

Adult Social Care and Public Health Committee

Monday, 11 June 2018 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- 1 To note the appointment of the County Council on 10 May 2018 of Councillor Stuart Wallace as Chairman of the Committee, and Councillor Tony Harper and Councillor Steve Vickers as Vice-Chairmen.
- 2 To note the membership of the Committee. Councillors Joyce Bosnjak, Boyd Elliott, Sybil Fielding, Tony Harper, David Martin, Francis Purdue-Horan, Andy Sissons, Steve Vickers, Stuart Wallace, Muriel Weisz and Yvonne Woodhead
- 3 Minutes of the last meeting held on 14 May 2018 3 - 6
- 4 Apologies for Absence
- 5 Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary)
- 6 Re-Commissioning the Nottinghamshire Support Service for Single Homeless Adults in Temporary Accommodation 7 - 14
- 7 Changes to Universal Deferred Payment Scheme Legislation 15 - 24
- 8 Outcome of Carers Consultation and Proposals for Service Developments 25 - 34
- 9 Performance Update for Adult Social Care and Health 35 - 38

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| 10 | Adult Social Care and Health - Changes to Staffing Establishment | 39 - 44 |
| 11 | Re-tender for Interpretation Services for the Deaf Community | 45 - 54 |
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| 14 | Work Programme | 71 - 74 |

Notes

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Date 14 May 2018 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Boyd Elliott
Sybil Fielding
David Martin

Francis Purdue-Horan
Andy Sissons
Muriel Weisz
Yvonne Woodhead

OTHER MEMBERS PRESENT

Councillor Alan Rhodes

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Resources
Sue Batty, Service Director, Adult Social Care and Health
Jonathan Gribbin, Interim Director of Public Health, Adult Social Care and Health
Dawn Jenkin, Consultant in Public Health, Adult Social Care and Health
Paul Johnson, Service Director, Adult Social Care and Health
Jennie Kennington, Adult Social Care and Health
Ainsley MacDonnell, Service Director, Adult Social Care and Health
Paul McKay, Service Director, Adult Social Care and Health

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 16 April 2018 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

None

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

4. PROGRESS WITH PUBLIC HEALTH COMMISSIONED SERVICES: OBESITY PREVENTION AND WEIGHT MANAGEMENT SERVICE

Jonathon Gribbin and Dawn Jenkin introduced the report and responded to questions.

RESOLVED 2018/039

- 1) That the Committee received a more detailed report on the obesity prevention and weight management service with the provider in attendance at a future meeting.
- 2) That publicity of the Healthy Options Takeaway Scheme as described in paragraph 20 of the report, the approved.

5. PROGRESS ON DEVELOPMENT OF THE TRANSITIONS SERVICE

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

RESOLVED 2018/040

- 1) That there were no actions required in relation to the issues contained within the report.
- 2) That the proposed changes to the staffing establishment of the Transitions Team be approved as follows:
 - disestablish 1 FTE Social Worker post (Band B)
 - establish 1 FTE Social Work Assistant post (Grade 3)
 - establish 1 part-time (26 hours) Community Care Officer post (Grade 5).

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

RESOLVED 2018/041

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

AGENDA ORDER

The Chairman changed the order of the agenda to take the work programme as the last item of business in the public meeting.

8. PROCUREMENT PLAN FOR SHORT TERM ASSESSMENT/RE-ABLEMENT BEDS AND NEXT PHASE OF THE CARE AND SUPPORT CENTRE CLOSURE PROGRAMME

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

RESOLVED 2018/043

- 1) That the procurement process to establish a Dynamic Purchasing System to ensure future adequate provision of short term and assessment/re-ablement beds be approved.

- 2) That the recommended next phase of the closure of the remaining Care and Support Centres as planned to be: St Michael's View in March 2019 and Leivers Court in June 2019, dependent on the successful procurement of alternative services be approved.
- 3) That decisions about closure dates for Bishop's Court and James Hince Court are deferred until the market is tested.
- 4) That the extension of 1 Full Time Equivalent (fte) Social Worker (Band B) post from 31st May 2018 to 31st July 2019 be approved, to continue to work with existing residents and their families to support the closure programme.

Councillors Joyce Bosnjak, Sybil Fielding, Muriel Weisz and Yvonne Woodhead requested that their votes against this item be recorded.

7. WORK PROGRAMME

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

RESOLVED 2018/042

That the work programme be updated to include:

- That the Committee received a more detailed report on the obesity prevention and weight management service with the provider in attendance at a future meeting.
- An update report on the procurement plan for short term and assessment / re-ablement beds and next phase of the care and support centre closure programme to the November meeting.

9. EXCLUSION OF THE PUBLIC

RESOLVED: 2018/044

That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

10. EXEMPT APPENDIX TO ITEM 8: PROCUREMENT PLAN FOR SHORT TERM ASSESSMENT/RE-ABLEMENT BEDS AND NEXT PHASE OF THE CARE AND SUPPORT CENTRE CLOSURE PROGRAMME

RESOLVED: 2018/045

That the information in the exempt appendix be noted.

Councillors Joyce Bosnjak, Sybil Fielding, Muriel Weisz and Yvonne Woodhead requested that their votes against this item be recorded.

The meeting closed at 12.35 pm.

CHAIR

11 June 2018**Agenda Item: 6****REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH****RE-COMMISSIONING THE NOTTINGHAMSHIRE SUPPORT SERVICE FOR
SINGLE HOMELESS ADULTS IN TEMPORARY ACCOMMODATION****Purpose of the Report**

1. To seek approval to re-commission the Support Service for Single Homeless People in Temporary Accommodation and, subject to a compliant procurement process, to award a contract for this service.

Information***Background***

2. Since 2014 the Council has used part of the public health ring-fenced grant to support services contributing to public health outcomes which, until that point, had been previously funded through other Council budgets. This includes funding of the contract for the Support Service for Single Homeless People in Temporary Accommodation (the Service). This service and the steps required to secure its future provision are the subject of this report.
3. The Service currently provides Nottinghamshire-wide support for single adult homeless individuals accessing short term hostel accommodation (18 weeks support) or move-on accommodation (12 months support). This focusses on supporting service users to achieve and sustain independent tenancy, thereby reducing repeat homelessness. The contract value for this service is £922,000 per annum.
4. The current Service in Nottinghamshire was tendered in 2016 and a two year framework agreement was set up. A call-off for the service was awarded to Framework Housing Association initially for one year and extended for the second year. This 2-year contract will come to an end on 22nd September 2018. Nottinghamshire County Council's Financial Regulations and the Public Contract Regulations 2015 require the Council to re-tender the Service.

Need for Homelessness Support in Nottinghamshire

5. Being homeless has significant negative impacts on both physical and mental health. The average age of death for those who are rough sleeping or resident in homeless accommodation is 47 for men and 43 for women.

6. The level of need for support to single homeless individuals is difficult to accurately assess. Homelessness in the UK is increasing and projections indicate that it set to continue to rise over the coming years.
7. Housing authorities (lower tier and unitary local authorities) have a statutory duty to provide accommodation to those who fall within certain categories of 'priority need' and who are not deemed intentionally homeless. The criteria which determine whether someone has 'priority need' for accommodation are set out in national guidance.¹ Single homeless people and couples without children often do not qualify for housing, as they do not meet 'priority need' criteria. In 2016/17 there were 70 households² in Nottinghamshire who were eligible homeless but not in priority need (a rate of 0.2 per 1,000 households). This is lower than the England average (0.8 per 1,000 households).
8. For households which are assessed as eligible homeless and in priority need, housing authorities must secure suitable temporary accommodation until a settled home becomes available. In 2016/17 there were 100 households in temporary accommodation (a rate of 0.3 per 1,000 households). This is lower than the England average (3.3 per 1,000 households). A proportion of these will be single homeless individuals. In England in 2017, an estimated 19% of those in temporary accommodation were single persons.
9. In addition, single homeless populations will include those deemed 'intentionally' homeless, and those not known to services (for example, they have not engaged with local housing services). In 2016/17, there were 75 households in Nottinghamshire identified as eligible but intentionally homeless.
10. The annual rough sleeping count in autumn 2017 estimated 47 individuals were rough sleeping in Nottinghamshire.
11. Not all of these people will present or be referred to the Service, but taken together these figures provide an indication of the level of need in Nottinghamshire.
12. In 2017/18, the Service supported 212 service users in temporary accommodation and 275 service users in 'move-on' accommodation.

The current service provision

13. The Service is currently provided by Framework Housing Association (the Provider) and has 5 key delivery aims:
 - Prevent homelessness and repeated homelessness
 - Support people back to independence
 - Reduce the adverse effects of homelessness on individuals
 - Improve the health and wellbeing of homeless service users
 - Promote social inclusion.

¹ Homelessness Code of Guidance for Local Authorities (February 2018) <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities>

² Household is defined as:

•one person living alone, or

•a group of people (not necessarily related) living at the same address with common housekeeping – that is, sharing a living room or sitting room or at least 1 meal a day

14. The Service contributes to the following Public Health Outcomes:
 - 1.13 Re-offending levels – percentage of offenders who re-offend
 - 1.15 Statutory Homelessness – eligible homeless people not in priority need
 - 2.10 Self harm – emergency hospital admissions for intentional self-harm
 - 2.23 Self-reported well-being – people with a low satisfaction, low worthwhile and happiness scores and people with a high anxiety
 - 4.10 Suicide rate.
15. The Provider works with the service user to strengthen a range of skills, including self-care, living skills, managing money, motivation and taking responsibility, social networks and relationships, managing tenancy and accommodation, reducing offending and meaningful use of time. Goals for each service user will vary, based on individual needs.
16. Intensive support is provided to service users with a range of complex needs who are accessing short term hostel accommodation, for up to 18 weeks. When service users no longer need this level of support, the service works with them to support their move to longer-term supported accommodation (known as 'move-on' accommodation), which can be seen as a stepping-stone between hostels and independent living. Less intensive support is available to service users in move-on accommodation for up to 12 months.
17. Within the Service contract, the Provider supplies the accommodation units where the homelessness support is offered. There are 63 short term (18 weeks support) and 175 move-on (12 months support) accommodation units across Nottinghamshire. The provision of these accommodation units is not funded via the contract for the Service.

The current service performance

18. The intended outcome of the Service is that service users are supported to successfully achieve and sustain independent tenancy. This is monitored through the proportion of service users who are able, with the support of the service, to develop and follow through on a plan, resulting in a move to longer term accommodation (either to supported accommodation or to an independent tenancy).
19. In 2017/18 110 individuals (72.6% of all service users, against a target of 79%) in short term hostel accommodation and 138 individuals (87.9% of all service users, against a target of 79%) were supported to move on to longer-term accommodation.
20. To assess the effectiveness of the current service model, Public Health undertook a Utilisation Review in August 2017. This found that the Service is being provided appropriately to the targeted population, with access to the service meeting the eligibility criteria of the contract. Support workers are completing Individual Support Plans and reviews with service users, and are identifying and supporting physical, mental, substance misuse and social need.
21. However, there are a number of ways in which the Service could improve in terms of providing information, signposting and pathways to access wider health, wellbeing and social care services. These include for example smoking cessation advice, social prescribing programmes, Nottinghamshire Enablement Service, Inspire Library Service health and wellbeing programmes and Community Voluntary Sector programmes. This additional support will be addressed in a revised service specification.

Policy Context

Homelessness Reduction Act

22. The **Homelessness Reduction Act** ('the Act')³ came into force in April 2018. The Act is expected to widen access to assistance from local housing authorities to all households at risk of homelessness, regardless of priority need, intentionality and local connection. This will result in single homeless people being entitled to more tailored support from district housing officers. The implications of the Act for Nottinghamshire County Council are still being explored. There is an expectation of higher demands on front line housing needs teams and on accommodation, including temporary accommodation. Housing Authorities within Nottinghamshire have identified an ongoing need for support services in temporary accommodation.

Consultation on Funding Supported Housing

23. The HM Government Consultation on **Funding Supported Housing** (2017)⁴ outlines the National Statement of Expectation to commission services that meet local needs for supported housing. The consultation proposes that short-term supported housing be funded and commissioned by upper tier local authorities through a ring-fenced grant from central government. It is likely that the current level of provision of supported housing may be used as a benchmark of need in determining future funding settlements.
24. However, the implications of Funding Supported Housing for Nottinghamshire County Council are not yet fully understood. The consultation ended in December 2017 and details of specific changes are still to be published.

Funding for public health from April 2020

25. The ring fence on the Public Health Grant to local authorities has been extended to 31st March 2020. Allocations for 2018/19 and indicative allocations for 2019/20 have been published.
26. The grant allocated to Nottinghamshire County Council has seen year on year reductions. The arrangements for public health funding beyond 2020 remain uncertain.

Proposal to re-commission the Service

27. The existing two year contract will come to an end on 22nd September 2018, and cannot be extended. In order to comply with Nottinghamshire County Council's Financial Regulations and the Public Contract Regulations 2015 the Service needs to be retendered.
28. The maximum contract value for the Service is £922,000 per annum. The proposal is to tender for a maximum 4 year Framework Agreement structured as a 2 year fixed term and extension options of 2 by 12 month periods.

³ Homelessness Reduction Act (April 2018) <http://www.legislation.gov.uk/ukxi/2018/167/made>

⁴ HM Government (2017) Funding Supported Housing Consultation

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655990/Funding_supported_housing_-_policy_statement_and_consultation.pdf

29. There is uncertainty around the future of the financing of public health beyond March 2020, as well as uncertainty about the impact of the Homelessness Reduction Act and the Funding Supported Housing consultation on the future need for the Service. A Framework Agreement will allow the Council to establish a contract for at least 18 months of service provision with successful provider(s), and up to a maximum of four years, should further funding be agreed from April 2020.
30. The proposed budget commitment would be for an 18 month period from 23rd September 2018 to 31st March 2020, requiring a total budget of £ 1,383,000. This budget would be provided through the Public Health Ring-Fenced Grant.
31. The provider will be required to fund the provision of the accommodation units. Any provider wishing to tender for the Service would need to demonstrate they have suitable separately funded hostel and move-on accommodation, or have the agreement of an accommodation provider to deliver the Service within their supported accommodation premises.
32. On the advice of Procurement, the most appropriate procurement process would be through an open tender.
33. The plan is to commence the procurement process on the 13th of June 2018 with the intention to commence the Framework Agreement on the 22nd of September 2018.

Other Options Considered

34. Adult Social Care undertook a review of homelessness prevention services with the districts and NHS partners in 2015. This concluded that there was no suitable alternative to the Council's commissioned temporary accommodation support service for people who become homeless but who do not meet the criteria for priority re-housing under the district councils' statutory responsibilities. Therefore de-commissioning the Service would result in lack of support to improve outcomes for this vulnerable population at a time of rising need.
35. The Council Procurement Services have advised that in order to comply with Nottinghamshire County Councils Financial Regulations and the Public Contract Regulations 2015, there is no option to extend the existing service contract.

Reasons for Recommendations

36. The Service supports the needs of a vulnerable service user group who have limited alternative sources of support. The Service is the only provision of its type commissioned for the whole county, to provide support for the single homeless population.
37. The prevention of homelessness avoids the need for more costly support within social care, the NHS and Police and Emergency Services. Therefore loss of the service would incur additional costs in other parts of Nottinghamshire County Council.
38. The Government has consulted on proposals to transfer supported housing responsibilities and funding to upper tier local authorities. Therefore maintaining the current level of

investment in the Service in Nottinghamshire demonstrates the level of supported housing need, as a benchmark for future funding settlements.

39. Whilst the Homelessness Reduction Act and future expectations around Funding Supported Housing are likely to have significant implications for both statutory responsibilities and the level of homelessness need, the practical impact of these legislative and policy changes will only become clear in the course of the coming year.
40. In the interim, a support service continues to be required to meet the needs of this population.
41. In order to continue to provide such a service, the Council needs to go out to tender to ensure compliance with Nottinghamshire County Councils Financial Regulations and the Public Contract Regulations 2015.

Statutory and Policy Implications

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.

Crime and Disorder Implications

42. A significant proportion of people at risk of homelessness are ex-offenders and the provision of temporary accommodation reduces the likelihood of re-offending.

Financial Implications

43. This service will continue to enable the Council to avoid costs elsewhere in terms of assessment, commissioned services (including Preventative Mental Health Services) and direct payments.

The proposed budget commitment would be for an 18 month period from 23rd September 2018 to 31st March 2020, requiring a total budget of £ 1,383,000. This budget would be provided through the Public Health Ring-Fenced Grant.

Implications for Service Users

44. Re-commissioning the Service allows the Council to ensure it achieves the best value for service users, through competitive tender process. A revised service specification will allow the Council to pursue improved outcomes for service users. Availability of the service, and accessibility across Nottinghamshire should be either similar to or improvement on the current provision.

RECOMMENDATIONS

The Committee is requested to give approval to:

- 1) Tender for a 4 year Framework Agreement with a 18 month Call-Off Contract , for Support Service for Single Homeless People in Temporary Accommodation in Nottinghamshire
- 2) Give delegated authority to the Director of Public Health (or their authorised deputy) in consultation with the Chair of the Adult Social Care and Public Health Committee to award to the successful bidder(s) once the tender is concluded.

Jonathan Gribbin
Interim Director of Public Health

For any enquiries about this report please contact:

Susan March
Senior Public Health and Commissioning Manager
T: 0115 8040759
E: susan.march@nottscg.gov.uk

Constitutional Comments (SLB 23.05.2018)

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

Financial Comments (DG 24.05.2018)

46. The financial implications are contained within paragraph 43 of this report.

Background Papers and Published Documents

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

- 'None' or start list here

Electoral Division(s) and Member(s) Affected

- 'All' or start list here

11 June 2018

Agenda Item: 7

**REPORT OF THE SERVICE DIRECTOR FOR STRATEGIC COMMISSIONING,
SAFEGUARDING AND ACCESS****CHANGES TO UNIVERSAL DEFERRED PAYMENT SCHEME LEGISLATION****Purpose of the Report**

1. The report explains the changes to the regulations and guidance on the Universal Deferred Payment Scheme and invites the Committee to recommend the revised Deferred Payments Policy, attached as **Appendix 1**, to Policy Committee for approval
2. The report also seeks approval for information on the 'loan type' Deferred Payment Agreement be provided to service users who are being funded by the Council during the 12 week property disregard period, in addition to signposting to independent financial advice.

Information

3. The Universal Deferred Payment Scheme (UDPS) was introduced in April 2015. It is a national scheme that means people should not be forced to sell their home in their lifetime to pay for care in a care home.
4. There are **two** types of Deferred Payment Agreement (DPA):
 - Traditional type – the Council pays the care home or supported living provider directly and defers part of the charges due from the person until a later date
 - Loan type – the Council loans the service user the cost of the care in instalments and the service user pays the care home or supported living provider.
5. To join the traditional scheme, a person must:
 - be receiving care in a care home
 - own their own home and it is not disregarded due to a partner or certain other people living there
 - have less than £23,250 in savings and investments excluding the value of the home.
6. In the original legislation and guidance, councils in England are only required to offer DPAs if the council was meeting the person's needs or believed they would be required to meet their needs if asked.

7. As councils are not required to meet the needs of self-funders in care homes, they were not generally offered a DPA. This was not the intended effect of the legislation and did not protect self-funders from having to sell their home to pay for their care.
8. The change to the legislation and guidance from 5th February 2018 means that the council cannot refuse to offer a 'loan type' DPA to self-funders who meet the qualifying criteria.
9. The council can however still refuse a DPA in the following circumstances:
 - i the council is unable to secure a first charge on the property. i.e. there are no mortgages or secured loans on the property
 - ii the person is seeking to defer a large top up which is not sustainable
 - iii the person does not agree to the terms and conditions of the agreement.
10. Nottinghamshire County Council is unlikely to experience any immediate significant increase in applications to the scheme. The Council has included the offer of a loan style agreement, as it was always present in the Care Act, but no applications have been made. Across the National Association of Financial Assessment Officers membership only one council, Cornwall, has been approached for this type of Deferred Payment since the original challenge.

Other Options Considered

11. This is a legal requirement so no other options have been considered.

Reason/s for Recommendation/s

12. It is recommended to accept Nottinghamshire County Council Deferred Payments Policy, in order to comply with changes in the Care and Support Statutory guidance and associated regulations, subject to approval by Policy Committee.

Statutory and Policy Implications

13. 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

14. This could place an increased financial burden on the Council dependent on demand for 'loan style' Deferred Payments. The loan will have to cover the private fee rates which are generally higher than the Council funded rates.

Implications for Service Users

15. Service users who are currently self-funding in a care home cannot be refused a 'loan type' DPA from the Council.

RECOMMENDATION/S

That the Committee:

- 1) recommends the revised Deferred Payments Policy, attached as **Appendix 1**, to Policy Committee for approval
- 2) gives approval for information on the 'loan type' Deferred Payment Agreement to be provided to service users who are being funded by the Council during the 12 week property disregard period, in addition to signposting to independent financial advice.

Paul Johnson

Service Director for Strategic Commissioning, Safeguarding and Access

For any enquiries about this report please contact:

Bridgette Shilton
Team Manager, Adult Care Financial Services
T: 0115 9773396
E: Bridgette.shilton@nottsccl.gov.uk

Constitutional Comments (LM 15/05/18)

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

Financial Comments (DG 16/05/18)

17. The financial implications are contained within paragraph 14 of this report.

Background Papers and Published Documents

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

Care and Support Statutory Guidance

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

The Care and Support (Deferred Payment) Regulations 2014

http://www.legislation.gov.uk/ukxi/2014/2671/pdfs/ukxi_20142671_en.pdf

The Care and Support (Deferred Payment) (Amendment) Regulations 2017

<http://www.legislation.gov.uk/ukxi/2017/1318/note/made>

Electoral Division(s) and Member(s) Affected

All.

ASCPH554 final

Policy Library Pro Forma

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

Title: Universal Deferred Payment Scheme

Aim / Summary: To provide a full explanation of how the scheme will be operated in Nottinghamshire, including eligibility and discretionary areas.

Document type (please choose one)

| | | | |
|----------|---|-----------|--|
| Policy | X | Guidance | |
| Strategy | | Procedure | |

Approved by: Policy Committee

Version number: 5

Date approved: 17/6/2015

Proposed review date: 22/03/19

Subject Areas (choose all relevant)

| | | | |
|---------------------------|--|----------------------|---|
| About the Council | | Older people | X |
| Births, Deaths, Marriages | | Parking | |
| Business | | Recycling and Waste | |
| Children and Families | | Roads | |
| Countryside & Environment | | Schools | |
| History and Heritage | | Social Care | X |
| Jobs | | Staff | |
| Leisure | | Travel and Transport | |
| libraries | | | |

Author: Team Manager - ACFS

Responsible team: Adult Care
Financial Services

Contact number:

Contact

Please include any supporting documents

| 1.The Care and Support (Deferred Payment) Regulations 2014 | |
|---|--|
| 2. Care and Support Statutory Guidance October 2014 | |
| 3.Care Act 2014 Part 1 Sections 34-36 | |
| 4. The Care and Support (Deferred Payment) (Amendment) Regulations 2017 | |
| Review date | Amendments |
| 09/03/2017 | Clarification statement added |
| 21/03/2018 | Supporting documents updated and explanation of Deferred Payment Types |



Universal Deferred Payment Scheme

1. Introduction

The Deferred Payment Scheme is designed to prevent service users from needing to sell their home in their lifetime to pay for their care. Local authorities have been required to operate a Deferred Payment Scheme since 2001. The Care Act 2014 has reinforced this obligation and provided a broad framework for the operation of the scheme. There are discretionary areas in how to operate the scheme in the Care and Support Regulations and Guidance. This policy aims to set out clearly and transparently how the scheme will be operated at Nottinghamshire County Council.

2. Types of Deferred Payments

- The local authority pays the care home or supported living accommodation directly and defers the charges due to it from the individual (traditional type)
- The individual pays the care provider for their care and the local authority loans them the cost of care in instalments, less any contribution the individual contributes from other sources (loan type)

3. Eligibility Criteria

The Care and Support Statutory guidance specify that all of the following 3 criteria must be met to be eligible to join the Deferred Payment Scheme in the first instance:

- a) A person with eligible care needs that are being met by the provision of care in a residential or nursing home
- b) A person who has less than £23,250 in assets excluding the value of their main or only home

- c) A person whose home is not disregarded due to it being occupied by a spouse or dependent relative

Additional eligibility criteria

In order to join Nottinghamshire's scheme the following additional criteria must be satisfied:

- a) An application form completed and signed by the service user, attorney or deputy.
- b) The property is registered with the Land Registry
- c) Evidence that the property is suitably insured and maintained
- d) The council is able to secure the first charge against the property
- e) Consideration of the equity available to defer charges against. (see point 4 below for more detail)
- f) A Deferred Payment Agreement, signed by all parties that are registered on the title deed and have the legal status to sign the agreement if acting on behalf of the service user. A solicitor's undertaking will also be accepted as an interim measure pending an application for a Deputyship Order.

If a signed agreement is not received by the council during the 12 week disregard period, the service user will be given 28 days to submit the agreement or full cost charges will be applied.

4. Property valuation

An approximate valuation will be made using websites such as Zoopla and Right Move. If there is a disagreement of the value, then the service user/representative will be required to submit 2 independent estate agent valuations, and the average of the two will be used. Valuations will be reviewed in March each year.

In cases of joint ownership either through joint tenancy arrangements or tenants in common, the value will be the percentage share owned by the service user.

If the property has been purchased by a relative through the Right to Buy scheme, the value of the service user's interest will be the value of the Right to Buy discount that was received at the time the property was purchased.

5. Amount that can be deferred

The council will take into account the amount of equity available in a service user's property, the amount they will be contributing to their care costs from other sources, the total care costs that the person may face including any third party top up. If the council considers that the agreement is not sustainable or any of the other eligibility criteria are not satisfied, it will provide written notification of the decision and the reason why the service user will not be entitled to join the scheme.

6. Administrative costs and interest

The council will charge a one off fee to cover the costs of administering the scheme. This will cover legal costs of arranging a Deferred Payment (£195) and administrative costs (£235). The council will accept payment of this amount on application to join the scheme but will allow for this to be deferred if requested. These costs will be reviewed annually by the council.

Interest will be charged at the maximum rate payable, as specified in the Department of Health (DH) Guidance. The DH will review the level of interest at six monthly intervals and any change in rate will be applied by Nottinghamshire. Interest will be compound interest and added to the amount deferred on a four weekly basis and calculated on a daily basis.

7. 12 week property disregard

The value of the property will be disregarded for the first 12 weeks of a permanent admission to residential/nursing care only. If the person opts to self-fund but then subsequently approaches the council for funding at a later date, they will not be eligible for a further 12 week property disregard.

8. Third party top ups

A service user can choose accommodation that is more expensive than the council is willing to fund and therefore a third party top up may be applicable. The third party top up amount can be deferred but the social worker and Adult Care Financial Services will consider the affordability and sustainability of any such arrangement before agreeing to the Deferred Payment.

9. Personal Expenses Allowance

Service users on the Deferred Payment scheme will be able to retain up to £144 per week from their income whilst charges are accruing against the property. The service user can opt to retain a smaller proportion of their income to avoid greater interest charges. If the amount chosen is less than £144 per week, this can only be varied from April each year. The council will write out each year providing a statement of accrued charges to date and inviting service users to write in if they want to vary the amount of their Personal Expenses Allowance.

If the service user reaches their equity limit, charges will stop accruing against the property. At that point the Personal Expenses Allowance will reduce to the standard level as specified in the DH guidance.

10. The council's responsibilities

The council will provide six monthly statements showing the amount deferred, interest charges, administrative charges incurred and remaining equity in the home. A statement will be produced within 28 days of receipt of a written request.

11. The service user's responsibilities

If the service user is making a contribution to their care costs from income and/or savings they must notify the council of any changes.

They should ensure that the property is adequately insured and maintained. If the property is likely to remain empty for extended periods, then the service user must ensure that their insurance remains valid.

They must also seek written consent before allowing any person to occupy the property on either a commercial or non-commercial basis.

12. Termination of the agreement

A deferred payment agreement can be terminated in three ways:

- a) At any time by repayment by the service user or their representative of the full amount due, either during the service user's lifetime or on their death
- b) When the property is sold and the full amount due is paid
- c) When the service user dies and the amount due is paid from the estate

In all cases, interest will continue to accrue until the amount due is paid in full.

11 June 2018

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE

OUTCOME OF CARERS CONSULTATION AND PROPOSALS FOR SERVICE DEVELOPMENTS

Purpose of the Report

1. The purpose of the report is for Committee to:
 - a. approve the proposed principles and associated workstream for next steps in the development of carers services.
 - b. agree to receive a revised Carers Joint Commissioning Strategy for Nottinghamshire, in Autumn 2018.

Information

2. Over the previous two years, the Council has undertaken consultation with carers, partner organisations and its own social care workforce to identify what carers value and how they would like to see services develop in the future. This has provided an opportunity to reflect on changes introduced in response to the Care Act 2014 and the effectiveness of the service arrangements that were introduced at that time.
3. In January 2018, a report was presented to Committee on the outcome of public consultation undertaken in Autumn 2017 which received 1,164 responses about how the Nottinghamshire support offer for carers might be improved. This included providing a more personalised approach to carer's assessment and support planning and the use of Direct Payments, alongside quicker access to information and advice. Committee approved further engagement work with carers and partners to develop more detail on the new support offer for carers and requested a report back in spring 2018.
4. In March 2018, carers and support staff participated in two workshops to progress this. A total of 47 people attended the events at County Hall and Pleasley Landmark Centre. 22 carers attended (46.7% of the participants). Carers were identified through existing networks and were carers with experience of caring for those with a range of conditions.
5. The outcomes of this work are:
 - a. a set of principles for providing support to carers

- b. an Action Plan for 2018-19 that identifies key activities and associated timelines to implement a new support offer
- c. information about carers' views that will be used as a basis for the development of a new Carers Joint Commissioning Strategy for Nottinghamshire. This Strategy will be presented to the Committee for approval in autumn 2018.

New Carers Support Offer: Principles

6. The key principles proposed to underpin the development of a new carers support offer are:
 - a. use an integrated approach to developing and delivering services, considering all support available including wider community resources as well as those services directly delivered or commissioned by the Council and its partners
 - b. make use of existing resources, including carers' own capacity for supporting each other, and provide opportunities to share experiences
 - c. help carers to navigate a complex health and social care system to better understand and meet the needs of the person that they care for and to plan for the future, including planning for a crisis
 - d. consider carers' own wellbeing and life aspirations and enable carers to access activities or resources to promote this
 - e. use a personalised approach to assessment and support planning – support planning could draw on a wide range of support and community resources and assist carers to access these
 - f. consider the varying situations and requirements of carers at differing stages of life, including young carers, working age carers who may also have childcare or work commitments, and elderly carers who are more likely to be managing their own health conditions or care and support needs.
7. These principles were developed from information gathered from the public consultation and consultation workshops. Feedback from both activities was similar, with carers indicating that the most important services for them were: respite arrangements (including a range of options such as home based care, day services or short breaks from caring) as well as information, advice and support to assist them in understanding health and social care provision and to promote their personal wellbeing. Carers highlighted the importance of support networks, including peer support and accessing activities available in their communities. Carers indicated that flexibility and timeliness of service provision were important and that they would value a more personalised approach to individual assessment and support planning. At the consultation events, many carers considered that a more personalised approach to Direct Payments was appropriate, and that this would allow limited public resources to be invested in support services for carers. However, a smaller number of carers considered that providing all carers with Direct Payments was a way of valuing carers and would not like to see them discontinued.

New Carers Support Offer: Action Plan

8. An Action Plan for 2018/19 has been developed which identifies activities that the Council will undertake to develop a revised carers support offer. This has a mixed approach of both internally delivered and externally commissioned services, alongside a review of short-term care / respite services provided by the Council and health partners. This Action Plan comprises four workstreams, which are described below. **Appendix 1** provides a summary and timeline.

Workstream 1: Review Carers Assessment and Support Planning Process

9. This workstream will develop proposals for changes to the support planning for carers which will include the following:
 - a. instead of all eligible carers automatically being offered a Direct Payment (usually of £150 or £200) as the main option, a more personalised approach will be taken where carers will be offered support options that are more tailored to their individual circumstances
 - b. Direct Payments will be provided to individuals where this is the best option, with increased scope to provide higher Direct Payments to those carers who have an identified, specific need for services or equipment to promote their wellbeing or enable them to continue caring
 - c. the process of Carers Assessments and Reviews will be revised to make it simpler and respond to carer feedback about how to achieve a more person-focused approach.

Workstream 2: Review arrangements for carer respite (to include Council and NHS funded short breaks, sitting services, day services and short term care)

10. There are currently a number of routes into different types of respite services funded by the Council and the Clinical Commissioning Groups (CCGs). Carers report that this can be confusing and it can be a difficult system to navigate. This workstream will:
 - a. review the respite offer provided by the Council and partners (including the Council and NHS funded short breaks, sitting services, day services and short term care) to ensure that best use of resources is made to enable carers with differing needs to know about and be able to access the right support.
 - b. develop more integrated arrangements with simpler access mechanisms.

Workstream 3: Review commissioned support services

11. The Council is the lead commissioner for a range of carers support services, jointly commissioned with Clinical Commissioning Groups. These are:
 - a. the Carers Hub information, advice and support service, commissioned from Carers Trust East Midlands; contracts end in March 2019

- b. the Compass Dementia Support Service, commissioned from Nottinghamshire Healthcare Trust; contracts end in March 2019
 - c. the Pathways End of Life Carers Support Service, commissioned from Carers Trust East Midlands; contracts end in December 2019.
12. There is now the opportunity to review these support services, prior to their being recommissioned with new contractual arrangements being in place for April 2019. There will be further consultation with carers and other stakeholders about whether any changes are needed to service specifications. Carers have already identified that they would value an enhanced information, advice and support service that provides more one-to-one support to those carers who need help to navigate the health and social care system or more support with their own personal wellbeing.
13. Key activities will be to:
- a. define how services will be commissioned
 - b. consider the range of provision and relative importance of universal or specialist services
 - c. identify likely resources available to procure services
 - d. develop specifications for new services and tender for new contracts.
14. The review will also consider how any new service arrangements relate to other support services for carers, including the carer crisis element of the Home First Response service. It will also need to consider the wider context of Council contracts for social care and health provision.
15. A Carers Dynamic Purchasing System (DPS), established in 2016, is already in place and will be used to procure services. A DPS is essentially a list of Providers who evidence that they meet the core specification for delivering services to carers. The Council can then invite Providers who are on the list to submit bids to deliver a specific service. Providers are able to apply to join the DPS at any time. The Carers DPS was used to procure the Carers End of Life Support Service in 2017.

Workstream 4: Develop a communication and information plan

16. Carers have identified this as a key area for them, and have suggested ideas for more effective communication. They also emphasised that communication is about more than dissemination of information, and that it should include opportunities for carers to communicate their ideas to service providers and also ways for carers to communicate with each other to provide information and support. Ideas for developing more effective communication include:
- a. make use of existing community resources such as GP practices, libraries or local supermarkets to be used as information hubs
 - b. work with partner organisations to ensure that all workers who come into contact with carers can identify carers and signpost them to services or support
 - c. provide communication through a varied range of media. A clear message from carers is that communication needs to be undertaken in a diverse way, with some wanting to

make use of ICT resources such as social networks and access to e-learning, with others preferring printed material and the ability to seek advice by telephone or in person.

Further consultation and development work

17. Carers and other stakeholders will be involved at all stages of implementing this Action Plan. This will include contributing to discussions about new arrangements and involvement in the tender process for any new contracts. A number of interested carers have been identified through existing carer networks, including the Carer Hub Carer Support Groups, Nottinghamshire Mental Healthcare Trust Carers Strategic Group, the Learning Disability Carers Network, and the Carers Implementation Group. Work will also take place to identify innovative ways of using different media to engage a wider range of carers in this work, for example, working carers.
18. This work will also be regularly reviewed through the existing partnership arrangements for carers, comprising two groups that meet quarterly:
 - a. the Nottinghamshire Carers Implementation Group, which includes carer representatives, and representatives from Clinical Commissioning Groups, provider organisations and other stakeholders, and provides a forum for discussion of strategic direction and initiatives to support carers
 - b. the Nottinghamshire Carers Commissioning Forum which includes representatives of Clinical Commissioning Groups and has oversight of the shared Better Care Fund budget and of joint commissioning activities. Representatives at this meeting ensure that decisions made are approved through their own governance structures. Regular reports and updates are also taken to the Better Care Fund Board and the Health and Wellbeing Board.

Other Options Considered

19. To not make any changes to the way services are currently provided to carers: this would not help the Council and partners to respond appropriately with regard to developing the services and support that are considered to be of most value by carers in the County.

Reason/s for Recommendation/s

20. A series of carers consultation activities sought feedback on proposals for changes to, and investment in, the support provided to carers in order to ensure that support focuses on those things that people have said are the most useful in terms of improving carer well-being or enabling them to continue caring. This information has been used to develop an underpinning Strategy and annual Action Plan to develop and prioritise support to carers in the future.

Statutory and Policy Implications

21. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability

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

Data Protection and Information Governance

22. Any changes to the Adult Social Care assessment and support processes and the commissioning of services will need to be compliant with the relevant data protections and information governance legislation.

Financial Implications

23. The combined budget for the Council and partners to provide support to carers is approximately £6.3 million. £4.3 million is Nottinghamshire County Council funding which includes provision of respite services. Due to significant national funding reductions since 2010, the Council has committed to making a saving of £150,000 across the carers budget from improving the work set out in this report, which represents a relatively small reduction to available resources.
24. The Council provides approximately 6,000 eligible carers with Direct Payments of £150 or £200, at a cost of approximately £900,000. Planned changes to carers support arrangements are expected to reduce the numbers of carers receiving a Direct Payment, however proportionally more carers are also likely to receive a higher sum linked to their needs.

Human Resources Implications

25. No direct impact on staff posts has been identified in any of the changes described.

Public Sector Equality Duty Implications

26. An Equality Impact Assessments was completed prior to public consultation on proposals. Further assessments will be undertaken as part of the work to develop a revised carers support offer, in consultation with partners and carers. These will form part of the planned report to Committee in autumn 2018, which will outline detailed proposals.
27. Developing proposals for service delivery will take account of the recommendations in research that the Council commissioned into supporting Seldom Heard Carers, and national research and guidance on best practice, for example, guidance on delivering (Lesbian, Gay, Bisexual & Transsexual) LGBT inclusive services.

Implications for Service Users

28. Support to carers will be developed in line with information that they have provided about what is most valuable to them,

RECOMMENDATION/S

That Committee:

- 1) approves the proposed principles and associated workstream for next steps in the development of carers services.
- 2) agrees to receive a revised Carers Joint Commissioning Strategy for Nottinghamshire, in Autumn 2018.

Sue Batty
Service Director, Mid Nottinghamshire

For any enquiries about this report please contact:

Maggie Pape
Commissioning Manager
T: 0115 9774615
E: margaret.pape@nottscc.gov.uk

Constitutional Comments (LM 15/05/18)

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

Financial Comments (DG 16/05/18)

30. The financial implications are contained within paragraphs 23 and 24 of this report.

HR Comments (SJJ 14/05/18)

31. There are no HR implications identified in 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.

Adult Social Care and Health Consultation – report to Adult Social Care and Public Health Committee on 8th January 2018

Electoral Division(s) and Member(s) Affected

All.

ASCPH558 final

| Action Plan 2018/19: To develop a revised carers support offer for April 2018 and an updated joint commissioning strategy (for 2018-20) | | | | |
|--|--|---|--|--|
| | Quarter 1: April-June | Quarter 2: Jul-Sept | Quarter 3: Oct-Dec | Quarter 4: Jan-Mar |
| 1. Review Carers Assessment and Support Planning Process | <ul style="list-style-type: none"> Develop proposals for changes to carers Personal Budget - personalised approach Review Carers Assessment/Review processes – respond to carer feedback and consider how to align with 'three conversations' work Consider a more creative approach to support planning – workers enabling carers to access existing community resources and peer support Consider financial implications of new arrangements and confirm feasibility | | <ul style="list-style-type: none"> Develop delivery arrangements and implementation plan <ul style="list-style-type: none"> internal systems and processes role of NCC and district teams plus possibility of external trusted assessors undertaking assessment / review /support planning Seek approval for proposals from County Council ASC&PH Committee (October) | <ul style="list-style-type: none"> Prepare for April 2019 start of new arrangements <ul style="list-style-type: none"> Update computer records processes (Mosaic) Staff training and guidance |
| 2. Review arrangements for carer respite (to include NCC and NHS funded short breaks, sitting services, day services and short term care) | <ul style="list-style-type: none"> Work with health partners to identify whether NHS short breaks funding might be integrated with NCC Carers Personal Budget or NCC Short Breaks provision | <ul style="list-style-type: none"> Work with operational NCC colleagues and NHS partners to map all respite provision and identify any potential to simplify arrangements or improve flexibility of respite provision Work with carers to develop proposals for the future delivery of respite services Consider financial implications of proposals Seek approval for proposals from County Council ASC&PH Committee and CCG Commissioning Groups governing bodies (October) | | <ul style="list-style-type: none"> Prepare for April 2019 start of new arrangements (may need to phase implementation through 2019) <ul style="list-style-type: none"> Update commissioning arrangements for short breaks including computer processes (Mosaic) Staff training and guidance |
| 3. Review commissioned support services* | <ul style="list-style-type: none"> Needs analysis and demographic analysis Map existing services – both NCC and partners – directly commissioned and other services | <ul style="list-style-type: none"> Define how services will be commissioned <ul style="list-style-type: none"> Range of provision Relative importance of universal or specialist services Identify likely resources available to procure services Develop specifications for new services | <ul style="list-style-type: none"> Give notice to existing service providers that contracts will terminate March 2019 Seek approval for proposals from County Council ASC&PH Committee and CCG Commissioning Groups governing bodies (October) Tender for new services through Carers Dynamic Purchasing System (November) | <ul style="list-style-type: none"> Mobilisation/implementation period for new contracts |
| 4. Develop a County communication and information plan | | <ul style="list-style-type: none"> Identify and deliver a range of activities to promote the new service arrangements, making sure that a variety of approaches and media are used (e.g. paper-based, websites, social media) Work with partner organisations to ensure that all workers who come into contact with carers can signpost to services for carers Identify new ways to identify and support carers in the community – take information to where people are | | |



11 June 2018

Agenda Item: 9

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

PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH

Purpose of the Report

1. To provide the Committee with a summary of performance for Adult Social Care and Health for Quarter 4 2017/18 (1 April 2017 to 31 March 2018) and seek comments on any actions required.

Information

2. This report provides the Committee with an overview of the Quarter 4 position for the key performance measures for Adult Social Care and Health (ASCH) for 2017-18. The performance measures include information provided to the Department of Health as part of statutory returns.
3. The figures contained within this report are provisional and are subject to change until the above-mentioned statutory returns have been submitted to and verified by the NHS.
4. The measures monitored on a monthly basis by the Senior Leadership Team were reviewed in April/May when targets for 2017/18 were set and this report reflects those changes.
5. A summary of these performance measures is set out below and a performance dashboard, including target and performance data up to and including 31 March 2018 (Quarter 4), is attached as **Appendix A**.

National Key Performance Indicators

Long term residential and nursing care (younger adults aged 18 – 64 years)

6. The Council monitors admissions per 100,000 population, as part of a national Adult Social Care Outcomes Framework (ASCOF) definition, which allows for comparison (benchmarking) with other Councils.
7. Admissions of younger adults was over target for the year at 84 against a target of 60. The average number of admissions per month for 2017/18 was 7.

8. Each new admission continues to be scrutinised by Group Managers at the Long Term Care Panel and an admission is only made where there is no suitable alternative accommodation available.
9. The overall number of younger adults being supported by the authority in long-term residential or nursing care placements was 644 on 31st March 2018, just over the annual target of 636 by 8.

Long term residential and nursing care (older adults aged 65 years and over)

10. Admissions for older adults are also monitored per 100,000 population.
11. All admissions are being scrutinised by Group Managers and where ever possible people are being supported to live in the community through initiatives including Extra Care, telecare and home care. Where appropriate service users leaving hospital have an assessment in an assessment bed before a decision is made.
12. This year the Council has dealt with extreme winter pressures and seasonal issues such as bad weather conditions and the severe 'flu virus which has undoubtedly affected performance on this indicator. As a result the number of new admissions increased and the total number of admissions was 987 against a target for the year of 948. The average number of admissions per month for 2017/18 was 82.
13. The total number of older adults supported in long-term residential or nursing care placements was 2,307 on 31st March 2018, over the annual target of 2,275 by 32. In comparison to 2016/17 there has been a reduction by 19 of the number of people supported.

Delayed Transfers of Care

14. A Delayed Transfer of Care (DToC) from an acute or non-acute hospital setting occurs when "a patient is ready to depart from such care and is still occupying a bed". Any patients falling within this definition are classified as a reportable delay and the information collected includes patients in all NHS settings.
15. As part of measuring DToC, the total number of days delayed per month per 100,000 population is monitored and this is a key national indicator. Nottinghamshire was ranked 11th best performing council nationally (out of 151) for delays attributed to social care in February 2018. Data on DToC is published by NHS England a month and a half in arrears and so data for the full year will not be available until mid-May.

Older people at home 91 days after discharge from hospital into reablement type services

16. Reablement type services seek to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. It captures the joint work of social services and health staff, as well as adult social care reablement. This indicator monitors the effectiveness of the services delivered.
17. Included in this indicator are reablement type services such as:

Adult Social Care and Health Performance Update - Quarter Four (Provisional)

Please note that the figures in this report are provisional and are subject to change until statutory returns for 2017/18 have been submitted.

The most recent data for national average is reported, where available. Where Nottinghamshire performance meets or exceeds the latest national performance information, this is highlighted by the emboldened boxes. Key: (p) = provisional data; (+) = better than previous value; (-) = worse than previous value; (=) = same as previous value; (n/a) = not comparable to previous value

| National Key Performance Indicator | Nottinghamshire | | | | | | | | | Comparator Data |
|--|-----------------|-------|------------|--------|------------------|-------------------------|-----------------|---------------------|-----------------------------|------------------|
| | Current Value | | Best to be | Target | Reporting Period | Number of service users | Out of how many | Previous Value (Q3) | Previous Annual | National Average |
| 1 Admissions of Younger Adults per 100,000 popn (ASCOF 2A) | 17.4 | (n/a) | Low | 12.5 | Mar 2018 | 84 | 479,962 | 11.8 | 15.2 | 13.3 |
| 2 Admissions of Older Adults per 100,000 popn (ASCOF 2A) | 600.0 | (n/a) | Low | 598 | Mar 2018 | 987 | 158,350 | 413.9 | 606 | 628 |
| 3 Delayed Transfers of Care per day per 100,000 popn NHS (iBCF) | 9.9 | (+) | Low | 5.5 | Feb 2018 | 64 | n/a | 7.0 | n/a | n/a |
| 4 Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF) | 0.20 | (+) | Low | 0.7 | Feb 2018 | 1 | n/a | 0.50 | n/a | n/a |
| 5 Delayed Transfers of Care per day per 100,000 popn Joint (iBCF) | 0.70 | (+) | Low | 0.55 | Feb 2018 | 4 | n/a | 0.00 | n/a | n/a |
| 6 Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B) | 78.8% | (-) | High | 85% | Mar 2018 | 345 | 438 | 85.0% | 78.9% | 82.7% |
| 7 Percentage of adults with Learning Disability in paid employment (ASCOF 1E) | 2.82% | (+) | High | 2.80% | Mar 2018 | 58 | 2055 | 2.10% | 2.7% | 5.8% |
| 8 Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G) | 73.1% | (-) | High | 76% | Mar 2018 | 1,503 | 2,055 | 71.0% | 75.8% | 75.4% |
| 9 Proportion of service users receiving a direct payment (ASCOF 1C part 2a) | 44.2% | (-) | High | 46% | Mar 2018 | 2,961 | 6,703 | 45.2% | 46.5% | 18.10% |
| 10 Proportion of carers receiving a direct payment (ASCOF 1C part 2b) | 100% | (=) | High | 90% | Mar 2018 | 3,319 | 3319 | 100% | 100% | 67.40% |
| 11 Number of Younger Adults supported in residential or nursing placements (Stat return) | 644 | (-) | Low | 635 | Mar 2018 | 644 | N/A | 642 | 636 | n/a |
| 12 Number of Older Adults supported in residential or nursing placements (Stat return) | 2307 | (+) | Low | 2275 | Mar 2018 | 2307 | N/A | 2324 | 2326 | n/a |
| 13 Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return) | 81.6% | (+) | High | 73% | Mar 2018 | 784 | 962 | 80.3% | 72.4% | 62% |
| 14 Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return) | 66.9% | (-) | High | 70% | Mar 2018 | 1,622 | 2424 | 66.7% | 67.8% | 67% |
| Local Key Performance Indicator | Nottinghamshire | | | | | | | | | Comparator Data |
| | Current Value | | Best to be | Target | Reporting Period | Number of service users | Out of how many | Previous Value (Q3) | Previous Annual Performance | National Average |
| 15 Percentage of new assessments completed within 28 days | 71.9% | (+) | High | 80% | Mar 2018 | 5,353 | 7,458 | 69.9% | 71.7% | n/a |
| 16 Percentage of reviews of Long Term Service Users completed in year | 73.0% | (n/a) | High | 80% | Mar 2018 | 5,479 | 7,461 | 53.0% | 71.0% | n/a |
| 17 Percentage of older adults admissions direct from hospital | 20.8% | (+) | Low | 18% | Mar 2018 | 205 | 987 | 19.0% | 22.0% | n/a |

| | | | | | | | | | | | |
|----|--|-------|-----|------|-----|----------|------|------|-------|-------|---------|
| 18 | Percentage of safeguarding service users who were asked what outcomes they wanted | 75.0% | (+) | High | 75% | Mar 2018 | 1837 | 2424 | 75.4% | 70.8% | n/a |
| 19 | Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved | 73.8% | (+) | High | 72% | Mar 2018 | 1356 | 1837 | 74.4% | 71.8% | 67% (P) |
| 20 | Percentage of completed DoLS assessments | 94.9% | (+) | High | 90% | Mar 2018 | N/A | N/A | 89.3% | 87.0% | n/a |

11 June 2018

Agenda Item: 10

**REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****ADULT SOCIAL CARE AND HEALTH – CHANGES TO STAFFING
ESTABLISHMENT****Purpose of the Report**

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

Information

2. The posts in the report, covered in **paragraphs 4 to 13**, are required to enable the Council to meet its legal responsibilities in relation to Community Deprivation of Liberty requirements and to ensuring that the residents of Nottinghamshire receive appropriate and satisfactory services. These posts can all be funded from existing budgets.
3. As Members are aware, a significant proportion of the current funding for adult social care services comes from the Better Care Fund and the Improved Better Care Fund. In recent years there have also been additional grants and tax raising powers for councils to address these responsibilities, and in some cases increase service provision. For this funding the Council is required to meet certain national conditions, in relation to the protection and maintenance of adult social care services, and better integration of social care and health in order to provide an improved outcome for people who use these services. For 2018/19 the total allocation subject to government requirements is £44.9m.

Adult Deaf and Visual Impairment Service - changes to staffing establishment

4. Approval is sought to convert the established part-time (12 hours) Unqualified Rehabilitation Officer post (Grade 5) to an additional part-time (9 hours) Qualified Rehabilitation Officer (Band A) post, which will provide a higher level of Qualified Rehabilitation Officer hours within the service to respond to the level of incoming work to the team requiring qualified staff.
5. Historically external recruitment to these posts has proved difficult as a result of limited availability of suitably qualified candidates. However, the team currently has a part time qualified Rehabilitation Officer wishing to increase their hours.
6. The conversion of these hours will provide the team with increased, qualified and experienced staff without the need to recruit externally.

7. This would be funded within existing budget.

Transformation Team posts

8. In July 2017 the Committee approved the establishment of a 1 fte Programme Officer (Band B) post for 12 months from date of appointment. This post was filled from 1st January until 31st March 2018, and the work that this post was established to complete will be continued by the Transformation Team as part of the wider Adult Social Care Change Programme.
9. This report seeks approval to repurpose the remaining £30,517 of funding allocated for the Programme Officer post to extend an existing post, Strategic Development Assistant (currently a Grade 3 but pending submission for full job evaluation) within the Transformation Team, which is currently due to end on 30th June 2018.
10. The Strategic Development Assistant post is supporting the wider change programme, specifically looking at the use of data to inform and improve operational decision making. Using the funding for the Strategic Development Assistant would allow the post to be extended for a further 15 months until 30th September 2019. This post is currently occupied and would not need to be recruited to and would avoid the need to seek redeployment for the post holder.

Social Worker Recruitment – Business Support post

11. A 1 fte Business Support Officer (Grade 3) post was established in June 2016 in order to provide support for a centralised approach to the recruitment of social care staff and maintenance of the supply register for social care staff. From March 2017 the post was reduced from full-time to part-time (0.5 fte) and this is currently due to end in June 2018. An extension is requested until the end of September 2018 at a cost of £5,853 to support the centralised recruitment project.

Community Deprivation of Liberty Team – changes to team structure

12. An adult who is assessed as not having the mental capacity to make decisions about their care and treatment and who is not subject to the Mental Health Act can only legally be deprived of their liberty when that deprivation is:
- a) authorised by a decision of the Court of Protection (CoP);
 - b) necessary to save life or prevent a serious deterioration in a patient's condition; or,
 - c) authorised in accordance with the Deprivation of Liberty Safeguards (DoLS) which only apply to people who are in hospital or living in residential care

Referrals for authorisations of DoLS (as c above) are managed by the Council's central DoLS team. Only options (a) and (b) apply to people who live in the community in their own homes or supported living schemes. All Local Authorities and Clinical Commissioning Groups who fund care in community settings have the responsibility to ensure they have a procedure and policy in place for identifying those individuals who may lack capacity, are subject to a deprivation of liberty and require a case preparing to take to the Court of Protection for a decision to authorise. In order to manage this process, assess risks and prioritise work, a small temporary Community DoLS team comprising 2 fte Social Workers, 4 fte Community

Care Officers and a 0.5 fte Team Manager was established utilising the improved Better Care Fund. In addition to oversight of the process, the team also supports the resource intensive process of preparing cases for Court and the Social Workers in the team take some of the more complex ones to Court.

13. A review of the way referrals are managed has been undertaken which has resulted in a significant reduction in the need for unqualified workers and concluded that the requirements of the service would be best met by re-profiling the current budget to disestablish 1.5 fte vacant Community Care Officer (Grade 5) posts at £33,430 per annum including on-costs) and establishing 1 fte Social Worker (Band A/B) post at £56,184 per annum. This will enable more referrals to be progressed through the Court of Protection in a timely fashion. Currently two of the Community Care Officer posts are vacant which means that it is timely to review the team's staffing structure.

Other Options Considered

14. ADVIS establishment stays the same, qualified hours remain at the current level and recruitment of an Unqualified Rehabilitation Officer would be required.
15. The current Transformation Team iBCF posts would be advertised but recruitment has proved difficult to date on this short term post.
16. Recruiting into posts is a priority for the department. A Business Support Officer supporting the managers with the centralised recruiting process is key, otherwise there will be delays in service delivery.

Reason/s for Recommendation/s

17. Without this change there will be an unqualified part time vacancy within the ADVIS team which will require recruitment to. The team will not benefit from additional qualified hours available from the existing part time qualified worker by increasing this post's hours.
18. Utilising the iBCF in this way reduces recruitment costs, ensuring and extending the effective support to the ongoing change programme within the Transformation Team.
19. Priority has been given to the recruitment of the post required in order to implement the Care Act and those established by Committee to respond to the Departmental New Ways of Working Programme. Extension of the Business Support Officer post will support Social Worker recruitment and ensure that Team Managers are supported with the centralised recruitment process.

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.

Data Protection and Information Governance

21. The data protection and information governance requirements for each of the savings projects is being considered on a case by case basis and Data Protection Impact Assessments will be completed wherever necessary.

Financial Implications

22. ADVIS: no additional budget is required as these changes will be funded within the existing staffing budget for this team.
23. Transformation Team iBCF: nil as the budget is already agreed as part of the iBCF allocation for 2018/19. Request is for change of post only.
24. Business Support Officer, Social Worker Recruitment: this post will be funded by the Care Act funding.
25. Community Deprivation of Liberty Team: the change to disestablish 1.5 fte vacant Community Care Officer (Grade 5) posts and establish 1 fte Social Worker (Band B or A) post can be met within the existing team staffing budget.

Human Resources Implications

26. The recruitment of fixed term posts would be more cost effective than the use of locum staff.
27. It is anticipated that the revised establishments across all teams will enable more successful recruitment as a result of increased hours and duration of fixed term roles.
28. The posts will be recruited to using the County Council's recruitment procedures.

Smarter Working Implications

29. The new posts will have equipment to enable mobile working and flexible use of office accommodation.

Implications for Service Users

30. All service users with two carers will receive a referral to the double to single project. Suitable service users receiving support from two carers will be offered alternative equipment to enable their care to be delivered by one carer.

RECOMMENDATION/S

That Committee approves the following changes to the staffing establishment in Adult Social Care and Health:

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

- 2) disestablish 1 fte Programme Officer (Band B) post and establish 1 fte Strategic Development Assistant (Grade 3) post within the Transformation Team for an extended period of 15 months to September 2019, thereby requiring a change of use of iBCF funding of £30,517
- 3) extension of a 0.5 fte Business Support Officer (Grade 3) at a cost of £5,853 post to support social worker recruitment for six months until the end of September 2018.
- 4) disestablish 1.5 fte Community Care Officer posts and establish 1 fte Social Worker (Band B or A) post in the Community Deprivation of Liberty Team.

Paul McKay

Deputy Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Katherine Smith

Project Manager

T: 0115 97 73214

E: katherine.smith@nottscc.gov.uk

Constitutional Comments (EP 15/05/18)

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

Financial Comments (KAS 15/05/18)

32. The financial implications are contained within paragraphs 22 - 25 of the report.

HR Comments (SJJ 14/05/18)

33. Any HR implications are implicit in paragraphs 26 - 28, posts that are to be disestablished are currently vacant.

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.

Staffing Capacity to Support Current Demands and Responsibilities in Adult Social Care - report to Adult Social Care and Health Committee on 6th February 2017

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

Supporting the Delivery and Expansion of Assessments and Reviews – report to Adult Social Care and Public Health Committee on 11th September 2017

Staffing Capacity to support Current Demands and Responsibilities in Adult Social Care – report to Adult Social Care and Public Health Committee on 6th February 2017

Electoral Division(s) and Member(s) Affected

All.

ASCPH561 final2

11 June 2018

Agenda Item: 11

**REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
SAFEGUARDING AND ACCESS****RETENDER FOR INTERPRETATION SERVICES FOR THE DEAF
COMMUNITY****Purpose of the Report**

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

Information

2. There are currently two independently commissioned contracts in place to support the deaf community to communicate with Nottinghamshire County Council. The first contract is the Sign Language Interpretation Service and the second contract is the Video Relay Service (further detail in **paragraphs 6 - 9**), both delivered by Nottinghamshire Deaf Society. Both contracts have been extended until 31st November 2018 to enable the amalgamation of the two separate contracts into a single revised specification and to ensure sufficient time for the service to be re-tendered.

Contract 1: The Sign Language and Interpretation Service (SLIS)

3. In 2013 Nottinghamshire County Council entered into a partnership with eight commissioning partner organisations (listed in **Appendix 1**) to jointly commission the 'Sign Language and Interpretation Service', with Nottingham City Council taking the role of lead commissioner.
4. The service provides face to face British Sign Language (BSL) interpreters for deaf people accessing Council services and Health services and is jointly funded via a block contract by the following:

| | |
|--|--------------------|
| Nottinghamshire County Council | £40,000 |
| Nottingham City Council | £53,803 |
| Nottingham City Clinical Commissioning Group (CCG) | £40,000 |
| Nottinghamshire County CCGs (x5) | £36,197 |
| Total | £170,000 per annum |

5. The current service consists of three elements:

- a drop in service providing BSL interpretation support to respond to correspondence queries, making phone calls or booking interpreters to provide support in future meetings. There are four sessions per week, each two hours long. Three of the drop-in sessions are based in the City and one takes place in Mansfield. In total, 925 drop-in sessions were provided in 2016/17
- appointment based BSL interpreting service for Council and Health services providing physical interpreters to accompany deaf people to health and social care appointments and participation in engagement events. There was a capacity of 1,270 appointments in 2016/17, of which 1,173 were utilised across the partnership, with 85% of appointments being utilised by CCGs and 15.4% being utilised by the County and City Councils
- emergency access to interpreters out of hours - (6pm-11pm week days / 10am-4pm weekends and bank holidays).

Contract 2: The Video Relay Service (VRS)

6. In 2016 the Council initiated a two year pilot with the Nottinghamshire Deaf Society (NDS) to trial a 'Video Relay Service' at a cost of £5,000 per annum.
7. The VRS remotely connects a deaf person with an interpreter via a real-time video link. This enables deaf people to use their preferred language to the interpreter and the interpreter will ring the Customer Service Centre (CSC) and 'voice' the call on behalf of the deaf person. The Video Relay Skype Service is online for two sessions per week, Tuesday morning 9.30am – 11.30am and Thursday afternoon 2.30pm – 4.30pm.
8. Between January and March 2018, 18 VRS calls were made by NDS, an average of 6 per month. This shows that despite the restricted availability of the services and the small population size, the service is meeting a previously unmet need for the deaf community in Nottinghamshire.
9. The VRS contract has been extended by eight months until November 2018 to ensure continuity of service provision while approval is sought to formally undertake and complete a full re-tender of the BSL interpretation offer for the deaf community to access Council and Health services across Nottinghamshire and Nottingham City.

Local Context

10. A high percentage of people living in Nottinghamshire have some degree of hearing loss, which can have a significant impact on their experience of accessing all services. The Council is committed to working with the local deaf community to ensure equality and inclusivity when planning and commissioning services and improving access to existing services. According to the Office of National Statistics (ONS), in 2016 there were 150,000 Nottinghamshire adults estimated to have some form of hearing loss and 15,650 adults estimated to have severe hearing loss.

BSL Charter

11. The Council has signed the BSL Charter and has committed to improving access for deaf people to the services it commissions. The British Deaf Association (BDA) developed the BSL Charter to promote better access to public services for BSL users and to help public agencies meet their duties under the Equality Act 2010.

Legal Obligations

12. The Council has a legal duty to offer services that are accessible and appropriate to all sectors of the community. Current legislation under the Equality Act 2010 and Human Rights Act 1998 mean that public bodies should provide services that are non-discriminatory, actively promote equality and respect the needs of seldom heard or underserved people. Under the Equality Act 2010 deaf people are included in the protected characteristic of Disability. Communication support, such as sign language interpreters for people with hearing loss, is likely to be considered a 'reasonable adjustment' as required under the Equality Act 2010.
13. The Care Act (2014) places a duty on local authorities to provide accessible information to citizens about the range of services available to them to meet their needs. Local authorities have to make sure that people who live in their areas:
 - receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
 - can get the information and advice they need to make good decisions about care and support and have a range of providers offering a choice of high quality, appropriate services.

Proposed enhancements to BSL interpretation service specification

14. The Steering Group for the BSL service has reviewed the current contract and is recommending the following revisions to the established specification prior to re-tendering the service on a three year contract with the option to extend for a further two years.
 - a. a block contract approach would be retained but commissioning partner proportions would be adjusted to reflect previous activity under the life of the current contract. This will result in a **reduction in percentage of contribution** required from the County Council.
 - b. a **reduction in the hourly rate** of service. The current contract costs £59 per hour, however a review of national provision indicates an average cost of £49.50 per hour. Securing the lower hourly rate has the potential to ensure better value for money whilst keeping the benefits of retaining a local service.
 - c. the integration of the Video Relay Service into the core specification. It is anticipated that **costs will be driven down and productivity of the service improved** through increased use of technology. The provider will work with the Nottinghamshire deaf community to review and implement appropriate use of technologies for remote interpreting provision.

Annual costs by partner for proposed re-tender

15. Based on the savings described in **paragraph 14**, Table 1 below summarises the breakdown of projected annual costs by partner. This would reduce the overall cost of the contract by £26,500 (16% of current contract value) and as the revised costs are based on activity levels of the previous contract life, it would decrease the cost to the County Council to £19,716.

Table 1

| | County | Annual Cost | City | Annual Cost | CCGs | Annual Cost | Total Cost |
|--|--|-------------|---|-------------|-----------|-------------|-----------------|
| Drop-ins | 1 x 2 hour session per week, 1 interpreter | £4,800 | 3 x 2 hour sessions per week, 1 interpreter | £14,400 | n/a | £0 | £19,200 |
| Appointment based and emergency Interpretations | 298 hrs per annum | £14,916 | 373 hrs | £18,645 | 1,815 hrs | £90,739 | £124,300 |
| Total | | £19,716 | | £33,045 | | £90,739 | £143,500 |

Other Options Considered

16. The Council has a framework contract with the London Borough of Newham Council to access their Language Shop translation service for the provision of face to face, telephone based or written translation services for a wide range of languages, including BSL. The telephone interpreting service is a pre-bookable appointment based service available 24 hours a day. Translation services are spot-purchased by the Council as required and are charged at a minimum of three hours at an hourly rate of £50 plus travel expenses. This service is already available for BSL interpretation services and could be marketed to staff as the preferred option for booking planned interpreters. However, it would be more expensive than the recommended proposal and would not allow for the drop-in options to be available. This option would also result in a more complicated access pathway for members of the deaf community requiring BSL interpretation support as there would be different systems for accessing interpreters for support with accessing Council services, compared to accessing Health services.
17. An Eastern Shires Purchasing Organisation (ESPO) framework exists for 'Interpretation, Translation and Transcription Services' that includes the provision of BSL, which the Council could choose to spot purchase from. The minimum appointment would be for two hours at £50 per hour and £60 for an out of hours service, plus travel expenses. The Council could call off this framework for the provision of planned BSL interpretation services. However, it would be more expensive than the recommended proposal and would not allow for the drop-in options to be available. This option would also result in a more complicated access pathway for members of the deaf community requiring BSL interpretation support as there would be different systems for accessing interpreters for support with accessing Council services, compared to accessing Health services.

18. The Council could independently procure its own service and not be part of the commissioning partnership or the joint contract. This option would need the Council to initiate a procurement exercise to appoint a BSL interpreting service. This would enable greater control of the commissioning process but would result in the loss of the current economies of scale achieved from being part of the partnership and would likely result in increased costs. It would also lead to a more complicated pathway for deaf people accessing interpreters to utilise County Council services compared to City Council or County and City health services.

Reason/s for Recommendation/s

19. It is recommended that the Committee approves the Council's on-going participation in the current partnership and supports the re-procurement of BSL interpretation services, incorporating the functionality of the Video Relay Service for a term of three years with the option to extend for a further two years. The benefits of recommissioning the service would include:
- improves safety and communication by reducing the language barrier
 - demonstrates further the Council's genuine commitment to take positive action as part of BSL Charter
 - reduces inequalities in service access
 - ensures a joined up cohesive service provision across all parts of the County, a single access pathway and continuity of interpreting individuals
 - economies of scale achieved through joint commissioning, supporting the integration agenda
 - recurrent savings of £25,000 per annum.

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.

Data Protection and Information Governance

21. If the the recommended option to jointly retender the BSL interpretation service is approved, the City Council would be the lead commissioning partner. It would therefore be their responsibility to ensure General Data Protection Regulations (GDPR) compliance is adhered to within the new contract. However, Procurement colleagues have confirmed that they would work closely with the City Council procurement team to ensure compliance is secured.

Financial Implications

22. There is a permanent budget of £40,000 within the ADVIS budget for the BSL interpretation service and the £5,000 for the Video Relay Service was met from ADVIS budget

underspends. Therefore, the re-procurement of the BSL service will result in a net saving to the Council of £20,000 per annum by incorporating the Video Relay Service and greater use of technology into the core specification and by basing the Council's proportion of the cost on actual use.

Public Sector Equality Duty Implications

23. By retendering this service as part of the wider commissioning partnership, the Council will enable the deaf community to have improved access to Council services and support. The partnership re-tender model is also the only one that provides the option for face to face drop-in support with an interpreter.

Implications for Service Users

24. Retendering the contract for the BSL interpretation service will ensure service users from the deaf community within Nottinghamshire have the required BSL interpretation support to enable them to self-manage issues that arise in their lives and to communicate with Council services as required, in a straight forward way that is comparable with other Nottinghamshire residents.

RECOMMENDATION

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

Paul Johnson

Service Director, Strategic Commissioning, Safeguarding and Access

For any enquiries about this report please contact:

Laura Chambers
Strategic Commissioning Manager
T: 0115 993 2563
E: Laura.chambers@nottscc.gov.uk

Constitutional Comments (SLB 17/05/18)

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

Financial Comments (DG 21/05/18)

26. The financial implications are contained within paragraph 22 of this report.

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH556 final

Sign Language and Interpretation Service Partner Organisations

Nottingham City Council (Lead Commissioner)

Nottinghamshire County Council

Nottingham City Clinical Commissioning Group

Newark & Sherwood Clinical Commissioning Group

Mansfield & Ashfield Clinical Commissioning Group

Nottingham North & East Clinical Commissioning Group

Nottingham West Clinical Commissioning Group

Rushcliffe Clinical Commissioning Group

11 June 2018

Agenda Item: 12

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE

PLANNING FOR DISCHARGE FROM HOSPITAL

Purpose of the Report

1. The purpose of this report is to:
 - a) provide Committee, as requested, with a progress up-date on the impact of resources previously approved to support integrated working within the hospital discharge processes.
 - b) seek approval of the following changes to the staffing establishment:
 - temporarily extend the conversion of 1 fte Team Manager post (Band D) to an Advanced Social Work Practitioner post (Band C) in the START Team from end of June 2018 to end of March 2019.
 - establish 1 fte permanent Community Care Officer (Grade 5) post at King's Mill Hospital
 - permanently disestablish 0.5 fte Social Worker (Band B) vacant post and permanently increase the Advanced Social Work Practitioner Post (Band C) from 18.5 hours to 34.5 hours at Bassetlaw Hospital.
 - disestablish 1 fte Community Care Officer (Grade 5) post and establish 1 fte Project Manager (Band D) post for seven months (April – October 2018) at Nottingham University Hospitals Trust.

Information

Background

2. The Local Authority plans the discharge of service users from acute hospital settings in accordance with the Schedule 3 of the Care Act 2014 and the Care and Support (Discharge of Hospital Patients) Regulations 2014. These provisions aim to ensure that the Local Authority and NHS colleagues work together effectively and efficiently to plan the safe and timely discharge of service users from NHS in-patient provision to Local Authority care and support if appropriate.
3. In fulfilling these provisions NHS colleagues must supply the Local Authority with a **Notice of Assessment**, which notifies the Local Authority of a patient who is thought to have a social care need which requires support in order to enable the hospital discharge. The

patient must have consented to the referral to the Local Authority. Social care staff then have a duty to assess the person and put arrangements in place to meet any eligible care and support needs.

4. Once it has been agreed that the patient meets three conditions for discharge, then NHS colleagues must supply the Local Authority with a **Notice of Discharge**, which confirms the agreed discharge date. The three conditions are:
 - a) a clinical decision has been made that the patient is ready to be transferred (often referred to as the patient being deemed “medically fit” or “medical optimization”).
 - b) a multi-disciplinary team decision has been made that the patient is ready for transfer.
 - c) the patient is safe to discharge or transfer on the relevant day.
5. If the processes of notification are followed correctly by NHS staff then a formal day of ‘delay’ can be declared by the NHS Trust for ‘social care’ reasons, if the patient has not left the hospital by 11am on the day after the agreed discharge date and the reason for the delay is due to the Local Authority. Alternatively, the delay reason may be recorded as ‘joint’ if both health and social care are causing the delay. There are nine categories to describe the causes of delays, which could be attributed to ‘health’, ‘social care’ or ‘joint’ reasons. Delays attributable to ‘social care’ can result from factors such as a delay in securing a suitable care home place or a package of home care to support independent living.
6. Across the three planning areas (South Nottinghamshire, Greater Nottingham, Mid Nottinghamshire and Bassetlaw) a social care team is based on site at the following seven hospitals:
 - Nottingham University Hospital NHS Trust (Queen’s Medical Centre, City Hospital and Lings Bar Hospital)
 - Sherwood Forest Hospitals NHS Foundation Trust (King’s Mill, Mansfield Community Hospital & Newark Community Hospital)
 - Doncaster and Bassetlaw Hospitals NHS Foundation Trust (Bassetlaw Hospital).
7. Social care staff based within the district teams are also involved in supporting the discharge of Nottinghamshire residents, including those experiencing mental ill-health, from Nottinghamshire Healthcare NHS Trust acute hospital beds across Nottinghamshire. People who live near Nottinghamshire’s borders and for whom Nottinghamshire County Council has responsibility for social care services will often attend their nearest Accident and Emergency Department in a crisis so social care also work with people staying in surrounding NHS Trusts services, such as United Lincolnshire Hospitals NHS Trust and Derby Teaching Hospitals NHS Foundation Trust.
8. Nottinghamshire County Council led a significant complex piece of work across the County from October 2015 to review and ensure consistency with the local coding of delays across agencies. This is important in order to ensure that performance is reported accurately and also to be able to use the data to identify the right actions to reduce delays. National Delayed Transfer of Care (DToC) guidance states that the Director of Adult Social Care (or their representative) should approve any delays assigned to social care as being appropriate. Processes are now in place with health to do this and whilst the majority are

agreed locally at Team Manager level, the process sets out who any delays should be escalated to in health and social care for resolution.

Performance

9. DToC statistics are reported each month by each NHS Trust to NHS England and published nationally by NHS England to benchmark the performance of NHS Trusts and Local Authorities.
10. In February 2018 Nottinghamshire was ranked as the 11th and in March 2018 as 12th best performing council nationally (out of 151 authorities) for having very few days of delay attributable to social care. In March there were only a total of 40 days of delay attributable to social care. The Council's improved Better Care Fund (iBCF) target is to maintain or reduce from a target of 0.7 (Social Care Delayed Transfers of Care per day per 100,000 population) and the Council has consistently delivered better than 0.7. During the pressured winter period from and including December 2017 to March 2018 the Council has held at a consistent high performance of 0.2.
11. The iBCF is however over target for both jointly attributable and NHS delays. The Council now intends to focus on understanding and addressing the causes of those falling in the 'jointly attributable' category.

Developments during 2017/18 that have improved the Council's performance related to delays

12. The Association of Directors of Adult Social Services (ADASS) East Midlands asked all local authorities to respond to a survey of developments that took place during 2017/18 to improve performance related to social care and joint delays, as well as to identify the main future challenges. This information will be included in an East Midlands Annual Report for sharing more widely. The survey also collated information about how use of the (Improved) Better Care Fund has supported work to reduce delays as well as achieve other objectives. This report summarises Nottinghamshire's submission to the survey, including the requested top five things that the Council did that had the most beneficial impact on reducing delays attributable to social care and also the main future challenges.

(a) Commissioning a new Home First Rapid Response Service

13. Adult Social Care & Health (ASCH) commissioned a new home care service, the Home First Rapid Response Service (HFRR) which is funded through the improved Better Care Fund (iBCF). The service is provided by Carers Trust East Midlands and started in December 2017. The aim of the service is to reduce delays due to people waiting in hospital for a homecare or re-ablement package. Referrals are responded to within 24 hours and the service provides enabling support for up to seven days.
14. This was a new service to Mansfield, Ashfield, Newark & Sherwood and Bassetlaw but replaced the existing service already provided in the south of the County. The service has had a positive impact across the County on reducing delays and overall has received very positive feedback from staff and service users on the quality of care. In Bassetlaw, for example, the number of days people were delayed due to waiting for homecare has reduced from 11 and 15 respectively in October and November 2017, to 7 and 8 days respectively in December 2017 and January 2018.

15. The majority (73%) of referrals have been for people being discharged from hospital. Between mid-December 2017 and the end of April 2018, the service has supported a total of 719 people across the County. Referrals to the service have, however, been much higher which indicates that there is greater demand for the service than the current capacity. A needs assessment is underway to establish what is required.

(b) Implementing electronic rostering to expand capacity in the Short Term Assessment and Re-ablement Team

16. The Council's own Short term Assessment and Re-ablement Team (START) continues to develop in capacity and effectiveness. 93 more people completed the START service in 2017/18 than in 2016/17, which is an increase of 5.9%. This rise is mainly driven by the implementation of electronic scheduling in the south of Nottinghamshire (Broxtowe, Gedling & Rushcliffe (BGR)). Mid-Nottinghamshire and Newark & Bassetlaw received the electronic scheduling system later than BGR and are currently embedding its use and effectiveness. New temporary posts funded by the Better Care Fund are now beginning to be inducted into their roles and will improve capacity further.
17. START continues to perform well against key performance indicators. Between January and March 2018, 74% of people required no ongoing homecare package following reablement and 86% of service users still lived at home 91 days after discharge from hospital into reablement.
18. The START Transformation Project is now underway with the main objective of increasing capacity and the numbers of people successfully completing reablement and requiring no or less homecare. The project includes the following work-streams:
- 'Driving up performance' – support to maximise the benefits of the electronic scheduling system across the County and to develop and implement a workforce recruitment and retention strategy
 - 'Therapy Led Service' – led by the Principal Occupational Therapist, the aim is to develop processes and tools to ensure Occupational Therapy oversight is provided to setting and reviewing service users' goals in order to improve people's independence and confidence in the most appropriate, effective and timely way
 - a range of other workstreams underpin these and build on existing success to continuously improve the service to be as lean, efficient and effective as possible and aligned with health where there is identified benefit.
19. The growth of the service and alignment with health has led to a review of the management arrangements of the START service in mid Notts. The current establishment is for two FTE Team Managers for Mansfield and Ashfield. In order to better drive consistent culture change across the two districts, pending recruitment to the second Team Manager post, the service has successfully trialled having 1 fte Team Manager supported by a Senior Practitioner (Band C) post. Approval is requested to extend this during the change phase of the Transformation Project on a temporary basis up to March 2019, at which point it may be beneficial to revert back to 2 fte Team Managers. The financial impact is a one-off temporary saving of £2,909.

(c) Increased temporary capacity in the Hospital Social Work Teams

20. Managers ensured that staffing levels were maintained in the three main acute hospital social work teams over busy periods with additional funding from iBCF made available to expand staffing over winter and volunteer presence at weekends. Two teams were already working at their acute sites at weekends but the team at Bassetlaw Hospital started to trial weekend working in December 2017. These arrangements were effective to help the Council manage considerable demand over the winter of 2017/18. Across the whole County there were only eight days of delay due to waiting for social care or joint assessments from 1.12.17 to 28.2.18. The following staffing changes are requested for approval in the three Hospital Social Work Teams in order to meet changing operational needs.

King's Mill Hospital Social Work Team

21. There are national NHS targets set for the proportion of Continuing Healthcare (CHC) assessments completed out of hospital that Clinical Commissioning Groups (CCGs) are required to meet. In order to deliver on this, since April 2018, the mid-Nottinghamshire CCGs have purchased 20 new nursing home beds for people to move into to recuperate and have their CHC assessment. This addresses the hospital delays and the performance target, but places an increased demand on social care to undertake more assessments, more quickly, across different bases. Social care staff need to be involved in the assessment process to ensure a social care perspective is input to the decision on eligibility for Continuing Healthcare, as well as to plan for discharge of people who are fully/jointly eligible for social care. There is, however, no associated reduction of hospital in-patient beds or referrals to the Hospital Social Work Team. This means that staff time is not being freed up within the existing Hospital Social Work team that could enable staff to go out to the new nursing home beds. A small amount of funding was held within the locality budget pending completion of the King's Mill Integrated Discharge Review and clarity on the final capacity for social work assessments that the final model requires. Therefore approval is requested to establish the following post:
- 1 FTE permanent Community Care Officer post, Grade 5 (£33,544 including on-costs) plus £1,300 car user allowance.

Integrated Discharge Team at Bassetlaw Hospital changes to staffing establishment

22. Approval is sought for the permanent conversion of two part time posts into one senior post with increased part time hours, as detailed below;
- disestablish 0.5 fte Social Worker (Band B) post
 - increase the Advanced Social Work Practitioner (Band C) post from 18.5 hours to 34.5 hours.
23. The additional Advanced Social Work Practitioner hours are required to support the existing Team Manager post and the team as a whole with Delayed Transfers of Care (DToC) and to support a busy hospital social work integrated discharge team. This proposal will be achieved within the existing team establishment budget.

Nottingham University Hospital changes to staffing establishment

24. The improved Better Care Fund (iBCF) currently supports the following posts at Nottingham University Hospitals Trust (NUHT):

| | |
|---|----------|
| 2 fte Social Workers (Band B) | £112,367 |
| 5 fte Community Care Officers (Grade 5) | £114,217 |
| 2 fte Advanced Social Work Practitioners (Band C) | £97,834 |

25. One of the Community Care Officer posts is vacant, and it is proposed to convert it temporarily into a Project Manager post to support the transformation change across NUHT, as part of the High Impact Change Model currently being implemented across the Trust to reduce delayed transfers of care. The budget allocation for the financial year 2018/19 of £33,544 from the iBCF will cover a Project Manager for 7 months (April – October 2018) to manage the business change for social care teams within NUHT. The Project Manager will work on the following areas:

- Co-ordinated discharge planning between social care, NUHT & community health colleagues based within the Integrated Discharge Team (IDT)
- Capturing the benefits of the Trusted Assessor pilot within the IDT
- Embedding the Council's three tier model across NUHT
- Staff re-configuration across NUHT social care teams and Short Term Independence Service (STIS) to deliver a "discharge to assess" model
- Streamlining the workflows at NUHT into social care
- Smarter working across acute/ sub-acute teams
- Implementing an efficient data collection for the service
- Managing the business change and co-ordinating the operational impact of ICT developments to share information along the patient's journey, as "discharge to assess" is embedded.

(d) Agreement of new referral, coding and validation processes with bordering NHS Trusts

26. New referral, coding and validation processes were agreed with the Council's bordering NHS Trusts, where these were not already in place (United Lincolnshire Hospitals NHS Trust, Derbyshire Community Health Services NHS Trust, Derby Teaching Hospitals NHS Trust, and Sheffield Teaching Hospitals Foundation NHS Trust). The purpose of these discussions was to provide a direct route into Nottinghamshire County Council hospital social work teams for in-patients at these Trusts so that the referrals could be picked up quickly and so that any delays could be coded jointly. Previously, referral processes from these Trusts had not been as clear as they needed to be which had led to some days of delay.

(e) Production of guidance and e-learning on 'Effective Discharge' for Social Care staff

27. Staff guidance about "Effective Discharge" was developed for ASCH staff to highlight their responsibilities in relation to the discharge process for any NHS in-patient (whether in a local Trust or one in a different authority area). E-learning has also been made available for all staff, based on this guidance.

Top three areas for action to reduce delays in 2018/19

28. Two pieces of work with residential and nursing care homes are underway. The first is to pilot two part-time Registered Nurses to act as Care Homes Trusted Assessors for Sherwood Forest Hospitals NHS Foundation Trust (SFHT) and Nottingham University Hospitals NHS Trust (NUHT). The nurses will be employed by the Care Home Association and funded by the Better Care Fund for six months. They will be able to assess the suitability of the patients for particular care homes participating in the pilot, to avoid delays incurred by having to wait for the care home to send their own nurse assessor into hospital to meet the patient. The nurses will also help to smooth the transfer of patients from the hospital back to an existing care home.
29. The second development is to explore the options available for partners to all be able to use one system and have one place to go for accurate, up-to-date information on which residential and nursing care home have vacancies. This will reduce delays caused by staff and families ringing round, trying to find suitable vacancies for patients.
30. Work is also underway to improve the speed of information sharing and decision-making across health and social care by developing the Interoperability Project at SFHT and expanding it into Bassetlaw and Doncaster Hospitals NHS Trust and NUHT. In addition, social care staff will gain access to the Care Centric Portal by Autumn 2018, which will give them a view into all health records for Nottinghamshire residents (with the exception of Doncaster and Bassetlaw Hospitals NHS Trust who are not participating in this portal).

The key future challenges to reducing delays further and to achieving BCF ambitions

(a) Homecare capacity

31. An ongoing challenge for the Council is the need to ensure sufficient capacity is available from home care providers to be able to support people who need packages of care to return home from hospital and also to support people who still need some homecare after receiving re-ablement. If homecare is not available then a short stay in an independent sector residential care home has to be arranged which does not help to promote people's independence. Having insufficient homecare capacity is a national and regional issue as well as a local one. Nottinghamshire's homecare service contracts are currently in the process of being re-tendered with a co-produced contractual model that will help providers with their recruitment and retention issues. The homecare workforce is also a priority this year for the national and regional branches of Association of Directors of Social Services and Nottinghamshire will engage in work through these to identify new solutions.

(b) Access to sufficient crisis support, supported living and residential options for younger adults with mental ill-health and very complex needs

32. Timely access to a sufficient range of both short and long term accommodation based services for younger adults with mental health and very complex needs presents significant challenges. It is particularly difficult to identify sufficient, appropriate, housing to create a sufficient supply of supported living options. Since January, the Council has been trying to find specialist placements for four patients so that they can be discharged now that their acute care is complete. The lack of appropriate local provision has led to significant joint days of delays. Work is underway to develop options and also to scope the work required to complete a countywide Housing Strategy for both younger and older adults with the District Councils through the Better Care Fund Steering Board.

(c) Delays for reasons attributable to health

33. The majority of formal delayed discharges in Nottinghamshire are attributed to health. The main reasons are due to; patient choice, waiting for external health assessments and waiting for further non-acute NHS care. Social care staff work with health partners to help understand the causes of these delays and identify potential solutions, however, the responsibility for decisions and implementation of solutions rest with health.

(d) Specific challenges relating to the (Improved) Better Care Fund funding being short term

34. The Better Care Fund and Improved Better Care Fund provide welcome additional temporary resources to support social care in the context of overall significant national reductions in funding. Each funding stream, however, has its own criteria and both are short term. This has led to some challenges that the Department has had to overcome including short term planning and implementation timescales and the Council/providers recruiting to fixed term posts in a very tight labour market. A number of key services and posts are now BCF funded and sustainable funding is required. The national policy direction regarding this will be set out in the Green Paper on the funding of social care due in summer 2018.

Other Options Considered

35. Alternative options have been considered for all the changes to posts. The options proposed are those that will best meet the business requirements of the services with the reasons listed at **paragraphs 36 to 39** below.

Reason/s for Recommendation/s

36. START service: extension of temporary Senior Practitioner role to March 2019 instead of recruiting to the permanent Team Manager role will enable a single line manager to lead strategic change consistently across the service during the initial phase of the Transformation project. The change will deliver a temporary saving of £2,909 in 2018/19.
37. King's Mill Hospital: the establishment of the Community Care Officer post will enable timely support to patients discharged to be assessed for Continuing Healthcare into

nursing home beds and enable social care input into this assessment. The post can be established within the existing budget.

38. Bassetlaw Hospital Social Work Team: combining the hours to offer increased hours for the Advanced Social Work Practitioner within the Integrated Discharge Team will improve the likelihood of successful recruitment. Historically this role has proved difficult to fill at less hours. The change can be made from within the existing budget.
39. Nottingham University Hospital: changing the use of the iBCF to temporarily create a Project Manager post allows flexibility of resources required at NUHT at a time of considerable change. It will enable the team to be supported to work in a more efficient and streamlined way to improve flow and ensure the timely discharge of individuals and reduce delayed transfers of care. The changes can be made from within the existing budget.

Statutory and Policy Implications

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

Financial Implications

41. START service: temporary conversion of Team Manager to Senior Practitioner role to March 2019 will deliver a temporary saving of £2,909 in 2018/19.
42. King's Mill Hospital: the establishment of the Community Care Officer post will be funded from existing budgets.
43. Bassetlaw Hospital Social Work Team: the conversion of 18.5 Social Worker hours to 16 Advanced Social Work Practitioner hours will be cost neutral.
44. Nottingham University Hospital: the conversion of 12 months of Community Care Officer hours to 7 months of Project Manager hours will be cost neutral.

Human Resources Implications

45. All posts that are being proposed to be disestablished or converted are currently vacant and there will therefore be no impact on existing staff in these posts.

Implications for Service Users

46. The proposals will provide more opportunities to enable people to live independently, improve their health and well-being and reduce their need for care and support.

Smarter Working Implications

47. The new Nottinghamshire County Council posts will have equipment to enable mobile working and flexible use of office accommodation.

RECOMMENDATION/S

That Committee:

- 1) considers whether there are any further actions required with regard to the progress made in utilising resources previously approved to support integrated working within the hospital discharge processes.
- 2) approves the following changes to the staffing establishment:
 - temporary extension of the conversion of 1 fte Team Manager post (Band D) to an Advanced Social Work Practitioner post (Band C) in the START Team from end of June 2018 to end of March 2019.
 - establish 1 fte permanent Community Care Officer (Grade 5) post at King's Mill Hospital
 - permanently disestablish 0.5 fte Social Worker (Band B) vacant post and permanently increase the Advanced Social Work Practitioner Post (Band C) from 18.5 hours to 34.5 hours at Bassetlaw Hospital.
 - disestablish 1 fte Community Care Officer (Grade 5) post and establish 1 fte Project Manager (Band D) post for seven months (April – October 2018) at Nottingham University Hospitals Trust.

Sue Batty
Service Director, Mid Nottinghamshire

For any enquiries about this report please contact:

Wendy Lippmann
Transformation Manager (Mid-Nottinghamshire)
T: 0115 9773071
E: wendy.lippmann@nottscg.gov.uk

Constitutional Comments (SLB 29/05/18)

48. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (AGW 22/05/18)

49. The financial implications are contained in paragraphs 41 – 44 of this report

HR Comments (SJJ 30/05/18)

50. Any HR implications have been highlighted in the body of the report and in paragraph 45.

Background Papers and Published Documents

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

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

Better Care Fund – Proposed Allocation of Care Act Funding - report to Adult Social Care and Health Committee on 12th September 2016

Electoral Division(s) and Member(s) Affected

All.

ASCPH559 final

11th June 2018

Agenda Item: 13

**REPORT OF THE DEPUTY CORPORATE DIRECTOR FOR ADULT SOCIAL
CARE AND HEALTH****ADULT SOCIAL CARE AND PUBLIC HEALTH - EVENTS, ACTIVITIES AND
COMMUNICATIONS****Purpose of the Report**

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

Information

2. Over the course of the year, the range of public events, publicity and promotional activities that may be undertaken by adult social care and public health are wide ranging and there are a variety of reasons for doing so, for example:
 - promotion of services to give information to people in need of social care and public health services and their carers
 - encouraging interest in recruitment campaigns for staff, carers and volunteers
 - engagement of communities with services in their locality
 - generation of income through public events.
3. Over the next quarter, adult social care and public health would like to undertake the events and activities detailed in **paragraphs 4 - 9**.

Events in Direct Services

4. The Council's direct services undertake a wide range of public events, publicity and promotional activities.
5. Over the next quarter, these services would like to undertake the following activities. None of these events would normally be publicly advertised. The cost of these events are generally met through donations, fundraising and grants.

June19th Coffee Morning, Newark Day Service, Balderton20th Drama Production, Bassetlaw Day Service, Worksop

July

- 6th Summer Fair, Shared Lives at Ollerton Scout and Guide Centre
- 7th Dog Show and Family Day, Brooke Farm, Linby
- 27th Beach Party, Broxtowe Day Service
- 27th Summer Fair, Gedling Day Service.

6. In addition to these events and activities there are likely to be other similar events for service users and families/carers arranged between July and September. The report requests approval from Committee for these events to be planned and take place.

Falls Prevention - Get Up and Go campaign events

7. Following the success of last autumn's 'Get Up and Go' events for older people, the Falls Prevention project is proposing to implement further partnership events across the County between 24th September and 5th October 2018 to coincide with International Older Person's Day on 1st October. Last year, 25 events were hosted in community centres, libraries, supermarkets, hospitals and leisure centres with coverage on local TV. The aims are to:
 - encourage more reluctant older citizens to engage in physical activity to remain active and independent
 - promote 'ENGAGE' - the new programme of 'strength & balance' classes that are targeted at older adults to help prevent falls
 - provide home safety advice to prevent falls related care and hospital admissions
 - provide information and advice to citizens through brief interventions on topics including healthy eating and ageing well.
8. As yet, the exact location and number of events have not been finalised, but the cost is anticipated to be less than £1,500 for room hire, exercise taster sessions and promotional activities.
9. A specific communications plan will be produced to underpin the proposed Get Up and Go events, as well as a range of activities. This includes media opportunities, using case studies, social media, videos, Facebook advertising and internal bus adverts as a strand of the approved two year Falls Prevention project costs.

Other Options Considered

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

Reason/s for Recommendation/s

11. To ensure that people in need of social care and public health services and their carers are aware of the range of services on offer; encourage engagement with local communities and increase income generation.

Statutory and Policy Implications

12. 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

13. There are no additional costs attached to the events and activities planned at the day and employment services. A cost of up to £1,500 is identified for the Get Up and Go events and will be met by the Public Health budget.

RECOMMENDATION/S

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

Paul McKay

Deputy Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Paul McKay

Deputy Corporate Director, Adult Social Care and Health

T: 0115 9774116

E: paul.mckay@nottsccl.gov.uk

Constitutional Comments (SLB 11/05/18)

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

Financial Comments (DM 22/05/18)

15. The financial implications are contained within paragraph 13 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.

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH555 final

11 June 2018

Agenda Item: 14

REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

Information

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

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME

| 9th July 2018 | | | |
|--|--|--|---------------------------------------|
| Progress with prevention services | Report including evaluation of Defence Medical Welfare Service - Aged Veterans Services in Nottinghamshire project, outcomes from the Connect Services, the Age Friendly Nottinghamshire pilot and the falls prevention project. | Service Director, Strategic Commissioning, Access and Safeguarding | Lyn Farrow/Cathy Harvey/Richard Allen |
| Findings of pilot of Social Care Assistants within Locality Teams | Progress report on the outcome of Social Care Assistants pilot approved at Committee in November 2017 | Deputy Director | Ian Haines |
| Adult Social Care and Health – changes to staffing establishment | Report to cover changes required to staffing and structures. | Deputy Director | Jennie Kennington |
| Direct Payments Policy | | Service Director, Strategic Commissioning, Access and Safeguarding | Laura Chambers/ John Stronach |
| 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. To include update on work with Nottingham University on Modern Day Slavery | 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 |

| | | | |
|---|--|-----------------------------|----------------|
| Progress with Public Health commissioned service: Healthy Families Programme | Report on progress with and uptake of this service commissioned by the Council. | Consultant in Public Health | Kerrie Adams |
| Progress with development of an integrated health and social care partnership in South Nottinghamshire and Nottingham | Report on progress with the development of an integrated health and social care partnership in South Nottinghamshire & Nottingham. | Deputy Director | Louise Hemment |