

## **Adult Social Care and Health Committee**

**Monday, 12 December 2016 at 10:30**

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

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### **AGENDA**

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the last meeting held on 14 November 2016   | 5 - 8   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Outcome of Two Consultations: Brokerage and Mid Nottinghamshire Savings Proposals  | 9 - 18  |
| 5 | Planning for Winter  | 19 - 22 |
| 6 | Future Structure for the Adult Social Care Transformation Team   | 23 - 34 |
| 7 | Performance Update for Adult Social Care and Health  | 35 - 42 |
| 8 | Deprivation of Liberty Safeguards Progress Report  | 43 - 52 |
| 9 | Work Programme   | 53 - 58 |

## 10 Exclusion of the Public

The Committee will be invited to resolve:-

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

### **Note**

If this is agreed, the public will have to leave the meeting during consideration of the following item.

## 11 Exempt Appendix to Item 8: Deprivation of Liberty Safeguards Progress Report

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

### **Notes**

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

Customer Services Centre 0300 500 80 80

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

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

Date 14 November 2016 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Muriel Weisz (Chair)  
Alan Bell (Vice-Chair)

Sybil Fielding  
David Martin  
Francis Purdue-Horan  
Mike Pringle  
Pam Skelding

Stuart Wallace  
Jacky Williams  
Yvonne Woodhead  
Liz Yates

**OFFICERS IN ATTENDANCE**

Caroline Baria, Service Director, ASCH&PP  
Sue Batty, Service Director, ASCH&PP  
Sue Bearman, Senior Solicitor, Resources  
Paul Davies, Advanced Democratic Services Officer, Resources  
Jennie Kennington, Senior Executive Officer, ASCH&PP  
Ainsley MacDonnell, Service Director, ASCH&PP  
Paul McKay, Service Director, ASCH&PP  
Jane North, Transformation Programme Director, ASCH&PP

**ALSO IN ATTENDANCE**

Alan Langton

**MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 10 October 2016 were confirmed and signed by the Chair.

**APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor David Martin (other reason) and David Pearson.

**ALAN LANGTON**

On behalf of the Committee, the Chair thanked Alan Langton for his contribution as Vice-Chair of the Older People's Advisory Group.

## **COMMISSIONING PLAN FOR SHORT TERM INDEPENDENCE SERVICES FOR OLDER ADULTS 2017-19**

### **RESOLVED 2016/083**

- 1) That the proposed future model for Short Term Assessment Beds, utilising the £1.365m Better Care Fund funding allocated for this purpose from 2017 to 2019 be approved.
- 2) That 4 fte permanent posts of Occupational Therapist (Band B) be established.
- 3) That 1 fte Social Worker post at Band B in the Mansfield Community Hospital Structure be converted to 1fte Senior Practitioner post at Band C.
- 4) That the following current temporary posts be made permanent:
  - 0.8 fte Community Care Officers (Grade 5), Broxtowe, Gedling and Rushcliffe Intermediate Care Team
  - 4 fte Social Workers (Band B): 1 in Ashfield and Mansfield, 2 in Broxtowe, Gedling and Rushcliffe Intermediate Care Teams and 1 in Bassetlaw Intermediate Care
  - 1 fte Community Care Officer (Grade 5), Bassetlaw Intermediate Care
  - That 1 fte Project Manager (Band D) post be extended for 12 months to 31 March 2018.
- 5) That the Committee receive a further report in February 2017 on the evaluation of the Poppy Fields pilot.

## **PROVIDING ADULT SOCIAL CARE ASSESSMENTS AND REVIEWS**

### **RESOLVED 2016/084**

- 1) That the current position in relation to the number of assessments and reviews completed in the Adult Social Care, Health and Public Protection Department be noted.
- 2) The following temporary posts be established to help manage assessments and reviews and to realise efficiency savings:
  - 4 fte Business Support Administrators (Data Input Team), Grade 3 for 12 months, at a cost of £109,316 to commence December 2016.
  - 1 fte Commissioning Officer for a six month period, indicative grade Band C, at a cost of £22,360 including on-costs
- 3) That the future proposals to further improve performance in relation to assessments and reviews be noted

- 4) That the scope of the existing Targeted Reviews project to include the proposals identified in paragraph 42 of the report.

### **COMMISSIONING FOR BETTER OUTCOMES PEER REVIEW 2015 – SUMMARY OF ACTIONS TO DATE AND FUTURE PLANS**

#### **RESOLVED 2016/085**

- (1) That the progress made in implementing the recommendations of the Commissioning for Better Outcomes Peer Review in relation to the development of co-production in the Council's commissioning and delivery of services be noted.
- (2) That the Co-Production Statement of Intent (set out in appendix 1 to the report) to be applied throughout the commissioning process in partnership with experts by experience, their family members and carers and other stakeholder organisations be noted.

### **PROGRESS WITH OUTCOMES FROM SECTOR LED IMPROVEMENT PEER REVIEW IN MARCH 2016**

In considering the report, members asked for a report on the effectiveness of the new ways of working being adopted in Adult Social Care.

#### **RESOLVED 2016/086**

That the progress in response to the areas of development highlighted by the Sector Led Improvement Peer Review in March 2016 be noted.

### **UPDATE ON WORK OF THE HEALTH AND WELLBEING BOARD**

#### **RESOLVED 2016/087**

That the update on the key issues covered by the Health and Wellbeing Board over the last six months be noted.

### **WORK PROGRAMME**

#### **RESOLVED: 2016/088**

That the work programme be noted, subject to a report in February 2017 on evaluation of the Poppy Fields assessment unit, and a report on the effectiveness of new ways of working.

The meeting closed at 12.20 pm.

**CHAIR**



**12 December 2016****Agenda Item: 4****REPORT OF THE TRANSFORMATION DIRECTOR AND SERVICE  
DIRECTOR FOR MID-NOTTINGHAMSHIRE****OUTCOME OF TWO CONSULTATIONS: BROKERAGE FOR SELF-  
FUNDERS AND MID-NOTTINGHAMSHIRE SAVINGS PROPOSALS****Purpose of the Report**

1. This report presents Committee with the outcomes and recommendations arising from two consultations on:
  - a. the brokerage consultation which ended on 25<sup>th</sup> October 2016 and to recommend amendments to the service from April 2017 for approval.
  - b. the consultation on savings proposals from Mid-Nottinghamshire partnership expenditure and recommendations from April 2017 for approval.

**Information and Advice****Brokerage consultation**

2. In September 2016 the Committee noted a report to consult with the public on a proposed increase to the brokerage fee for self-funders and a change to the scheme to extend the charge to existing self-funders who are already in receipt of managed services.
3. A self-funder is someone who is responsible for funding their own social care, because they have income and/or savings of more than £23,250.
4. A brokerage service is a service which helps someone find services to meet their social care needs, make informed choices about different options with different providers, access the services that will help them to meet their social care needs and help to put those arrangements in place.
5. Managed services are those that the Council seeks out, commissions and oversees for the service user, rather than a direct payment where a person is given a sum of money and arranges their own services.
6. In April 2016 the Council introduced a £100 charge to self-funders who had received brokerage services from the Council. This £100 charge does not currently cover all the Council's costs for delivering the brokerage service.



7. Under the Care Act 2014, councils can charge a brokerage fee for self-funders accessing managed services in the community (but not in residential settings) that covers 'only the costs that local authorities actually incur in arranging care'. This can include costs relating to contract negotiation/management and administration costs in addition to time spent by front line staff dedicated to statutory duties, such as assessment of care and support needs and support planning.
8. Providing information advice and guidance, signposting, developing support plans or providing lists of providers, referring to a direct payments support service or identifying the indicative cost of support required are not classed as brokerage and would not incur the brokerage fee.
9. The brokerage service does include taking a service user/family to see community provision; contacting providers to discuss a person's individual requirements; negotiating a rate with non-NCC contracted providers; arranging taster sessions; setting up NCC contracted homecare and/or daycare; identifying community resources and providers who can help to meet a person's needs; and allowing self-funders to access NCC contracted rates with providers contracted to provide care in the community.
10. A public consultation was carried out to gather opinion on changes to the brokerage fee and extending the charge to existing self-funders. This consultation closed on 25 October 2016. People were invited to respond online via a SurveyMonkey questionnaire. The same questionnaire was sent out in paper form to the known group of self-funders who currently access services through the Council. The questionnaire was also shared with third sector forums and service user involvement groups that the Council has access to.
11. The consultation questionnaire and consultation results are available as background papers.
12. A total of 211 people responded to the consultation, 38% of whom were either self-funders currently or likely to be self-funders in the near future.
13. When asked if they would pay the new charge to use the brokerage service, 36.8% said yes, 38.6% said no and 24.5% didn't know.
14. 54% of people agreed or strongly agreed that the Council should cover its costs for organising care and support for self-funders, 33% disagreed with it and 13% were either neutral or didn't know.
15. Based on the consultation results the Council is seeking to recover the full cost of the brokerage service and comments have been taken into account in the further development of the proposal. These points are covered in **paragraphs 22 and 23**.
16. The costs of the brokerage service have been identified based on the resources required to deliver the service, such as contract negotiation/management and administration costs, along with the additional staff costs of brokerage above the time spent on assessment and support planning.

17. The costs associated with delivering the brokerage service on a full cost recovery basis have been calculated at £133.32 per eligible self-funder per annum. This equates to £10.26 per four-week period. This would replace the existing one-off fee of £100, which does not take into account the length of time self-funders access services for. By way of comparing with other local authorities, Lincolnshire currently charges £420 per annum and Leicestershire charges £236 per annum.
18. There are an estimated 418 new and existing self-funders for 2017/18. If 50% of these self-funders received the new proposed brokerage service, this would equate to an annual income of £27,864.84. This is an increase of £12,164.84 per annum from the existing one-off brokerage charge.
19. The Council will seek to promote the brokerage service as a beneficial service for self-funders. Potentially, there are savings to be made for a person paying for their own care by using the brokering service as it enables them to make use of Council contracts with care providers. The following are also provided within the brokerage fee:
  - a. professional help and advice to arrange care and support which is most suitable for a person's need
  - b. people can take advantage of the rate that the Council has agreed with the care providers
  - c. providers who are contracted with the Council have to meet the Council's quality standards. The Council monitors providers and responds to concerns about quality
  - d. the Council will manage payments to the provider and deal with any queries.
20. This should reduce the risk of low demand for the service from self-funders as they will be aware of the overall benefits of using the service.
21. With this in mind, it is proposed that the Council applies the new £10.26 four-weekly brokerage fee for self-funders who access the brokerage service. It is proposed that this charge be applied for existing and new service users who are self-funders and receive a managed service.
22. A contract will be developed as a formal agreement between the Council and people using the brokerage service. This will provide clear advice and guidance on what the brokerage service is and what the Council and the individual will be responsible for.
23. It is proposed, as with the current brokerage service, that people receiving internal services, such as internal daycare or whose package is below £84.40 per month will not be subject to the charge. The brokerage fee only applies to self-funders in the community accessing managed services, not direct payments.
24. Existing self-funders having their care and support commissioned by the Council who have not already paid the one-off brokerage fee will be notified of the changes to the brokerage service. This will be done 3 months before the change is effected to give them opportunity to opt-out of the brokerage service and source care independently should they wish to. Only a small proportion of the existing self-funders have already paid the one-off £100 and these people would be exempt from the proposed four weekly brokerage fee.

25. It is proposed that the policy allows the Council to waive the brokerage fee should the Council feel this would better ensure an individual's needs are met appropriately or if there are exceptional circumstances.
26. To summarise, it is proposed that the Council applies the new £10.26 four-weekly brokerage fee for self-funders who access the brokerage service. It is proposed that this charge be applied for existing and new service users who are self-funders and receive a managed service. Exemptions from the charge will be in place in certain circumstances.

### **Outcome of the Mid-Nottinghamshire partnership expenditure consultation**

27. Following a report presented on 10<sup>th</sup> October 2016, Committee approved further consultation on a proposal to review three elements of Mid Nottinghamshire expenditure. The outcomes of the consultation are detailed below. The three proposals were:
  - Proposal to cease the Hospital to Home Scheme.
  - Proposal to cease payments to Sherwood Forest Hospital Trust for health discharge staff at King's Mill hospital and
  - Proposal to reduce £5,000 funding to pharmacy scheme that supports medicine management in care homes. This work is underway but is not completed so is not reported on further.

### **Hospital to Home Support scheme**

28. In October 2016 the Committee received a report on progress with arrangements to integrate health and social care in Mid-Nottinghamshire. A recommendation was noted to consult on the cessation of the Hospital to Home Support scheme, which is run by the Council but relies on volunteers to provide low level support to people being discharged from hospital.
29. It was reported that ceasing this scheme would save the Council £46,000 pa. It is now clear that the saving to the Council would be £22,000 pa, since it has been clarified as part of the review that £24,000 pa of costs is funded by the six Nottinghamshire Clinical Commissioning Groups (CCG). Committee is asked to note this change.
30. Reasons for proposing to cease the scheme were outlined in the October report in detail. In summary, the reasons were the high unit cost of the service to the Council, which in turn is due to low referrals and uptake of the support and provision of equivalent services run by other organisations in the local community.
31. An alternative scheme called the Assist Hospital Discharge Scheme is run by Mansfield District Council and provides practical and housing-related support to people being discharged from hospital; this is a free service to the patient and services include the installation of lifeline assistive technology and a key safe, benefits advice and support to meet the person when they come home and ensure that the home environment is safe on arrival (e.g. the heating is on and there is food in the house). Referrals to this service are received from a wide range of staff who work within Kings Mill Hospital, Millbrook and Mansfield Community Hospital. This free practical support can continue for a short period but if longer term support is needed, the Assist Enhanced Support service can be funded

by the person themselves or alternative domiciliary support can be commissioned by the Council if the person has eligible social care needs.

32. There are a range of domiciliary support organisations which provide personal care and/or low level practical support to people on a longer-term basis. Mears Care Ltd is the core provider of domiciliary care in Mansfield and Ashfield. Jigsaw Independence Service and Shirebrook Miners Welfare Independent Living Service are other examples, as well as Assist Enhanced Support. These services must be paid for by the client if he/she does not have eligible social care needs that should be met by the Council. If a person is eligible, then these services can be commissioned or funded by a Direct Payment. Costs range between £12 and £16 per hour, depending on the nature of the support and when required during the week.
33. Individual discussions have been held to consult with the 1.6 fte Council staff who run the Hospital to Home service. The nine volunteers have also been invited to a meeting to share their views, followed up by individual telephone discussions with those not able to attend. The staff felt that the service would be missed but acknowledged that referrals have been very low, particularly for people who would be eligible for services from the Council. There were no alternative proposals that would enable the service to increase referrals significantly. Volunteers accept that there has not been much work for them to do, due to the success of the Assist Hospital Discharge Scheme.
34. Discussions with the lead CCG (Mansfield and Ashfield) have been held in relation to this service and it has been agreed that it is reasonable to cease the service. A briefing report will be presented to the CCGs Commissioning Group for information.
35. Given this consultation, Committee is recommended to approve the cessation of the service by 31 March 2017. If this recommendation is approved, the Council staff will be supported to find redeployment opportunities or offered voluntary redundancy, in accordance with standard procedures. Any of the volunteers wishing to find alternative services to work with will also be supported to do this.

#### **Payment for health discharge staff at King's Mill Hospital**

36. The Council pays £175,000 per annum to Sherwood Forest Hospital Trust, part of which funds staff who assess the health needs and plans the discharge arrangements of people ready to leave hospital and arrange their discharge and part of which funds administration support to the social care team based at the hospital. This was part of an historic agreement when health and social care received a 'Delayed Transfers of Care Re-imbursement Grant' which has since ceased. Sherwood Forest Hospital Trust was first notified in June 2016 of the intent of the Council to cease paying this money for health staff by 31<sup>st</sup> March 2017. It was agreed that this was enough time to plan for and mitigate against destabilising the discharge process and also tied in with a multi-agency review of discharge arrangements. The review is now not due to be completed until after Christmas.
37. As part of the consultation, the Trust has now requested that the Council delay in making a decision on ceasing the funding until the review of discharge arrangements is completed. In line, however, with the principles of Redefining Your Council and a focus on prioritising delivery of its statutory duties, funding health staff is not a priority for the

Council, whereas funding the social care discharge functions in the hospital is. Part of the money will still be required to fund administrative support for the Hospital Social Work team and some is also required to be re-invested in extra social care assessment capacity to meet the increased pace and demand at which people are now moving out of hospital as new discharge models are implemented. The Council believes it has given adequate notice to the Trust to enable them to manage this reduction and also offered Council resources to support the work by completing a Lean+ review of discharge processes and a consultation exercise, neither of which were taken up. The sum of £40,000 has been proposed to contribute to savings from 2017/18 and it is anticipated that this can be realised in year. Approval is therefore sought from Committee to approve continuation of this work and ceasing the £175,000 funding from 31<sup>st</sup> March 2017.

### **Other Options Considered**

38. Continue with the current brokerage service one-off charge: however this does not seem equitable for self-funders who only use the service for a short period of time compared to those who use the service on an ongoing basis.
39. Maintain the Hospital to Home Support scheme: however, there are no suggestions about how the effectiveness of the scheme could be increased to justify the costs or to make a case for why this service needs to be provided by the Council, when other equivalent services are available.
40. Continue funding health discharge staff at King's Mill Hospital. This will not, however, enable the Council to re-invest this money to fund the additional social care assessment capacity that new discharge models require, or realise £40,000 savings.

### **Reason/s for Recommendation/s**

41. The Council will consistently receive income to cover the costs of the brokerage service.
42. Self-funders will benefit from the savings associated with the Council brokering their care package and from the support that the Council would provide them with.
43. The Council will realise a saving of £22,000 pa by ceasing the Hospital to Home Support scheme from 1 April 2017 and alternative services are available.
44. Funding health staff as part of hospital discharge arrangements is not a priority for the Council, therefore this funding should cease in order to fund additional capacity to meet increasing demand on the social care assessors as part of new models of discharge arrangements and realise £40,000 savings.

### **Statutory and Policy Implications**

45. 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**

### **Brokerage consultation financial implications**

46. A change in the charging for the brokerage service from a one-off £100 charge to a full cost recovery model of £10.26 per four week period (or £133.32 per annum). There are an estimated 418 new and existing self-funders for 2017/18. If 50% of these self-funders received the new proposed brokerage service, this would equate to an annual income of £27,864.84. This is an increase of £12,164.84 per annum from the existing one-off brokerage charge.

### **Mid-Nottinghamshire partnership expenditure, savings proposals consultation - Hospital to Home Support scheme financial implications**

47. It was reported that ceasing this scheme would save the Council £46,000 pa. It is now clear that the saving to the Council would be £22,000 pa, since it has been clarified as part of the review that £24,000 pa of costs is funded by the six Nottinghamshire Clinical Commissioning Groups (CCG). This reduces the saving that was previously forecast from this proposal. Committee is asked to note this change.

### **Mid-Nottinghamshire partnership expenditure, savings proposals consultation - Integrated Discharge Review financial implications**

48. As per **paragraph 37** above, the sum of £40,000 of the annual £175,000 that the Council is paying Sherwood Forest Hospital Trust has been proposed to contribute to savings from 2017/18 and it is anticipated that this will be realised.

## **Human Resources Implications (SJJ 17/11/16)**

49. If the Committee approves the recommendation to cease the Hospital to Home Support scheme by the end of March 2017, the 1.6 fte Council staff who run the scheme will be supported to find redeployment opportunities or offered voluntary redundancy, in accordance with standard procedures. Any of the volunteers wishing to find alternative services to work with will also be supported to do this.

## **Public Sector Equality Duty Implications**

50. Equality Impact Assessments (EqIAs) have been carried out to assess the impact of the change on the brokerage service and the Hospital to Home Support scheme. These are available as background papers.

## **RECOMMENDATION/S**



That the Committee:

- 1) notes the outcomes of the public consultation on the revised brokerage charges
- 2) considers and approves the proposal to apply a new brokerage charge for self-funders at a cost of £10.26 each four-week period to recover the costs incurred to the Council in organising their care
- 3) considers and approves the application of the new brokerage charges to existing and new service users who are self-funders and receive managed services
- 4) notes the outcome of consultation with staff and volunteers in the Hospital to Home Service and the change in savings to be achieved
- 5) approves the recommendation to cease the Hospital to Home Support scheme from 1 April 2017
- 6) approves the recommendation to cease funding health staff in the integrated discharge team at King's Mill Hospital from 1<sup>st</sup> April 2017 and receive a further report on recommendations for partly re-investing this in additional social care staff to meet increasing demands on the service.

**Jane North**  
**Transformation Director**

**Sue Batty**  
**Service Director for Mid-Nottinghamshire**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (LM 14/11/16)**

51. The recommendations in the report fall within the terms of reference of the Adult Social Care and Health Committee.

### **Financial Comments (KAS 29/11/16)**

52. The financial implications are contained within paragraphs 46 to 48 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.

Care Act 2014 – implementation update – report to Adult Social Care and Health Committee on 12 September 2016

Update on progress with arrangements to integrate health and social care in Mid-Nottinghamshire – report to Adult Social Care and Health Committee on 10 October 2016

Consultation questionnaire on proposed charge for organising care and support for people with a higher level of savings

Consultation results

Brokerage Equality Impact Assessment (EqIA)

Hospital to Home Equality Impact Assessment (EqIA)

Integrated Discharge Assessment Team funding (Sherwood Forest Hospitals NHS Foundation Trust) (EqIA)

**Electoral Division(s) and Member(s) Affected**

All.

ASCH439





12 December 2016

Agenda Item: 5

## **REPORT OF THE SERVICE DIRECTOR FOR MID-NOTTINGHAMSHIRE**

### **PLANNING FOR WINTER**

#### **Purpose of the Report**

1. This report seeks approval for additional temporary social care staff to meet expected demand pressures over the winter period by the establishment of the following:
  - 5 full time equivalent (fte) Community Care Officer (Grade 5) posts
  - 4 full time equivalent (fte) Social Worker posts (Band B).

#### **Information and Advice**

2. Planning to prepare for winter is overseen by the three local Accident and Emergency (A&E) Delivery Boards (south, mid Nottinghamshire and Bassetlaw). These were established earlier this year, following a national mandate issued in July 2016 that these would replace local System Resilience Groups. The aim is to give greater focus on the development and delivery of local A&E Improvement Plans in order to reduce the numbers of people being admitted into hospitals, as well as ensuring effective discharge arrangements. Nottinghamshire County Council is represented on the A&E Delivery Boards by the respective locality Social Care Service Director.
3. On 21<sup>st</sup> October 2016, NHS England, NHS Improvement and the Association of Directors of Adult Social Services (ADASS) issued a letter to all A&E Delivery Boards setting out the priorities for winter planning and national assurance arrangements for these. System wide plans have now been submitted. This included arrangements for:
  - operational plans to adequately cover the Christmas and New Year Bank Holidays
  - plans to free up space across key services in the run up to the Bank Holiday periods
  - daily reporting and escalation processes
  - maximising up-take of 'flu' vaccination programmes
  - engagement of local authorities and confirmation of sufficient social care discharge support.
4. This year there is an anticipated increase in the trend of increasing numbers of people arriving at A&E departments - many of whom will need to use acute hospital services over this period. Through the transformation programmes in the three units of planning, the Council is working in partnership with health commissioners and providers on initiatives aiming to appropriately turn people around at the 'front door' (namely Emergency Departments and short-term assessment wards) in order to avoid

unnecessary admissions, as well as initiatives that speed up people's discharge as quickly and effectively as possible. Social care staff have a key role to play in all these priority areas to ensure that people with complex health and social care needs can be supported safely at home.

5. The number of days that people are delayed in hospital is monitored for each local authority and NHS Provider Trust by NHS England. The days of delay are categorised by reason for the delay, as NHS, social care or joint. Nottinghamshire's performance is reported in the Performance update to the Committee which is also on the agenda of today's meeting. Delays attributable to social care, and also joint NHS and social care delays have remained consistently low since April 2015. It is crucial that this excellent performance is maintained by ensuring that the Council has sufficient resources available to maintain the high standards as pressure increases.
6. In order to meet the social care elements of the winter plans, it is estimated that some additional temporary capacity is required over the winter period to manage the expected increase in volume and pace of work. The Committee is therefore asked to approve the establishment of:
  - 5 fte temporary Community Care Officer (Grade 5) posts - one each in Nottingham City Hospital, Queen's Medical Centre, King's Mill Hospital, Mansfield Community Hospital and Bassetlaw Rapid Response Service up to the end of March 2017. Total cost for five months including on-costs is £67,100.
  - 4 fte temporary Social Worker posts (Band B) - 2 fte will be based in South Nottinghamshire and 2 fte will be based in Newark and Bassetlaw Teams up to the end of March 2017. Total cost for the four posts for five months including on-costs is £149,600
  - Associated ICT costs - £14,000.

### **Other Options Considered**

7. The option is available to not increase social care assessment capacity over the winter period. However, this is not advisable as the Council is aware of the likely demand from previous years in line with local and national trends. It is known that there are plans in place to speed up discharge processes across the system over this period.

### **Reason/s for Recommendation/s**

8. To support a higher number of patients to be discharged over the winter period and ensure that social care work to enable successful discharges is carried out as quickly as possible. This will include, as relevant, giving advice and information to patients, families and other staff regarding preventative services.

### **Statutory and Policy Implications**

9. 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**

10. Up until winter 2015, additional national short term winter resources were made available to local authorities. This funding was ceased last year, therefore, in order to manage the increased pace of work over winter, the Committee is asked to approve the establishment of the posts detailed in **paragraph 6**.
11. All temporary costs can be met in year from existing team budgets.

### **Human Resources Implications (SJJ 17/11/16)**

12. If the Committee approves the recommendation, the following additional posts will be appointed, as at **paragraph 6**:
  - 5 fte temporary Community Care Officer (Grade 5) posts up to the end of March 2017
  - 4 fte temporary Social Worker posts (Band B) up to the end of March 2017.

### **Ways of Working Implications**

13. All posts can be accommodated within existing team accommodation.

### **Implications for Service Users**

14. With additional staff available, there will be the necessary capacity available within hospital social work and community teams so that people who are ready to leave hospital can be discharged as quickly and effectively as possible, over the winter period.

## **RECOMMENDATION/S**

- 1) That Committee approves the temporary increase in social care assessment capacity across the County up to March 2017, as set out in paragraph 6, by the establishment of the following:
  - 5 fte temporary Community Care Officer (Grade 5) posts
  - 4 fte temporary Social Worker posts (Band B).

**Sue Batty**  
**Service Director for Mid-Nottinghamshire**

**For any enquiries about this report please contact:**

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**Constitutional Comments (LM 30/11/16)**

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

**Financial Comments (KAS 3011/16)**

16. The financial implications are contained within paragraphs 6, 10 and 11 of the report.

**Background Papers and Published Documents**

None.

**Electoral Division(s) and Member(s) Affected**

All.

ASCH441

12 December 2016

Agenda Item: 6

## **REPORT OF CORPORATE DIRECTOR ADULT SOCIAL CARE , HEALTH AND PUBLIC PROTECTION**

### **FUTURE STRUCTURE FOR THE ADULT SOCIAL CARE TRANSFORMATION TEAM**

#### **Purpose of the Report**

1. To report back to Committee on the progress of the Adults Transformation Portfolio and to seek approval of the proposed future structure of the Adult Social Care Transformation Team to ensure continued delivery of the programme.

#### **Information and Advice**

2. The Adult Social Care (ASC) Transformation Team supports the delivery the Adults portfolio, one of the five portfolios contained within Redefining Your Council. The Adults portfolio comprises the following key areas of work:
  - The Adult Social Care Strategy - preventing and reducing care needs by promoting independence
  - Integration with Health - implementing joined up working practices and initiatives with Health and other partners
  - Public Health Outcomes - working with key stakeholders to establish how to allocate the current budget
  - Care Act Implementation - implementing the changes needed to embed the new duties and extended responsibilities of the Care Act
  - Direct Service provision – developing different ways of delivering services
3. Quarterly updates on the Adults Portfolio are provided to Committee and the latest update is attached as **Appendix 1**.
4. The ASC Transformation Team also leads the department's Savings and Efficiency Programme. The Team is responsible for initiating, designing and developing change projects and supporting service areas to meet the required savings targets.
5. The Adult Social Care, Health & Public Protection (ASCH&PP) department, as reported to ASCH Committee in October 2016, has already delivered efficiency savings of £67m over the period 2011/12 to 2015/16 through the delivery of savings and efficiency projects relating to Adult Social Care (excluding Public Protection savings).

6. The department's remaining savings targets, including the new projects approved in February 2016, are profiled as follows:

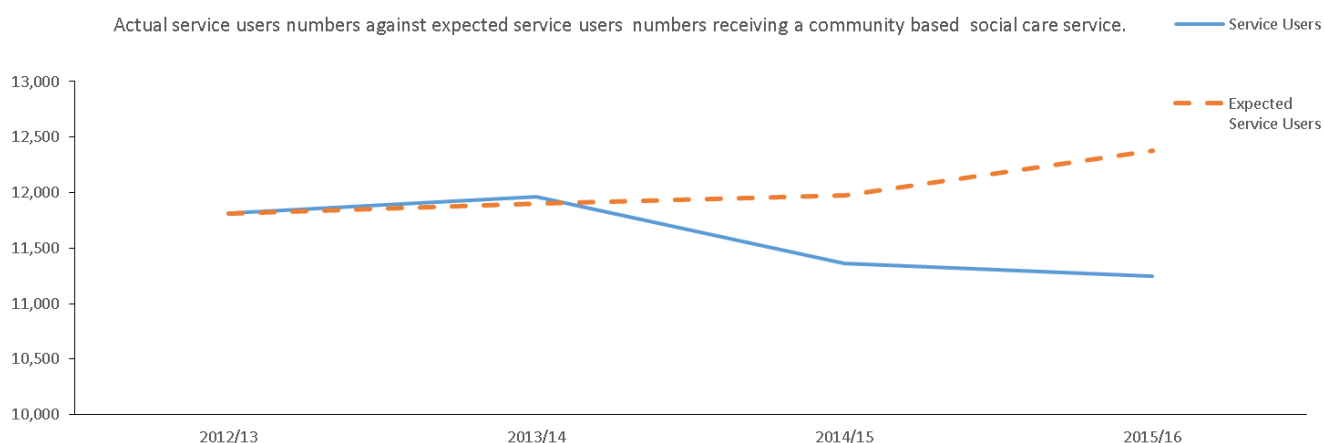
2016/17	2017/18	2018/19	2019/20	Total
£12.224m	£5.591m	£7.034m	£0.294m	£25.143m

7. The Adult Social Care Strategy supports the Savings and Efficiency Programme by reducing costs and demands through a promoting independence approach. A range of interventions have been implemented including:

- Finding solutions for people and their problems at the first point of contact
- Access to good quality advice and information e.g. Notts Help Yourself, an online directory of services
- Effectiveness of targeted prevention and short term help e.g. the Connect Service, which works with people at an early stage to prevent the onset of greater needs.
- Increased use of Assistive Technology to keep people at home, between April and June 2016 up to 77 people were diverted from residential care by the use of Assistive Technology as an alternative.

8. Nationally, there is an increasing level of demand for social care services as people with higher levels of need are living for longer. The Council has adapted its ways of working to reduce the impact of this in Nottinghamshire, by promoting independence, giving people advice and reviewing people's care so they get the right level of service at the right time. This is helping the Council to work within its budget, but there will be a limit to how much this can be done over time.

9. The graph overleaf shows the number of services users the Council expected given the legislative and demographic pressures against the number of actual service user numbers for the past four years. The graph highlights that through managing demand there were 1,130 less service users being provided with a community based social care service in 2015/16 than expected.



10. Alongside the efforts to manage demand, new ways of working that have been implemented across the department including initiatives such as the scheduling of appointments, the increased use of social care clinics and using tablet devices to make the workforce more mobile. This has seen an increase in productivity across the workforce

and in older adults services there is an average increase in productivity of 13%. This increase in productivity is being used to support the completion of outstanding reviews and to help respond to the increased number of safeguarding cases that need action by the teams, which has increased by 23% in 2015/16. As the new ways of working are further rolled out and embedded it is anticipated that further productivity gains could be made, allowing staff to focus on the other key areas of transformation such as better support planning. The practice of assessment and care management staff when working with people is a significant factor in determining the amount and type of support required and work to maximise the use of best practice in this area could have significant cost benefits to the department.

11. Phase 2 of the ASCH Strategy (as agreed by the Committee in September 2016) builds upon the work to date to manage demand and cost through promoting independence. In phase 2 there is a greater focus on:

- Preventative and targeted interventions
- Planning around people's strengths to keep them independent
- Progression towards greater independence
- Building on people's strengths, networks and community resources to maximise the way the Council can reduce demand by offering better help to people in the right way at the right time.

12. Four new workstreams have been designed to deliver on phase 2 of the ASC Strategy and to realise £1.1 million cost saving over 2017/18-2018/19. The Transformation Team is now planning and implementing this work. The four workstreams are detailed below:

- **Support planning**

The support plan is one of the most important parts of social care; it is a plan of how the Council will help people to achieve their outcomes and, done well, it can improve people's opportunities to maximise their independence and quality of life. This work will aim to reduce the cost of new personal budgets through a focused approach to support planning. This is to be achieved by ensuring all alternatives to formal social care have been considered, establishing a framework for positive risk taking, a focus on short term goals and reducing personal budgets once these goals have been met.

- **Community independence work**

This is a focussed approach to finding existing community solutions that support individuals to live more independent lives and enable them to remain outside of the formal and paid for social care system.

- **Further changes in learning disabilities**

It is planned to develop a targeted strand to address the particular challenges in learning disabilities to ensure that Personal Budgets are cost effective. Over recent years, Nottinghamshire has been successful in managing costs in learning disabilities and this is evidenced by lower than average costs in comparison to similar local authorities. However, against this is a background of all local authorities finding increased needs and costs over the last five years, due to increasing demand and expectations around the opportunities and choices of service users with a learning disability. Other authorities are also attempting to manage the escalating costs of services for people with learning disabilities. This includes the development of a



targeted reablement service for people with learning disabilities to improve outcomes for independent living.

- **Building Community Resources**

This involves a particular focus on building local relationships to help people experiencing loneliness and social isolation to make connections in their community. Unlike other preventative interventions, this project does not rely on a referral pathway, which means that people do not have to be in touch with services or present with a problem. This project will be located in communities taking proactive action to find people who would benefit from community support. The project will also build on local resources in communities and will facilitate activity that is resident led. This project complements the Connect service, which provides a more targeted preventative intervention, for people who present with a need for short term help to avoid the need for long term health or social care support.

13. More detail on phase two of the strategy can be found in the report to the Committee on 12<sup>th</sup> September 2016 which is available as a background paper.

**Resources required for continued delivery of the ASCH Transformation Portfolio and the department's Savings and Efficiency Programme.**

14. In order to continue to deliver the Adults Transformation Portfolio and extend it further to deliver phase two of the Adult Social Care Strategy, it is proposed to extend the Adult Social Care (ASC) Transformation Team.
15. The funding to extend the ASC Transformation Team was agreed by the Committee on 13<sup>th</sup> June 2016 and approved at £697,451 p.a for two years up until 31<sup>st</sup> March 2018. The report is available as a background paper.
16. The extension of the posts within the team was approved until 31<sup>st</sup> March 2017 with a commitment from the department to review the resources and skills required for the continued delivery of the portfolio, before confirming any further extension until 31<sup>st</sup> March 2018.
17. This review has now taken place along with discussions with other Corporate Teams about the support that will be provided centrally to support the ASC Transformation Portfolio. The outcome of the review is confirmed below:

Post	No of posts (FTE)	Grade	Cost pa £	Currently approved until	Required until
Transformation Director	1	H	£92,487	31/03/2017	31/03/2018
Strategic Development Manager	2	E	£113,864	31/03/2017	31/03/2018
Project Manager	3	D	£148,392	31/03/2017	31/03/2018
Team Manager	1	D	£53,229	31/03/2017	31/03/2018
Commissioning Officer	4	C	£174,887	31/03/2017	31/03/2018
Programme Officer	2	B	£82,660	31/03/2017	31/03/2018
Business Support Officer	0.5	3	£10,638	31/03/2017	31/03/2018
<b>Total</b>	<b>13.5</b>		<b>£676,156</b>		

18. This overall proposed structure represents a reduction of a 0.5 FTE Programme Officer (Band B) post at the cost of £22,400 pa. There is currently no one in this post, so it will not result in a redundancy.
19. The sources of funding for the Transformation Team will be split into two parts. This was previously agreed by Committee in June 2016. £336,605 is to be funded from Care Act monies that are now part of the department's budget with the remaining £360,844 funded from the use of reserves.
20. This report proposes the extensions of the posts in the Transformation Team, as outlined above, until 31<sup>st</sup> March 2018.

### **Other Options Considered**

21. In relation to the resources required to deliver the Adults Transformation Portfolio and the Savings and Efficiency Programme, an alternative approach would be to use existing resources. There is not sufficient capacity within the permanent establishment of the department to undertake the scale of change required for the Adults Transformation Portfolio at the pace required to deliver the required savings to make this a feasible option.

### **Reason/s for Recommendation/s**

22. To continue to support delivery of the Adults Transformation Portfolio, including the Savings and Efficiency Programme.

### **Statutory and Policy Implications**

23. 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**

24. The cost of one of the Band D Project Manager posts is higher than the usual cost for the grade due to a pay protection allowance, the increased cost has been included to reflect the total cost of the team.

### **Human Resources Implications**

25. The Human Resources implications are contained in the body of the report.

### **RECOMMENDATION/S**

That the Committee:

- 1) notes the progress of the Adult Social Care Transformation Portfolio to date.
- 2) approves the new structure of the temporary Adult Social Care Transformation team, until 31<sup>st</sup> March 2018, as follows:

Post	Grade	Number of posts (FTE)
Transformation Director	H	1
Strategic Development Manager	E	2
Project Manager	D	3
Team Manager	D	1
Commissioning Officer	C	4
Programme Officer	B	2
Business Support Officer	3	0.5
<b>Total</b>		<b>13.5</b>

- 3) approves the deletion of 0.5 FTE Programme Officer (Band B) post from the structure.

**David Pearson**

**Corporate Director, Adult Social Care, Health and Public Protection**

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### **Constitutional Comments (LM 29/11/16)**

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

### **Financial Comments (KAS 29/11/16)**

27. The financial implications are contained within paragraphs 15-19 and paragraph 24 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.

ADASS annual Budget Survey 2015 Report -

<https://www.adass.org.uk/media/4340/adassbudget-survey-2015-report-final-v2.pdf>

Update on the Transformation Portfolio – report to Adult Social Care and Health Committee on 13 June 2016

[Update on the Transformation Portfolio- June 2016](#)

Adult Social Care Strategy update and next steps – report to Adult Social Care and Health Committee on 12 September 2016

[ASC Strategy Update and Next Steps- September 2016](#)

**Electoral Division(s) and Member(s) Affected**

All.

ASCH437



## Redefining Your Council – Adult and Health Portfolio as at September 2016

<b>Progs.</b>	<ul style="list-style-type: none"> <li>• <b>Adult Social Care Strategy &amp; market development</b> – preventing &amp; reducing care needs by promoting independence</li> <li>• <b>Integration with health</b> – implementing joined-up working practices and initiatives with health</li> <li>• <b>Public Health Outcomes</b> – working with key stakeholders to establish how to allocate the current budget</li> <li>• <b>Care Act Implementation</b> – implementing the changes needed for the next stage of the Care Act</li> <li>• <b>Direct Services Provision</b> – developing different ways of delivering services</li> </ul>	
<b>Benefits to be delivered</b>	<ul style="list-style-type: none"> <li>• Promoting independence and preventing, reducing and delaying the need for care and support (including providing information and advice to encourage people to look after themselves and each other)</li> <li>• Better and more joined-up working with partners (e.g. health) to improve outcomes for service users</li> <li>• More efficient, flexible and mobile staff by using technology to maximise staff time and help manage demand</li> <li>• Providing services that are creative, sustainable, value for money and legally compliant</li> </ul>	
Key achievements in last 3 months		Expected delivery over next 3 months
<ul style="list-style-type: none"> <li>• Development of Nottinghamshire's Sustainability and Transformation Plan (STP). The STP sets out how public sector organisations will work together over the next five years to close current gaps in Health and Wellbeing, Care and Quality and Finances.</li> <li>• The support plan, the tool used to plan the care and support required by individuals, has been re-developed to improve support planning with service users. It is outcomes based and looks for opportunities to maximise people's independence. The process has been co-produced with service users, carers and staff.</li> <li>• A new community independence worker role has been designed, to help maximise people's independence by linking them to support available in their local community. Recruitment to these posts will take place shortly so that this work can progress further.</li> <li>• Ways have been identified to further improve working practice in Learning Disability services. This includes establishing a team of Promoting Independence Workers who will work directly with individuals to help them improve their independent living skills and to access the community independently.</li> <li>• Productivity has increased by 13% in older adults services through the use of new ways of working. These include: staff being able to work in a more mobile way by using tablets; the scheduling of appointments for individuals earlier in the customer pathway; the increased use of social care clinics and the introduction of a hub</li> </ul>		<ul style="list-style-type: none"> <li>• Submission of STP and embedding of the promoting independence and self-care approach in the STP Workstreams.</li> <li>• Training for Managers on how to use the new support plan to be rolled out with additional training for staff due in early 2017.</li> <li>• Training for frontline staff on risk assessments to ensure people are supported to live independently and allowed to take risks while being protected from significant harm.</li> <li>• Start work on the progression model, which identifies opportunities for people with a learning disability to progress towards a greater degree of independence.</li> <li>• A review of the Ways of working programme will be undertaken to look at where greater benefits can be achieved and what else can be done to help people work more effectively. This will include opportunities to expand the scheduling of appointments, greater use of mobile devices in different settings and work to ensure that an enquiry is resolved at the earliest opportunity for individuals.</li> <li>• A trial of the Three Tier model to test out benefits. This model looks at having three conversations with people when the first enquire about Care and support. The first conversation is around how we can help people to help themselves, the second is how we can help people for only as long as they need it and then a third conversation about ongoing support that is needed and how independence can be maximised.</li> <li>• Greater Nottingham Health and Care system will have an agreed joint</li> </ul>

working model that means that different pieces of work are completed by different people to free up assessment capacity. This means that waiting lists have been reduced, people can be seen in a timelier manner and increases in demand area such as safeguarding can be supported.

- Scheduling of appointments rolled out to three Older Adults Social Work Teams and in Rushcliffe, Newark and Gedling Social Care Clinic Appointments can be booked in this way. As a result additional clinic appointments have been made available in Gedling to meet the demand for this new service.
- The Smart Ideas, staff suggestion scheme continues to provide ideas on how services could be improved. A recent suggestion that has been taken forward from a member of staff was an idea on creating an information leaflet for patients in hospital about Social Care, the number of options available and how to maintain independence. This is now being included as part of a wider communication campaign with Health colleagues in hospitals.
- The procurement process for the 0-19 Healthy Child Programme and Public Health Nursing Service was completed, with engagement from a panel which included CCGs and Children's Services. This new service will bring together care provided from Health Visitors and School Nurses as well as the Family Nurse Partnership Programme (for first time teenage mums) and the National Childhood Measurement Programme (which measures and weighs children at Reception and in Year 6).

missions / values statements and performance measures for the integration programme commencing within the Rushcliffe Vanguard area.

- To have an agreed programme of sharing adult social care information for Nottinghamshire with our health partners for the purpose of delivering direct care.
- In Mid-Nottinghamshire, the Integrated Discharge Review will have been completed with a recommended option for implementation, to improve how people in hospital are supported as effectively and seamlessly as possible to get home and be able to remain at home safely.
- From the 31st October all older adults' occupational therapy teams across the county will offer scheduled appointments. Auto scheduling of appointments means people get an appointment for an assessment booked much earlier than previously. Generally for teams that operate this system people are offered appointments within 14 days which is a significant improvement on the 28 day agreed target.
- A strategy and action plan to reduce residential admissions in Mid-Nottinghamshire will have been produced and approved by all Better Together Alliance partners.
- Take forward identified areas where further integration between Health and Social Care across Nottinghamshire could contribute towards better outcomes and future savings. One area identified is a focus on the best pathways for service users on discharge from hospital.
- Approval sought from ASCH Committee for the reconfiguration of all the social care resources in Mid-Nottinghamshire and Bassetlaw which support people to recover their independent living skills. These staff are currently line-managed by a number of teams and the reconfiguration proposes to join these teams together to avoid being fragmented and to be responsive to demand. The reconfiguration will create a new Short Term Independence Service (STIS). Consultation has been held with staff to share information and determine next steps as well as success factors with the view to implementing the new STIS in the next quarter.
- Award contract and commence the mobilisation phase of the 0-19 Healthy Child Programme and Public Health Nursing Service in preparation for the new integrated service commencing from 1 April 2017, in order to ensure a smooth transition.

**Key risks  
to  
delivery**

- Managing demand for services when there are increasing pressures from rising demographics and increased responsibilities from legislation.
- Maintaining service quality as much as possible in the face of falling budgets and the continued need to find savings.
- Maintaining care provision in the face of increased costs and problems with staff recruitment and retention.
- Enabling alternatives to paid support through the development of community based support in order to reduce demand.
- Assessing impacts and ensuring that local adoption of nationally proposed health models support the Adult Social Care strategy and do not increase demand for social care services.





**12 December 2016****Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND  
PUBLIC PROTECTION****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 2 2016-17 (1 July to 30 September 2016).

**Information and Advice**

2. This report provides the Committee with an overview of performance results for Quarter 2 of 2016-17 against the key performance and operational priorities within Adult Social Care and Health (ASCH). The areas discussed within this report have been agreed as key areas for the department this year and are reported to the department's Senior Leadership Team on a monthly basis. These performance measures reflect statutory returns to the Department of Health and the achievement against the Council's priorities outlined in the Strategic Plan 2014-18.
3. A summary of these performance measures is set out below and a performance dashboard, including target and performance data up to and including 30 September 2016 (Quarter 2), is attached as **Appendix A**.

**Contacts, Assessments and Reviews****Early resolution of adult contacts dealt with and resolved at early stage/first contact**

4. The Council has a Customer Service Centre and a specialist Adult Access Service. An "early resolution project" has commenced to increase the number of callers who can be assisted with early intervention and signposting.
5. The percentage of contacts resolved at contact stage is currently 37%, which is equal to the 2015-16 outturn. It is expected that this rate will be maintained until the year end.
6. So far this year (April – September), there have been 11,387 new contacts recorded and 3,988 of these were resolved at first contact with information, advice or signposting and required no further action.
7. Of those remaining which required further action:

- 1,793 contacts were referred to short term services (such as reablement or intermediate care)
- 435 contacts were referred for a specialist assessment (for example by the adult deaf and visual impairment service)
- 4,537 contacts were referred for a care and support or an Occupational Therapy (OT) assessment
- for 571 contacts the work has yet to reach a conclusion.

### **Percentage of assessments and reviews carried out by alternative methods**

8. A key part of the Adult Social Care Strategy is to undertake more assessments and reviews by methods other than the traditional approach which is in a person's own home. For example, alternatives can include a carer's review being carried out over the telephone or an assessment being carried out at an OT clinic. This has the benefit of increasing the numbers of people assessed per day and reducing travel time between appointments.
9. The percentage of assessments and reviews completed by alternative methods has increased steadily since April and is currently 22%. Each locality has specific plans and targets for the implementation of alternative methods.

### **Percentage of new assessments completed within 28 days**

10. There is no national timescale to complete new assessments within 28 days of initial contact, but the department has a local target to achieve this in 80% of cases. In some cases there is a legitimate reason why an assessment may take longer than 28 days, such as rapidly changing circumstances or case complexities.
11. The percentage of assessments completed within 28 days has shown improvement over the year and performance is being maintained at 70%. This is an improvement on the year-end figure of 64%, and reports show that the number of incomplete assessments is reducing.

### **Percentage of reviews of Long Term Services completed in year**

12. It is important that people who receive support receive an appropriate and timely review of their care package. People who receive an ongoing (long-term) service such as residential care, home care or day care should receive an annual review.
13. For the year so far, 22% of people who are supported in residential or nursing care have received an annual review and 35% of people who receive a long term service in the community have received an annual review. These percentages will increase as the year progresses and the year end figure is likely to be around 62% overall. At year end 2015-16, 46% of people with a long term service had received a review, so this would be a significant improvement.
14. Different ways to undertake reviews are being considered within the department, including the piloting of a short review form for providers to complete alongside their usual care plan for service users in residential care.

### **Delayed Transfers of Care**

15. 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 irrespective of who is responsible.
16. The Council is measured on those delays where the reason for delay is the sole responsibility of social care and those where the responsibility is jointly shared by social care and the NHS. Latest results show a decrease in the average daily rate of delayed transfers to 1.6 per 100,000 population. This is positive news and benchmarking shows that Nottinghamshire is performing well nationally.

## **Long Term residential and nursing care**

17. Reducing or delaying the need for long-term residential or nursing care for older adults (65 years and above) and younger adults (from 18 to 64 years) is a local and national priority. Performance is managed in this area through the careful consideration of admission requests by admission panels and through the provision of appropriate alternatives to long-term care, such as specialised homecare, equipment or supported living.

### **Younger Adults**

#### **Admissions**

- admissions into long-term care are being actively managed through the use of accommodation panels which look at availability of alternative placement types such as supported living where appropriate
- so far this year there have been 27 new admissions: close to annual target to date.

#### **People Supported**

- admissions are managed in order to reduce the overall number of people being supported by the authority in long term residential or nursing care placements
- the number of younger adults supported is on target (651 against 650)
- the majority are in residential care and are people with Learning Disabilities.

### **Older Adults**

#### **Admissions**

- admissions into long-term care are being actively managed through scrutiny of all cases at accommodation panels and the provision of more alternatives within the community such as Extra Care and short-term assessment beds for those older people leaving hospital
- the number of admissions for older adults is within target; 388 so far this year.

#### **Admissions direct from hospital**

- admissions into long-term care direct from hospital have reduced since the introduction of services such as short-term assessment beds for people being discharged from hospital
- the proportion of admissions entering directly from hospital is currently 24%, so the Council is performing better than its 34% target.

#### **People Supported**

- admissions are managed in order to reduce the overall number of people being supported by the authority in long term residential or nursing care placements
- the number of people supported is currently over the annual target, however this should reduce as interventions are targeted as the year progresses.

## **Safeguarding and Deprivation of Liberty Safeguards (DoLS)**

### **Safeguarding service user outcomes**

18. When an adult is the subject of a safeguarding assessment they are asked what outcomes they want as a result of the assessment. This is part of 'Making Safeguarding Personal', a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice. An example of an outcome may be 'I want to be able to safely collect my pension'.
19. The percentage of service users who were asked what outcomes they wanted is currently 68%. The percentage that achieved their outcomes is 92%. Not all service users will be able to participate in their safeguarding assessment and the strategic safeguarding team is working closely with staff in district teams, offering advice and guidance to improve these indicators.

### **Percentage of completed DoLS assessments**

20. The waiting list for Deprivation of Liberty assessments is closely monitored within the department and additional resources are focussed in this area.
21. The percentage of assessments completed is currently 73%. This has improved over the year as the waiting list has reduced and is a considerable improvement on the year-end figure of 60%.

## **Summary**

22. This report identifies the performance for adult social care and the steps that have been taken to maintain or address performance and to ensure that the Council carries out these responsibilities in a timely way. This involves ensuring there is the right level of staffing in the establishment, employing some temporary additional resources and taking advantage of new and innovative ways of working.
23. Overall, performance to quarter 2 shows an improvement on 2015-16, with key areas such as residential admissions and delayed discharges from hospital within target for the year. This represents a positive achievement at a time of significant challenge within the department. This positive position will help the department as additional autumn and winter pressures are anticipated, particularly relating to the older population.
24. In line with the Adult Social Care Strategy, the department will continue to prevent or delay the development of need for care and support by providing advice, information and services that support independence.
25. Where someone is eligible for support, workers will undertake timely assessments according to the level of complexity service users present, whilst ensuring that the person receives a reablement service as appropriate.

26. If someone has eligible needs the Council will maximise their choice and control through a personal budget and will further reduce the number of permanent admissions to residential or nursing care.

### **Other Options Considered**

27. This report is provided as part of the Committee's constitutional requirement to consider performance of areas within its terms of reference on a quarterly basis. Due to the nature of the report no other options were considered appropriate.

### **Reason/s for Recommendation/s**

28. This report is provided as part of the Committee's constitutional requirement to consider performance of areas within its terms of reference on a quarterly basis.

### **Statutory and Policy Implications**

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

## **RECOMMENDATION**

- 1) That the Committee notes the performance update for Adult Social Care and Health for the period 1 July to 30 September 2016.

**Paul McKay**

**Service Director for South Nottinghamshire and Public Protection**

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### **Constitutional Comments**

30. As this report is for noting only, no Constitutional Comments are required.

### **Financial Comments (KAS 29/11/16)**

31. There are no financial implications contained within the report.

### **Background Papers and Published Documents**

None.

**Electoral Division(s) and Member(s) Affected**

All.

ASCH440

ASCH Committee Performance Quarter 2 - September 2016-17		Target 15/16	Year End 15/16	Quarter One	Quarter Two	Quarter Three	Quarter Four	Good is	Target 16/17
<b>Contacts, Assessments and Reviews</b>									
1	% new contacts (in Framework) dealt with at contact stage	35%	37%	36%	37%			High	40%
2	% of assessments and reviews carried out by home visits	-	67%	70%	68%				
3	% of assessments and reviews carried out by other methods	-	22%	22%	22%				
4	% assessments completed within 28 days	80%	64%	71%	70%			High	80%
5	% of reviews of LTS completed in year	-	46%	9%	31%			High	80%
<b>Delayed Transfers of Care</b>									
8	Delayed transfers of care attributable to adult social care (and both)	2.3	1.85	1.8	1.6			Low	2
<b>Long Term Care</b>									
9a	Number of Younger Adults supported in residential placements	675	563	555	555			Low	650
9b	Number of Younger Adults supported in nursing placements		100	97	96				
10	Number of admissions of Younger Adults	75	62	15	27			Low	50
11a	Number of Older Adults supported in residential placements	2,441	1,754	1,682	1,658			Low	2,275
11b	Number of Older Adults supported in nursing placements		743	724	737				
12	Number of admissions of Older Adults	948	967	216	388			Low	954
13	% Older Adults admissions direct from hospital	34.0%	33.0%	31%	24%			Low	27%
<b>Safeguarding and DoLS</b>									
14a	% service users who were asked what outcomes they wanted	-	61%	69%	68%			High	70%
14b	% service users (of above) who were satisfied that their outcomes were achieved	-	92%	94%	92%			High	95%
15	% of completed DoLS assessments		60%	67%	73%			High	tbc





**12 December 2016****Agenda Item: 8**

## **REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE DEPRIVATION OF LIBERTY SAFEGUARDS PROGRESS REPORT**

### **Purpose of the Report**

1. To provide Members, as requested, with a quarterly progress report on actions taken to implement the Corporate Deprivation of Liberty Safeguards Strategy during Quarter 2 of 2016/17 (July to September 2016).
2. To seek approval to establish a Multi Provider Framework Agreement for the provision of additional agency Best Interest Assessor capacity to undertake Deprivation of Liberty Safeguards assessments, Mental Health Assessments and Mental Capacity Assessments.

### **Information and Advice**

3. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972, this covers information relating to the financial or business affairs of any particular person (including the Council). Having regard to all the circumstances, on balance, the public interest in disclosing the information does not outweigh the reason for exemption because of the risk to the Council's commercial position disclosure is likely to pose. The exempt information is set out in the **Exempt Appendix**.
4. The Deprivation of Liberty Safeguards (DoLS) were originally introduced to provide a legal framework for the deprivation of liberty for people who lack mental capacity to make decisions about their care arrangements themselves. They apply to people who are in hospital or residential/nursing care and who are subject to restrictions and restraints in their lives, for example, not being free to leave or requiring continual supervision. The Local Authority is required to arrange an assessment of their circumstances to determine whether the care provided is in their best interests to protect them from harm, whether it is proportionate and to determine if there is a less restrictive alternative.
5. The DoLS process requires assessments to be undertaken by a member of staff who has successfully completed competency based training in DoLS work in order to become a 'Best Interests Assessor' (BIA) and a doctor. The Local Authority has a statutory duty to make sure the DoLS process is followed and that these assessments are undertaken within the legal timescales. Once a DoL is authorised there is a requirement to review it, annually at a minimum.

6. Alternative arrangements are currently in place for people who live in the community, which require a social worker to make an application to the Court of Protection to authorise the deprivation of liberty and the care arrangements.
7. On the 19 March 2014, the Supreme Court published its judgment in the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council, which further defined the meaning of Deprivation of Liberty. The effect of this is that a much greater number of people in residential care homes, nursing homes and hospitals now come under the DoLS than previously and by law they must be assessed under the DoLS procedure.
8. In 2013/14, the Council received only 300 DoLS referrals. Following the Cheshire West judgement, in 2014/15 the total number of DoLS referrals received increased to 1,748. Since then, the predicted significant upward trend in DoLS referrals in Nottinghamshire over the previous 18 months have proved to be accurate in line with the Council's higher predictions. The number of DoLS referrals received during 2015/16 was 2,800, against a predicted 3,000. It has previously been projected that the number could rise up to 5,000 a year before it reaches a plateau, with the estimated cost of managing this level of activity being £5.2M.
9. A number of reports have been presented to Adult Social Care and Health (ASCH) Committee regarding DoLS since the publication of the Supreme Court judgement:
  - reports in December 2014 and June 2015 highlighted the impact of this judgement including a predicted rise in demand for assessments locally and nationally. It set out the proposed Corporate Strategy and plan to address this rise in demand and the included the business case for additional resources needed to meet these pressures
  - a progress report to the Committee on 11<sup>th</sup> January 2016 provided an update on the implementation of agreed resources, the first phase of process reviews and prevention work
  - a progress report to the Committee on 18<sup>th</sup> April 2016 provided a further update, initial feedback on the Peer Review and requested approval to permanently establish 25 FTE (full time equivalent) posts and extend 3 FTE temporary posts for 12 months
  - the latest progress report to the Committee on 12<sup>th</sup> September 2016 provided a performance update from Quarter 1 of this year, further updates on strategic and operational developments within DoLS and requested approval to establish 4 FTE temporary Community Care Officer posts for 12 months.

## **Demand for Assessments**

10. Assessment data indicates that the number of referrals received each week continues to fluctuate, but remain on an upward trend over the longer term. As at the end of September 2016 the service received an average of 61 referrals per week. This is an increase of 5 on the average number of 56 received during the previous quarter. Actual numbers of referrals received each week during Quarter 2 ranged from 49 to 81 referrals.

11. The pace in the rise in demand continues to be monitored regularly and projections revised as necessary. The ability to complete more assessments means that a greater number of renewal assessments is required. Demand for renewal assessments has started to increase more markedly during Quarter 2 and this demand is expected to increase further.
12. The service has continued to make progress in reducing the number of people waiting to be assessed. The waiting list at the end of Quarter 2 is down 6.5% on the total at the end of Quarter 1 and is down 14% on when it was at its highest level in mid-February 2016. On average, the Council is currently completing 70 assessments per week, which represents continued improvement from 66 per week during the previous quarter. 72.7% of all referrals received since the landmark Cheshire West judgement in March 2014 are now complete. This is an improvement of 4.7% on the total that was reported to Committee in September 2016. The impact of this, however, continues to be offset by more referrals being made.

### **Recruitment**

13. From the additional £2 million resources agreed as part of the budget setting process for 2016/17, all management and business support posts are now filled.
14. Best Interests Assessors (BIAs) continue to be in high demand and short supply locally, regionally and nationally. Since the progress report, a further 2.5 FTE BIAs have been recruited, are in post and undertaking required training. The rolling advert and option of training on the job continues to attract people and a further 5 candidates are due to be interviewed this month. 10.8 FTE permanent BIA posts in the central team are now filled out of a total establishment of 29 FTE. It is anticipated that these posts will continue to be filled in 2017 by a mix of qualified and trainee BIAs. In the meantime, the resources associated with the vacant posts are used to backfill with agency staff.

### **Agency Staff**

15. The DoLS service continues to work with the Council's staffing agency, Reed. In addition to any suitably qualified full time staff that are available to work substantively within the team, the Council is continuing to allocate assessments to 32 pool agency BIAs who are able to offer ad hoc hours and be paid on a per assessment basis. This will continue for as long as is necessary to meet demand and clear the backlog. The average number of assessments completed in this way by Reed BIAs at the end of Quarter 2 was 29 per week. This is an increase on the average of 23 agency assessments completed per week reported to Committee in September 2016 and 21 assessments completed per week reported to Committee in April 2016. This has had a positive impact on reducing the number of cases on the waiting list.

### **BIA Training**

16. The 3 trainee BIAs recruited since September 2016 have either begun training or will do so in January 2017. The service remains on track to train a minimum of 15 candidates per annum, staggering training throughout the year. Further training will be commissioned if vacancies are filled by trainee BIAs.

17. In addition to existing social work colleagues being trained to be BIAs as part of their learning and development, 2 FTE peripatetic worker posts will be advertised to cover short term placements into the central DoLS team from the District teams. These peripatetic social workers will have the skills and experience to work in any front line social work team and give operational managers sufficient confidence to release their staff to undertake DoLS duties without it compromising on the quality of social work practice elsewhere in the Department.

### **Risk assessment and prioritisation of work**

18. The Corporate DoLS Strategy has been refreshed to include implementation of the recent Association of Directors of Social Services (ADASS) advice note on additional interim emergency measures and safeguards. Committee received an overview of this advice in September 2016. ADASS continues to advise local authorities (LAs) that they have a duty to meet their statutory responsibilities and develop plans to resource this as quickly as possible. ADASS has provided interim advice on how to best prioritise resources in the current circumstances based on principles of meeting legal requirements as far as possible, protecting those facing the greatest risk, and proportionality.
19. The advice focuses on renewals for people settled in long term accommodation and those people who are a low priority on the waiting list and who otherwise may never be assessed. It incorporates a risk based approach to utilising methods such as increased use of desk top assessment, phone contacts and non-qualified staff supporting the gathering of information to progress the assessment to a point where the BIA can make a decision. Discretion will always rest with the BIA to revert to a fuller assessment that includes a visit if required. The previous progress report presented to Committee in September 2016 contained examples of how this guidance could be applied in low priority and renewal cases.
20. Since the previous progress report was presented to Committee in September 2016, BIAs have been closely involved in developing an approach to using this guidance in Nottinghamshire. The central team successfully piloted using a revised renewal assessment form and, following some amendments as a result of feedback, the form is now being used for renewal assessments. The pilot showed that it is possible to safely complete renewal assessments without a visit, where the criteria is met and the BIA deems it appropriate.
21. Managers are working closely with BIAs to develop a safe approach that takes into account the Council's own legal advice to manage low priority cases in the backlog and the role of Community Care Officers (CCOs) will be integral to this. An initial pilot is ongoing and further implementation will also be subject to legal advice.
22. Overall, the service remains confident that implementing this advice will enable the Council to increase its capacity to complete renewal assessments, reduce the backlog and improve management of risk. The BIA retains full control of the process, prioritisation, risk assessment and the decision. If during the course of the assessments, the situation for the person changes, the BIA is under no obligation to rely solely on a desktop assessment for a first time assessment, or a renewal if they believe the person being assessed is at risk.

## **Process Review**

23. Following the completion of Phase 1 of the DoLS process review, which introduced the new streamlined ADASS forms, Phase 2 is now underway. Phase 2 will build on progress made during Phase 1 to enable all of the DoLS forms to be accessible for professionals online and improve the flow of information and tasks through the Council's process, which is shaped by the statutory duties and best practice in relation to DoLS. DoLS colleagues are working closely with colleagues in IT and Customer Services to ensure any revisions to the process meet the requirements of the service and reduce duplication and bureaucracy wherever possible. Much of the progress which can be made during Phase 2 will depend on the functionality of the IT solutions that are available. Committee will be updated on this work as it develops.

## **Regional collaboration**

24. Nottinghamshire continues to play a leading role in the East Midlands regional work on DoLS. The Regional Forum and lead Assistant Directors have been assessing areas of potential benefit from collaboration. In addition to continued shared learning, a collaborative approach to training more BIAs and Mental Health Assessors is being progressed.

## **Further ongoing work**

25. In addition to effectively managing the capacity of the DoLS service, the Council's Corporate Strategy and implementation plan for DoLS has been refreshed. In addition to areas already covered in this report, the revised strategy includes the following areas of work:
- increasing the number of managers who are able to authorise DoLS assessments
  - improving how feedback is captured to measuring outcomes from DoLS assessments, highlight the added value this work brings for relevant persons and their families and where the Council can improve
  - DoLS preventative work will continue to identify opportunities to educate managing authorities in order to avoid inappropriate referrals (currently approx. 8% of total referrals).
  - monitoring updates from the Law Commission regarding any proposed changes to legislation for DoLS. It is expected that the Law Commission will publish its findings in late December 2016
  - tracking and monitoring the resources in place for community DoL where relevant persons may be deprived of the liberty in community settings.

## **Commencement of tender exercise for DoLS services**

26. The Department launched a Soft Market Testing exercise to seek the views of external providers on how they could support delivery of the Council's DoLS Service. The

exercise opened on 7 October and closed on 28 October 2016 and was designed to help shape the Council's view on:

- whether it would be of benefit to be able to commission additional one-off agency BIA capacity for a set number of assessments to help clear the backlog whilst the permanent BIA posts are recruited to. This would be in addition to the capacity currently provided by Reed agency. The Council is now reaching its financial procurement limit regarding the quantity of service it can purchase from Reed and a tender exercise is required to put in place any further capacity. This would be a similar specification and contract to that used currently to purchase Occupational Therapy and Social Care assessments, in that once a set number is allocated to the provider by the Council, the allocation to individual agency staff and all aspects of administration would be managed by the provider. This is often referred to as a 'managed' service. The Council would undertake random sampling of work as part of its quality assurance role and retain the final say on all assessments submitted by the provider as to whether they are accepted and authorised or not.
  - the best way to implement a contract for Mental Health Assessors who support the DoLS process by providing Mental Health Assessments and Mental Capacity Assessments. This is required to support 'business as usual' work required within the team.
27. Whilst only four providers responded, the information received has increased the Council's insights into both issues. After reviewing the evidence and current performance of the central team and the Council's existing commissioning arrangements, the option which best meets the Council's needs is to commission a Multi Provider Framework Agreement with two lots, one to enable the Council to commission a 'managed' service for a set number of assessments and the other to contract providers to deliver Mental Health and Mental Capacity Assessments.
28. Commissioning additional BIA capacity as a 'managed' service for completing DoLS assessments is a viable option to pursue to help the Council to achieve its aim of clearing the backlog as quickly as possible, whilst ensuring that all relevant persons receive a legally compliant and person-centred assessment. This arrangement can work alongside growing capacity within the central team and continuing with the Council's existing corporate agency staff service provider.
29. The second lot will enable the Council to commission an increased number of Mental Health Assessors and ensure the quality of their assessments are to the required standard set by the Council. A minimum of three providers will be awarded a contract to deliver the assessments and share the work across the County. Providers will be required to carry out the assessments within a set timeframe so appropriate and available capacity to carry out the assessments will be important. There will be no guarantee of work and providers will be paid on the actual number of completed assessments carried out.
30. This approach will give the Council the required flexibility to commission the resources it needs and manage risk appropriately. It will also ensure that this commissioning arrangement is compliant with the Council's financial regulations. It is proposed that the



tender process begins in January 2017 with the aim of the Framework Agreement(s) for both lots scheduled to be in place for April 2017.

### **Other Options Considered**

31. An option being considered prior to assessing the findings of the soft market testing exercise was to seek to establish a contract with a single provider to deliver all the services in scope. After considering the evidence and evaluating the Council's current performance, it was decided that a multi provider approach would better meet the Council's needs. The primary driver for the Council to create a framework for the provision of end-to-end assessments is to provide greater flexibility and choice in what the Council is able to commission if required. A contract with a single provider would limit flexibility and choice. With regards to Mental Health Assessments, there was not enough evidence to suggest that a single provider could provide the volume of assessors and capacity for assessments that is required.
32. Taking no action has also been considered. If the Council took no action however, it would fundamentally limit the Council's ability to complete the volume of assessments that are required. As a result, the ability of the Council to meet its strategic objectives in relation to DoLS would be compromised and progress made since the Cheshire West judgement in March 2014 would be put at risk.

### **Reason/s for Recommendation/s**

33. Demand for assessments and renewals will continue to increase. As a result, the Council needs to balance best practice with pragmatic, proportionate decision making and risk management. The progress made to date shows that the Council's strategy is working and is delivering the expected results. The recommendations made within this report support the strategic decisions taken thus far and will help the Council to mitigate against risks that could undermine this progress in future.

### **Statutory and Policy Implications**

34. 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**

35. A one-off £1M is held in reserves for the purpose of reducing the waiting list and will be available during 2017/18 to commission assessments from this framework. This will be in addition to maintaining the current assessment capacity delivered through Reed. The estimated annual value Mental Health Assessment and Mental Capacity assessment work is expected to be at least £170,000. This framework will not guarantee work for any provider who successfully bids to be part of it.



36. On 25<sup>th</sup> February 2016, Full Council approved the budget which included an additional recurrent £2M to partially meet the pressures on the DoLS service. This brings the total DoLS budget from 2016/2017 to £2.865M. This is sufficient to employ 29 FTE BIAs as well as the appropriate associated levels of management, administrative, mental health assessment and advocacy resources.
37. The Council's modelling shows that the numbers of referrals for DoLS is projected to rise as high as 5,009 a year before it plateaus. This increase is partly due to the fact that each DoL that is authorised requires a new assessment within a maximum period of a year; so as more assessments are completed, more are generated. In order to meet this projected ongoing demand from 2017/2018 onwards, it has previously been projected that there would be a total yearly recurrent cost of the DoLS service of £5.05m. This projected pressure is now being reviewed in light of actual progress to date.
38. This report sets out the good progress made to date with implementing the agreed additional resources and the impact that this has had on improving the amount of assessments completed. It is important to note, however, that even full implementation of the interim ADASS guidance and use of the temporary reserves to address the waiting list will not put the Council in a position to have sufficient resources to meet the incoming demand for DoLS assessments that is still being anticipated within the required time-scales on an ongoing basis. This situation is kept under constant review.

## **RECOMMENDATIONS**

That the Committee:

- 1) notes progress with implementation of the Corporate Deprivation of Liberty Safeguards Strategy.
- 2) approves the request to establish a Multi Provider Framework Agreement for the provision of additional agency Best Interest Assessor capacity to undertake Deprivation of Liberty Safeguards assessments, deliver Mental Health Assessments and Mental Capacity Assessments.

**Sue Batty**  
**Service Director, Mid Nottinghamshire**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (LM 11/11/16)**

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

## **Financial Comments (KAS 14/11/16)**

40. The financial implications are contained within paragraphs 35 to 38 of the report.

## **Background Papers and Published Documents**

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

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 1 December 2014

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 1 June 2015

Adult Social Care and Health – Overview of Current Developments - report to Adult Social Care & Health Committee on 11<sup>th</sup> January 2016

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 18 April 2016

Outcome of Sector Led Improvement Peer Review – report to Adult Social Care & Health Committee 16 May 2016

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 12<sup>th</sup> September 2016

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

## **Electoral Division(s) and Member(s) Affected**

All.

ASCH436



**12 December 2016****Agenda Item: 9****REPORT OF CORPORATE DIRECTOR, RESOURCES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2016/17.

**Information and Advice**

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

**Other Options Considered**

5. None.

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

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

## **RECOMMENDATION**

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

**Jayne Francis-Ward**  
**Corporate Director, Resources**

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

### **Constitutional Comments (HD)**

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

### **Financial Comments (NS)**

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

### **Background Papers**

None.

### **Electoral Divisions and Members Affected**

All.

## **ADULT SOCIAL CARE AND HEALTH COMMITTEE – WORK PROGRAMME**

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
<b>9<sup>th</sup> January 2017</b>			
Quality and Market Management Team Quality Auditing and Monitoring Activity	Update report	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton/ Cherry Dunk
Update on social care work in prisons	Update on personal care procurement exercise and approval to permanently establish a prison based social work post	Service Director, South Nottinghamshire and Public Protection	Nicola Peace
National Children and Adult Services Conference: 2 - 4 November 2016	Report back on outcomes.	Corporate Director, Adult Social Care, Health and Public Protection	David Pearson
Adult Social Care and Health – Overview of developments	Overview report on current developments and activities across adult social care and health services.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Countywide Promoting Independence and Community Involvement team		Programme Director, Transformation	Bronwen Grieves
Update on transitions work for young people moving from children's to adults' services	Report on the recent inspection, work of the team, resources and the transitions protocol.	Service Director, North Nottinghamshire and Direct Services	Paul Johnson
<b>6<sup>th</sup> February 2017</b>			
Care Act and Adult Social Care Strategy update	Update on progress in relation to embedding the Care Act and the ASC Strategy.	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
Savings Review Delivery Group – update	Progress report on the work of the Board.	Service Director, South Nottinghamshire and Public Protection	Mark McCall/ Paul McKay

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Update on Workforce Planning Strategy	Update on development of workforce planning strategy for ASC.	Service Director, Mid-Nottinghamshire	Veronica Thomson
Savings and efficiencies delivery group – update	Progress report on the work of the delivery group.	Programme Director, Transformation	Ellie Davies
Progress with development of Short Term Independence Services	Update on development of this service, to include information on number of people awaiting Extra Care.	Service Director, Mid-Nottinghamshire	Karen Peters/Rebecca Croxson
Outcome of review of new ways of working within adult social care		Service Director, Mid-Nottinghamshire	
<b>13<sup>th</sup> March 2017</b>			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Celia Morris/ Matthew Garrard
Integrated Carers' Strategy update	Six monthly update on the support provided to carers and progress against the outcomes in the strategy.	Service Director, Mid Nottinghamshire	Penny Spice
Transforming Care update	Progress report on work of Transforming Care programme.	Service Director, Strategic Commissioning, Access and Safeguarding	Cath Cameron-Jones
Adult Social Care and Health – overview of developments	Overview report on current developments and activities across adult social care and health services	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
<b>18<sup>th</sup> April 2017</b>			
Update on the work of the Health and Wellbeing Board	Update on work of Health and Wellbeing Board over the last 6 months	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Quality and Market Management Team Quality Auditing and Monitoring Activity	Update report	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton/ Cherry Dunk

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Progress with development of Personal Health Budgets	Update report on the progress with increasing the number of PHBs in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Kate Rush
Deprivation of Liberty Safeguards update	Six monthly progress report on work to manage DoLS assessments and reviews.	Service Director, Mid Nottinghamshire	Daniel Prisk
<b>12<sup>th</sup> June 2017</b>			
Care Act and Adult Social Care Strategy update	Update on progress in relation to embedding the Care Act and the ASC Strategy.	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
Update on two integrated health and social care schemes (SCOPES and EOSS)	Progress report on work of two integrated health and social care schemes supporting prompt discharge from hospital.	Service Director, Strategic Commissioning, Access and Safeguarding	
Savings and efficiencies delivery group – update report	Progress report on the work of the delivery group.	Programme Director, Transformation	Ellie Davies
Personal Outcomes Evaluation Tool (POET) survey – implementation of outcomes update	Report on implementation of outcomes	Service Director, Strategic Commissioning, Access and Safeguarding	Penny Spice
<b>10<sup>th</sup> July 2017</b>			
Adult Social Care and Health – Overview of developments		Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Progress report on the development of KeyRing services	Update on the work to introduce Key Ring services in the county.	Service Director, North Nottinghamshire & Direct Services	Mark Jennison-Boyle
<b>To be placed</b>			
Appropriate Adults Service		Service Director, Strategic Commissioning, Access and Safeguarding	Gill Vasilevskis



<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Update on possible transfer of Attendance Allowance to local authorities	Outcome of national consultation and update on government plans in relation to AA.	Service Director, Strategic Commissioning, Access and Safeguarding	Paul Stafford
Update on transfer of ILF	Regular update on transfer of Independent Living Fund to the Council (Sept 2017)	Service Director, Mid Nottinghamshire	Paul Johnson
New Extra Care schemes in Newark and Worksop	Report to present detailed plans and seek approval of capital funding	Service Director, Mid Nottinghamshire	Rebecca Croxson
Stakeholder engagement – proposed re-design	To outline future proposals for better engagement with all stakeholders, particularly service users and carers through co-production	Service Director, Strategic Commissioning, Access and Safeguarding	Felicity Britton
Deprivation of Liberty Safeguards update	Six monthly progress report on work to manage DoLS assessments and reviews.	Service Director, Mid Nottinghamshire	Daniel Prisk
Business case for the proposal to transfer a range of adult social care directly provided services into an alternative service delivery model	Report to present detailed description of options available to the Council and outline plans for implementation, with recommendations for Committee to consider	Service Director, North Nottinghamshire & Direct Services	Ian Haines/ Jennifer Allen
Savings Review Delivery Group – update	Progress report on the work of the Board.	Service Director, South Nottinghamshire and Public Protection	Mark McCall/ Paul McKay