberty Safeguards team
- 2) approves the permanent establishment of up to 4 FTE Service Advisor (Grade 4) posts within the Countywide Deprivation of Liberty Safeguards team.

Sue Batty
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Constitutional Comments (LM 08/01/18)

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

Financial Comments (AGW 25/01/18)

32. The Financial Implications are contained within paragraphs 26 and 27 of the report.

HR Comments (MS 04/01/18)

33. The HR implications are contained within the body of the report.

Background Papers and Published Documents

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

Deprivation of Liberty Safeguards - report to Adult Social Care and Health Committee on 12th September 2016

Electoral Division(s) and Member(s) Affected

All.

ASCPH520

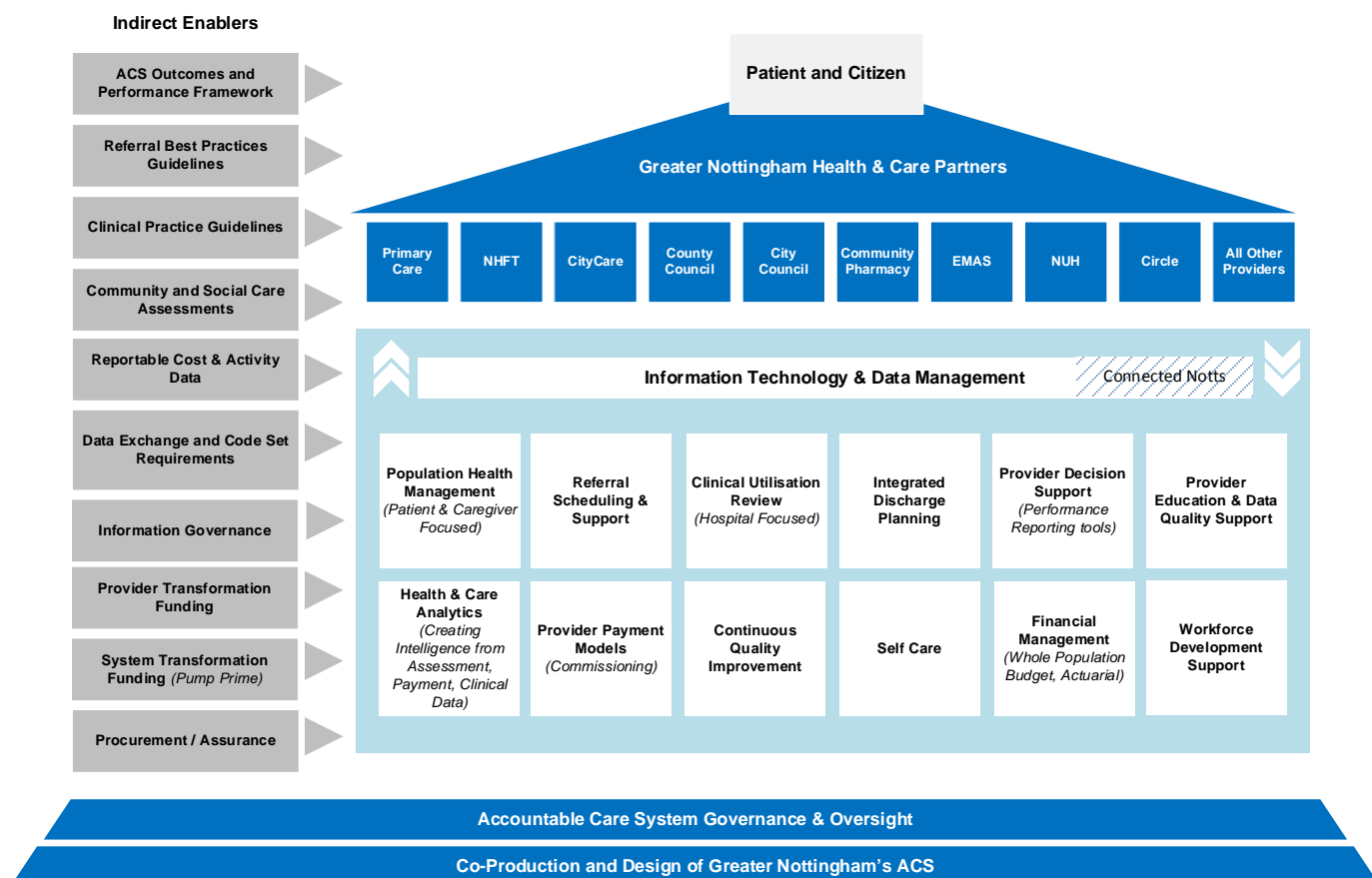
5 February 2018**Agenda Item: 7****REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****UPDATE ON THE DEVELOPMENT OF AN INTEGRATED HEALTH AND SOCIAL
CARE PARTNERSHIP IN SOUTH NOTTINGHAMSHIRE AND NOTTINGHAM****Purpose of the Report**

1. This report advises Committee on progress with the development of an integrated Health and Social Care partnership in South Nottinghamshire and Nottingham (shortened to Greater Nottingham in formal correspondence) as part of the Sustainability and Transformation Partnership in Nottinghamshire and Bassetlaw.

Information**Background**

2. NHS England announced on 15th June 2017 that the Nottingham and Nottinghamshire Sustainability and Transformation Partnership (STP) will be an accelerator site to develop an Accountable Care System (ACS) with an early focus on South Nottinghamshire and Nottingham. It is one of only eight sites nationally. Additional funding of £3.4m was awarded to progress this development.
3. An Accountable Care System has NHS organisations (both commissioners and providers), often in partnership with councils, taking on collective responsibility for resources and population health. They provide joined up, coordinated care.
4. This Transformation Programme is overseen by the Greater Nottingham Transformation Partnership (GNTP) which is made up of the four clinical commissioning groups (CCG: Nottingham North and East, Nottingham West, Rushcliffe and Nottingham City) city and county councils, Nottingham University Hospital Trust, Nottingham's Citycare Partnership, Nottinghamshire Healthcare NHS Foundation Trust, Circle, East Midlands Ambulance Service and Nottingham Emergency Medical Services.
5. The vision of the Partnership is to deliver the triple aims of the STP:
 - improving health and well-being
 - improving quality and care
 - addressing the growing pressure on health and social care budgets.

6. Centene UK were appointed to support and advise the health and social care system in order to co-design an integrated system to better meet the Health and Wellbeing needs of the population. Out of this work a business case will be developed describing how a changed system would operate and options for its delivery.
7. The diagram below outlines the key elements of the system and the indirect enablers that are required.



8. The Integration functions and indirect enablers are the subject of workstreams. This work is a key part of the contract with Centene.
9. There are currently 21 workstreams, two of which are being led by social care across the County and City Councils and are in bold below.
10. Social Care has also requested a workstream to consider community and primary care capacity to ensure there is sufficient capacity across health and social care to provide therapeutic services to support recovery and reablement.
11. Workstreams a-d are described as indirect enablers and need to be in place for any functional integration to occur.
 - a) Outcomes and Performance Framework – this workstream will bring together the outcomes from all the workstreams in phase 3 and also look to develop the performance metrics required for any future integrated Health and Social Care partnership

- b) **Referral Best Practice Guidelines – Social Care** – this workstream will review the current referral guidelines in place for the Council and include an appraisal of the source and outcome of referrals. These findings will be compared to the City Council with recommendations to develop referral guidelines across both Councils to reduce any unwarranted variation in any future arrangements
 - c) **Clinical Practice Guidelines (CPGs)** - this workstream is a health only workstream which will identify and collect an inventory of the current CPGs across health providers, with recommendations on how a single set of evidence based CPGs can be introduced and objectives measured
 - d) **Social Care Assessment** – this workstream will review and compare County and City Council's electronic assessments, looking at the outcomes and data produced from the assessments. It will also map the processes and turnaround times of assessments across different services within Older and Younger Adults and compare the assessment policies used across both Councils. This appraisal will help identify any recommendations for consistency across County and City Councils.
12. Workstreams e-t are the integration functions or activity that must be performed continuously to facilitate the coordination of care across different providers and settings.
- e) **Information Governance** – this workstream will produce a risk and impact report covering all the workstreams in phase 3
 - f) **Procurement/Assurance** – this workstream will gather information from all workstreams to support any recommendation regarding an integrator partner for any future integrated Health and Social Care partnership. It will also look at future governance and funding models and pooled budget methodologies to take forward into the next phase of the development
 - g) **Population Health Management (PHM)** - this workstream will produce a report that identifies PHM services that are aligned to population groups, with detailed process mapping of patient pathways, and recommendations for the next phase of development
 - h) **Self-Care** – this workstream will produce an inventory and report on existing self –care and citizen empowerment services and how these services would align
 - i) **Referral Scheduling & Support** – this workstream will assess the current practice of GP referrals for non-urgent physical and mental health issues. It will identify gaps in order to develop a South Nottinghamshire and Nottingham specification for a referral scheduling hub required
 - j) **Referral Best Practice Guidelines (from Primary Care) (RBPGs)** – this workstream will agree on a governance process to review and update guidelines across Primary Care and prepare recommendations to consolidate all existing RBPGs and identify areas where there is inconsistency or variation across CCGs
 - k) **Integrated Discharge Function** - this workstream implemented an Integrated Discharge Team in October 2017, where health clinicians and social care colleagues are working

together to facilitate the safe discharge of service users, which is embedding the 'discharge to assess' model where in the majority of cases any assessment for long term care takes place in the community

- l) Provider Education and Data Quality Support/Provider Decision Support – these workstreams are about developing education programmes to improve provider performance against contracts and the data and ICT tools that will be required
- m) Health & Care Analytics – this workstream will produce the actuarial analysis across partner organisations to help design and provide the financial impact of this transformation
- n) Provider Commissioning and new payment models – this workstream will provide an inventory of all existing provider commissioning functions, including process maps, KPIs and staffing resources. It will also complete recommendations including specifications and detailed business requirements for a future integration function with comparisons to the current state
- o) Continuous quality improvement – this workstream will provide an inventory of existing quality management programmes, including process flows and staffing across partner organisations. An assessment of how this would align to the needs of any future arrangements will also be completed. This workstream is closely linked to the Outcomes and Performance Framework above
- p) Financial Management – this workstream will pull together the cost estimates required across all workstreams as part of phase 3, and produce project initiation documentation. It will also recommend financial performance measures to track any future integrated Health and Social Care partnership at a system wide level
- q) Workforce Development – this workstream is linked to the STP workforce workstream and will produce a summary report for integration function workstreams with gap analysis and recommendations to include any resource needs and /or risks identified
- r) Data & Information Management – this workstream will design a Minimum Data Set for individual organisations including social care, for any future integrated Health and Social Care partnership. It will also provide a gap analysis and cost estimate on how this information will be provided to populate a data dashboard
- s) Clinical Utilisation Review (CUR) – this workstream is a health only workstream and links to the Clinical Practice Guidelines above. This workstream will assess current practices in reviewing level of care to ensure that the right level of care to meet an individual's needs is completed in the right setting and at the right time
- t) Reportable Cost and Activity Data (Community) – this workstream is a health only workstream to establish information management improvements across Citycare and Nottinghamshire Healthcare NHS Foundation Trust in order to use data to inform service delivery

13. The workstreams are all progressing at different stages with representation from the Council across the following teams/departments:

- Adult Social Care & Health Transformation Team
- Performance and Data
- ICT
- Procurement
- Commissioning
- Legal Services
- Information Governance.

Themes

14. The multiple workstreams detailed earlier are predominantly centred around the system integration element of the three core components.
 - Integrated Commissioning
 - Integrated Provision
 - System Integration.
15. One of the key components is integrating commissioning. The aim is to provide a co-ordinated and coherent approach to commissioning across health and social care organisations.
16. The first step towards this has seen the four Clinical Commissioning Groups (CCGs) across South Nottinghamshire and Nottingham appoint a single Accountable Officer who will oversee and manage the move to an integrated commissioning model for South Nottinghamshire and Nottingham CCGs.
17. Discussions about how social care and health commissioning can be better integrated are being planned in the near future.
18. The development of more integration is an opportunity to improve outcomes for local people by having a joined up health and care system to improve the health of the population and make the best use of resources.

Actuary Analysis

19. Work is currently underway to repeat the Actuary Analysis that was completed by the Health Actuary Milliman as part of an earlier phase development approximately 18 months ago. Partner organisations are providing sets of activity data and outcome costs across Health and Social Care services. This will be analysed and compared with “well managed” systems and will provide the foundation of the re-shaping of the health and care system.

Communication

20. The first public event took place at the Albert Hall on 1st November 2017 and was entitled “Shape the future of Health and Social Care”. The event was well attended and the aim was to gain public opinion on:
 - **Best Care:** What would a successful system look/feel like to you as a patient?

- **Self-Care:** What is and where does your responsibility to well-being end and the systems responsibility begin?
- **Joined up Care:** What issues do you experience when getting help from more than one organisation? How do we breakdown these barriers?

21. The second public event is being held on 1st February 2018 at Grange Hall in Radcliffe-on-Trent.

Future Work

22. Current work is centred around the design and implementation of the necessary components. The majority of this work is scheduled to be completed by the end of March 2018.
23. Preliminary work has begun with the development of a business case to consider the options which may include the procurement of an Integrator but other options will be considered.
24. A further report will be presented to Adult Social Care & Public Health Committee in April 2018 to provide an update on the next phase of the development.

Other Options Considered

25. An alternative is to retain the status quo which will not adequately meet the needs of the population in the future or effectively make use of the resources available.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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.

Data Protection and Information Governance

28. Any requests for Council data during the development will be reviewed with Legal Services and Information Governance colleagues.

Financial Implications

29. At present there are no financial implications for the Council.

Implications for Service Users

30. It is anticipated that a redesigned health and social care system will improve the outcomes of the population through a more joined up approach in the procurement and delivery of health and social care services.

RECOMMENDATION/S

That the Committee:

- 1) considers whether there are any actions it requires in relation to progress with the development of an integrated health and social care system.
- 2) receives a further update on the progress of the development of an integrated Health and Social Care partnership in South Nottinghamshire and Nottingham in April 2018.

Paul Mckay

Deputy Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LM 08/01/18)

31. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report and to consider whether there are any actions required in relation to the issues contained within the report.

Financial Comments (CT 22/01/18)

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

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH519

5th February 2018**Agenda Item: 8****REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****ADULT SOCIAL CARE AND HEALTH - EVENTS, ACTIVITIES AND
COMMUNICATIONS****Purpose of the Report**

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

Information

2. Over the course of the year, the range of public events, publicity and promotional activities that may be undertaken by adult social care and 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 events and activities detailed in **paragraphs 4 to 17**.

**Attendance of the iWork Team at the Preparing for Adulthood Family Information Event,
10th February 2018**

4. The request for approval follows on from the team's attendance at this event last May. The event is organised by the Council's Children and Families Service. The event last year was successful and very well attended. It was subsequently agreed to make this an annual event. This year's event will take place on Saturday 10th February at Kelham Hall, Newark, from 10am-2pm. The iWork team is seeking approval to book a stand at the event.
5. Other services, providers and partners who work with 14-25 year olds will also be attending the event. This year's event is being held earlier in the year in the hope that plans for 2018-19 can be discussed earlier in line with Children and Families Act guidance.

6. The aim of the event is to give information to young people aged 14-25 years and their families about the provision available to them now and in the future. For the iWork service it offers an opportunity to provide information about what this service offers. It is hoped that four members of the team will attend. There are no costs attached to attendance at this event, other than travel to and from the event. Staff will take the time back over the coming weeks.

NottsHelpYourself

7. The NottsHelpYourself website pulls together a wide range of information, advice and service information into one central website to provide service users, carers and other members of the public with the information that they need in line with the Council's Care Act responsibilities. The Council works closely with external partners across health and the voluntary sector to ensure the website is comprehensive as well as colleagues across the Council in Children and Families and Place services. The website is key to reducing demand on services as it provides Council staff with information to assist signposting at the first point of contact with the Council and supports people to find support and resources to maintain their independence.
8. For this to be effective two levels of publicity are required. The first is to inform members of the public about the site and encourage them to utilise the information contained therein. A range of activities are recommended including social media posts, advertising on social media, email bulletins, printing on County Council envelopes and advertising on lamppost banners as well as having stands at community/provider events.
9. Secondly, publicity is required to engage with providers and encourage them to register on the site and develop the market in order to meet identified needs and gaps in service provision. This also includes attracting people looking to be a Personal Assistant (PA). Personal Assistants are employed by people who need social care and health support to enable them to live as independently as possible in their home. The Council is actively promoting the Support with Confidence scheme with the aim of increasing the number of PAs available. The development of the market place enables real choice to be provided to service users in receipt of personal budgets and people who are funding their own care and support. Recommended activities include flyers targeted at providers and social media posts. Costs will be covered by the allocated annual communications budget, which is funded equally between the Adult Social Care and Health department and Children and Families services.

Benefits campaign

10. The County Council's Benefits, Training and Advice Team provides accurate and impartial advice to people about the benefits they are entitled to. The Team is producing a short video to inform older people, carers and people with a disability about the advice available both through the Council and from other sources, with the aim of helping people to maximise their income and promote their independence. The video is a collaborative project between the Benefits, Training and Advice Team and media studies students at Nottingham Trent University. The estimated cost of this work is £1,000 and will be met from the Adult Access Service budget.

11. Subject to Committee approval the Team proposes to launch the film in February via the Council's website and NottsHelpYourself. The proposal is also to promote the video and its message via the Council's social media and on the large information screens at County Hall and selected libraries.

Notts Enabling Service (NES)

12. The Notts Enabling Service (NES) supports people to develop, maintain and improve their daily living skills by working with them for a short-term programme of focused activity. The support is varied but could include: developing or learning new skills at home; preparing for voluntary or paid work; and learning how to travel independently. The service has already been successful in helping people to increase their independence.
13. A range of communication activity is proposed that will help the service to share its successes and promote the support it is able to offer more widely. This could include producing a video of service users' experiences or a leaflet. Although the NES provides support for all age groups and support needs, communication activity will focus on providing information to people who have a learning disability and their families as it is felt that they may particularly benefit from the service.
14. The benefit of the activity will be threefold: service users and their families will be able to access information about the service; staff will have tools to support them to introduce NES to people who they are working with; and it is also anticipated that, in sharing the variety and success of work undertaken, it will support the service to promote vacant roles to potential candidates.
15. The communication activity is still in the very early stages of planning. More detail can be provided to Committee at a later date, as part of reporting on the progress and achievements of the Notts Enabling Service, including any costs that may be associated with this activity.

Activities at residential care services

16. A Friendship Club is being established at Leivers Court Care and Support Centre. This will initially take the form of a coffee morning to which older people in the local area will be invited. This event will be publicised in the local community.
17. The Council's residential services will be taking part in the National Care Home Open Day on 21st April. These events will be publicised within the local areas of each residential service. The event this year is being held to coincide with the Queen's birthday. Any costs attached to these activities will be covered in the service budget.

Other Options Considered

18. To not undertake events, activities and publicity relevant to adult social care and health: this 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

19. 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.

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 financial implications, where they exist, are as follows:
 - **NottsHelpYourself (paragraph 9)** - publicity costs will be covered by the allocated annual communications budget, which is funded equally between the Adult Social Care and Health department and Children and Families services.
 - **Benefits Campaign (paragraph 10)** - the estimated cost of the work is £1,000 and will be met from the Adult Access Service budget.
 - **Notts Enabling Service (paragraph 15)** - more detail plus costs are to be provided at a later date; work is in the initial stages, therefore there are no financial implications at this time.
 - **Activities at Residential Services (paragraph 17)** - any costs attached to these activities will be covered in the service budget.

Human Resources Implications

22. The human resources implications, where they exist, are identified in **paragraphs 6 and 10**.

Implications for Service User

23. The planned activities identified in **paragraphs 4 to 17** will promote the support available from the Council and other services and resources that are available to help promote people's independence.

RECOMMENDATION/S

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

Paul Mckay
Deputy Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (SLB 08/01/18)

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

Financial Comments (CT 19/01/18)

25. The financial implications are contained within paragraph 21 of this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH522

5 February 2018**Agenda Item: 9**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

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

For any enquiries about this report please contact: Sara Allmond – sara.allmond@nottsc.gov.uk

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

12th March 2018			
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.	Chair of Member Working Group	Sue Batty/Rebecca Croxson
Adult Social Care and Health consultation – presentation of outcomes and recommendations	Report on the outcomes of the consultation undertaken in relation to proposals on changes to the charging policy.	Corporate Director, Adult Social Care and Health	Jennifer Allen/Jennie Kennington/Bridgette Shilton
Progress with allocation of Improved Better Care Fund 2017/18 and plans for future allocation	Following approval of proposals for allocation of IBCF (July 2017), report on progress with areas identified in the report, and plans for future allocation, including approval of temporary posts.	Service Director, Mid-Nottinghamshire	Paul Brandreth/Kath Sargent/Jennie Kennington
Evaluation of social care staff embedded within Integrated Care Teams		Programme Director, Transformation	Wendy Lippmann
Proposed fee increases for independent sector adult social care providers		Service Director, Strategic Commissioning, Access and Safeguarding	Paul Johnson/Cherry Dunk/Cath Cameron-Jones
Findings from the diagnostic of savings opportunities	To include work on Reablement services.	Programme Director, Transformation	Jane North
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
Independent Financial Information and Advice Service	Report on re-tender for this service.		Anna Oliver

Approval for recommissioning of mental health support and supported accommodation services		Service Director, Strategic Commissioning, Access and Safeguarding	Lyn Farrow
Friary Drop In	Report on contract for this service.	Consultant in Public Health	Susan March
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
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health, including update on DoLS assessments and reviews.	Deputy Director	Celia Morris/ Matthew Garrard/ Sue Batty
Update on the development of an integrated health and social care partnership in South Nottinghamshire & Nottingham	Report on progress with development of an integrated health and social care partnership	Deputy Director	Louise Hemment
Progress with prevention services	Report including evaluation of Defence Medical Welfare Service - Aged Veterans Services in Nottinghamshire project, outcomes from the Connect Services and the Age Friendly Nottinghamshire pilot.	Service Director, Mid-Nottinghamshire	Lyn Farrow
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
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 Public Health commissioned services: tobacco control	Report on progress with and uptake of these services commissioned by the Council.	Consultant in Public Health	Lindsay Price

and smoking cessation services			
Progress with Public Health commissioned services: Obesity Prevention and Weight Management services.	Report on progress with and uptake of these services commissioned by the Council.	Consultant in Public Health	John Wilcox
Utilisation of funding allocated to Nottingham and Notts Sustainability and Transformation Partnership		Corporate Director, Adult Social Care and Health	Joanna Cooper
Notts Enabling Service		Service Director, North Nottinghamshire and Direct Services and Service Director, Mid-Nottinghamshire	Bronwen Grieves
Progress with Deprivation of Liberty Safeguards work and future plans		Service Director, Mid-Notts	Daniel Prisk
14th May 2018			
Outcome of the Social Care Assistants pilot	Report on outcomes and evaluation of the Social Care Assistants pilot approved at committee in Nov 2017.	Programme Director, Transformation	Ian Haines
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	Progress with the development of the transitions service for children and young adults with disabilities
Outcomes of work with Nottingham University on Modern Day Slavery		Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Progress with Public Health commissioned service: Healthy Families	Report on progress with and uptake of this service commissioned by the Council.	Consultant in Public Health	Kerrie Adams

Programme			
Carers Strategy and proposals for carers' services developments	Proposals for future services for carers, further to outcome of consultation in December 2017.	Service Director, Mid-Nottinghamshire	Maggie Pape
11th June 2018			
Review of Rapid Response and Hospital Discharge Service	Report on progress and outcomes of Rapid Response and Hospital Discharge Service after 6 months of service implementation.	Service Director, Mid-Nottinghamshire	Jane Cashmore
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Deputy Director	Celia Morris/ Matthew Garrard
Progress update from falls prevention project		Service Director, Mid-Nottinghamshire	Richard Allen
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
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