

Adult Social Care and Public Health Committee

Monday, 13 May 2019 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 1 April 2019 | 5 - 10 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Use of Public Health General Reserves | 11 - 22 |
| 5 | Housing with Support Strategy for Adults (18-64 Years) | 23 - 58 |
| 6 | Adult Social Care and Health - Changes to the Staffing Establishment | 59 - 64 |
| 7 | Adult Social Care and Public Health - Events, Activities and Communications | 65 - 68 |
| 8 | Response to a Petition Regarding Leivers Court Care and Support Centre | 69 - 72 |
| 9 | Quality and Market Management Team Quality Auditing and Monitoring Activity – Care Home and Community Care Provider Contract Termination / Suspensions | 73 - 82 |
| 10 | Work Programme | 83 - 88 |

11 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 Schedule 12A of the Local Government Act 1972 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 items.

EXEMPT INFORMATION ITEMS

12 Exempt appendix to Item 8: Quality and Market Management Team Quality Auditing and Monitoring Activity – Care Home and Community Care Provider Contract Termination / Suspensions

- 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 Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be

recycled.

- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	1 April 2019 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Boyd Elliott
Sybil Fielding
A David Martin

Francis Purdue-Horan
Alan Rhodes
Andy Sissons
Yvonne Woodhead

OTHER MEMBERS PRESENT

Ex-officio – Mrs Kay Cutts MBE

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's
Rebecca Atchinson, Senior Public Health & Commissioning Manager, Adult Social
Care & Health
Sue Batty, Service Director, Adult Social Care & Health
Cherry Dunk, Group Manager, Adult Social Care & Health
Jonathan Gribbin, Director of Public Health, Adult Social Care & Health
Dawn Jenkin, Consultant in Public Health, Adult Social Care & Health
Paul Johnson, Service Director, Adult Social Care & Health
Jennie Kennington, Senior Executive Officer, Adult Social Care & Health
Ainsley Macdonnell, Service Director, Adult Social Care & Health
Philippa Milbourne, Business Support Administrator, Adult Social Care & Health
Sarah Quilty, Senior Public Health & Commissioning Manager, Adult Social Care &
Health

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on
4 March 2019 were confirmed and signed by the Chair.

MEMBERSHIP CHANGES

Councillor Alan Rhodes was appointed to the Committee in place of Councillor Muriel
Weisz for this meeting only.

2. APOLOGIES FOR ABSENCE

The following apology was submitted:-

- Councillor David Martin – other reasons

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

4. PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT 1 OCTOBER 2018 TO 31 DECEMBER 2018

Councillor Tony Harper and Dawn Jenkin introduced the report and responded to questions.

RESOLVED 2019/027

That there were no actions arising from the report.

5. SUBSTANCE MISUSE – NEW PSYCHOACTIVE SUBSTANCES (NPS)

Councillor Tony Harper and Jonathan Gribbin introduced the report and responded to questions.

Sarah Quilty advised the Committee that the Council had been awarded £450,000 to reduce rough sleeping, plus additional funding was being provided by the district and borough councils and Framework. A meeting had taken place to begin the discussions on how best to use the funds and to set the governance arrangements for doing so. A briefing note on this would be circulated separately to committee members.

RESOLVED 2019/028

That an update report on the number of service users presenting to Change, Grow Live where NPS is stated as a drug used, be provided to committee on a six monthly basis, with the next report to be presented at the October meeting.

6. DOMESTIC ABUSE SUPPORT SERVICES PROCUREMENT

Councillor Steve Vickers and Rebecca Atchinson introduced the report and responded to questions.

RESOLVED 2019/029

- 1) That the service model set out in the report and the re-tender of the community based support services and award of the contract to the bidder offering the most economically advantageous tender be approved.
- 2) That the exploration with the City Council of a partnership arrangement for the Helpline service be approved.

3) That an update be provided to the committee following the contract award.

7. PROPOSED INCREASES IN FEES FOR INDEPENDENT SECTOR ADULT SOCIAL CARE PROVIDERS, DIRECT PAYMENTS AND OTHER CHARGERS

Councillor Stuart Wallace and Paul Johnson introduced the report and responded to questions.

RESOLVED 2019/030

- 1) That the proposed distribution of £7.483m of fee increases to independent sector care and support providers across the different adult social care services related to the further increase in the National Living Wage from April 2019 be approved
- 2) That the increase in Older Adults Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation be approved
- 3) That the fee increases for younger adult residential and nursing home care placements be approved
- 4) That the fee increases proposed for Home Care, Extra Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision be approved
- 5) That the increases for other non-direct care provision be approved
- 6) That the fee increases be effective from 8th April 2019 to align with the payment cycle for the new financial year.

8. PROCUREMENT OF A NEW FRAMEWORK AGREEMENT FOR THE MAINTENANCE AND REPAIR OF FIXED LIFTING EQUIPMENT IN DOMESTIC SETTINGS

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

RESOLVED 2019/031

That the procurement of a new Framework Agreement for the maintenance and repair of fixed lifting equipment in domestic settings be approved.

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

Councillor Stuart Wallace and Sue Batty introduced the report and responded to questions.

RESOLVED 2019/032

That further to the decision of the Full Council Budget meeting on 26 February 2015 approving the closure of the Council's six remaining Care and Support Centres, approves the amended dates for the final phase of this previously agreed closure

programme as follows: James Hince Court in September 2019 and Bishop's Court in March 2020.

10. UPDATE ON THE INTEGRATED CARE PROVIDERS AS PART OF THE TWO INTEGRATED CARE SYSTEMS WITHIN NOTTINGHAMSHIRE

Councillor Stuart Wallace and Ainsley Macdonnell introduced the report and responded to questions.

The motion was put to the meeting and after a show of hands the Chairman declared it was carried.

The requisite number of Members requested a recorded vote and it was ascertained that the following 6 Members voted '**For**' the motion:

Boyd Elliott
Tony Harper
Francis Purdue-Horan

Andy Sissons
Steve Vickers
Stuart Wallace

No Members voted '**Against**' the motion.

The following 4 Members '**Abstained**' from the vote:

Joyce Bosnjak
Sybil Fielding

Alan Rhodes
Yvonne Woodhead

The Chairman declared the motion was carried and it was:

RESOLVED 2019/033

That the Council's commitment to working with and participating in the Nottingham and Nottinghamshire Integrated Care System be reaffirmed.

11. ADULT SOCIAL CARE AND HEALTH – CHANGES TO STAFFING ESTABLISHMENT

Councillor Stuart Wallace introduced the report and responded to questions.

The motion was put to the meeting and after a show of hands the Chairman declared it was carried.

The requisite number of Members requested a recorded vote and it was ascertained that the following 6 Members voted '**For**' the motion:

Boyd Elliott
Tony Harper
Francis Purdue-Horan

Andy Sissons
Steve Vickers
Stuart Wallace

No Members voted '**Against**' the motion.

The following 4 Members '**Abstained**' from the vote:

The Chairman declared the motion was carried and it was:

RESOLVED 2019/034

That the following changes to the staffing establishment in Adult Social Care and Health be approved:

- extension of three full time equivalent (FTE) Occupational Therapist posts (Agency) for an additional six months from 1st April 2019 – 30th September 2019
- establish a 0.5 FTE Business Support Officer post (Grade 3) for an additional 12 months from 1st April 2019 – 31st March 2020
- extend one FTE Project Manager post (Band D) for an additional two months from 1st April 2019 – 31st May 2019.

12. WORK PROGRAMME

RESOLVED 2019/026

That the work programme be accepted with the following amendment:-

- Outcome of review of I-Work service to be removed from the work programme to enable it to be included within a Council wide review, with a report to be brought back to committee once the Council wide review is complete.

The Chairman informed the Committee that Nottinghamshire County Council was currently number one in the country for the lowest level of delayed transfers of Care (DTC).

The meeting closed at 12.27 pm.

CHAIR

13 May 2019**Agenda Item: 4**

REPORT OF DIRECTOR OF PUBLIC HEALTH

USE OF PUBLIC HEALTH GENERAL RESERVES

Purpose of the Report

1. To seek approval to proposed additional uses of Public Health general reserves, along with approval to implement the proposals and commence related procurement.

Information

2. Since transferring into the local authority in 2013, Public Health has been fully funded through a ring-fenced Public Health grant, provided annually as an allocation from the Department of Health. In past years, the Public Health grant allocation has been underspent, for reasons including:
 - underperformance on some payment by results (PBR) contracts
 - slippage on other contracts with reprofiling of activity in future years
 - extra efficiencies being generated through integrated commissioning approaches,
 - rigorous contract management focused on achieving value for money
 - savings on the staffing budget due to recruitment drag
 - requirement to retain a level of reserves as contingency for risk (see para 5 below)
3. The conditions of the grant allow that if at the end of the financial year there is any underspend this can be carried over, as part of a public health reserve, into the next financial year. In utilising those funds the next year, the grant conditions will still need to be complied with. More information on the Conditions is given in paragraphs 10-13 in this report.
4. Unspent Public Health grant is placed in a separate, ring-fenced Public Health (PH) General reserve. The PH General reserve has also been used to hold small amounts of external funding on behalf of other organisations, such as NHS Pioneer funding awarded to a consortium of local Councils for a health and housing project.
5. Because the Public Health division has access to the PH General reserve, the division makes its own arrangements to address risk, and is not expected to draw on the Council's other reserves in case of unexpected expenditure. Therefore, it has been important for the division to hold some level of reserves. Such reserves are tracked and expected to accrue to ensure Public Health retains a satisfactory reserve for sudden expense such as local health protection emergencies.

6. As well as the PH General reserve, Public Health also holds some additional, separate Section 256 reserves. Section 256 of the National Health Act 2006 allows Primary Care Trusts (or successor bodies) to enter into arrangements with local authorities to carry out activities with health benefits. Section 256 funds received by the Council and currently held by Public Health are for activities to combat substance misuse, and support for Children and Young People's mental health (Future in Mind programme). Plans are in place to spend all of the S256 reserves on the relevant activities. This report is concerned only with the Public Health General Reserves and does not include information related to the S256 reserves, which are managed separately.

Summary of Public Health General Reserves as of 1 April 2019

7. Appendix 1 of this report lists all the current commitments against Public Health General reserves. These are a mixture of slippage from previous years (contractual spend), items to be funded by resources received by the Council for that specific purpose, and items previously approved for funding from PH reserves by Committee. Committed reserves total £6.758M. All of the approved uses of reserves are compatible with the conditions of Public Health grant and contribute to Commitment 6 in the Council Plan: People are healthier. Other impacts of the approved uses of reserves are identified in the Appendix.
8. The table below summarises the current Public Health general reserves position. Although there are £1.281M of currently uncommitted reserves, £300,000 of these are required as provision for future risk, leaving £981,000 for potential allocation at the present time. The provision for risk has recently been reduced from £1M down to £300,000 to take into account future planned changes to the structure of Public Health commissioned services.

Table 1 Summary of Public Health General Reserves 1 April 2019

	£000s
PH Reserves balance 1 April 2019	8,039
Committed uses of PH reserves as of 1 April 2019	6,758
Provision required for risk	300
Total potential PH reserves available for allocation as of 1 April 2019	981

New proposals for use of Public Health reserves

9. A list of five proposed items for use of some of the unallocated reserves is contained in Appendix 2. These total £715,000. Appendix 2 includes information on:
- The level of funds requested for each proposal
 - The rationale for each proposal
 - Anticipated impacts of the intervention including links to Public Health outcomes
 - Risks / consequences of not allocating the Public Health reserves funding

Compliance with conditions of Public Health Grant

10. The ring-fenced allocation of Public Health grant is subject to national conditions specified by the Department of Health and Social Care. These conditions apply to all local authorities in receipt of Public Health grant. Accrued reserves were originally Public Health grant and conditions continue to apply.

11. The grant conditions specify that grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006. The conditions also state that the local authority must
 - “have regard to the need to reduce [health] inequalities between the people in its area”;
 - “have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.”
12. Although a Council may use its Public Health grant for other functions of the local authority, the Conditions state that “the authority must be of opinion that those functions have a significant effect on public health or have a significant effect on, or in connection with, the exercise of the [public health] functions as specified in Section 73B(2) of the National Health Service Act 2006. The authority must also be satisfied that, having regard to the contribution from the public health grant, the total expenditure to be met from the fund and the public health benefit to be derived from the use of the fund, the arrangements provide value for money.”
13. The Department of Health and Social Care provides a list of categories for reporting local authority public health spend. In the 2019/20 list, the Public Health prescribed functions appear first (sexual health (STI testing & treatment; contraception), NHS health checks, local authority role in health protection, public health advice to NHS Commissioners, National Child Measurement Programme, prescribed children’s 0-5 services) followed by other non-prescribed public health activities such as obesity / physical activity, substance misuse, smoking and tobacco, children’s 5-19 public health services, health at work, and public mental health. The last category in the list is Miscellaneous, which may be used to record expenditure on other Public Health services, which CIPFA previously defined as “Any spend from the public health grant used to tackle the wider and social determinants of health and health inequalities not already recorded in any other category”.
14. The proposals for additional uses of the Public Health reserves set out in Appendix 2 are all compliant with the conditions of grant outlined above.

Other Options Considered

15. Option to use Public Health reserves for other budgetary purposes in the local authority - The Council is required to use the Public Health grant in line with the conditions, must sign annual statements of assurance to this effect and must complete government returns reporting expenditure from the grant within specified categories. Therefore, it is not possible to place unspent Public Health grant into the Council’s main reserves, nor to use it to offset budget pressures in other areas of the Council that do not contribute to Public Health outcomes.
16. Option to hold Public Health reserves against future Public Health expenditure beyond March 2021 - The Public Health grant ring fence is currently set to end in March 2020. The grant conditions state that unspent grant may be carried forward as a reserve for use in the next financial year so the current assumption is that unspent grant from 2019/20 would be able to be used for Public Health in 2020/21. No information has yet been provided by the Department of Health on what will happen to funds remaining in reserves after this time. If the Public Health reserves are not spent by this time, there is a risk that the funds may have to be returned to the Department of Health; therefore making decisions to utilise the funds before March 2021 will maximise funding available to the authority.

Reason for Recommendation

17. The proposed uses of Public Health reserves in Appendix 2 are compliant with the Public Health grant conditions and will maximise the use of funding whilst it is available to the authority.

Statutory and Policy Implications

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

Financial Implications

19. The Public Health general reserves built up from unused Public Health grant allocations in previous years and are held separately so that they can be used in accordance with the conditions of the Public Health grant. Table 1 at paragraph 8 above summarises the current financial position on the Public Health general reserves. If all the proposed additional uses of Public Health general reserves are approved, totalling £715,000, this would leave £566,000 uncommitted in accrued Public Health general reserves. £300,000 of this is needed as provision for future risk, primarily to ensure that existing contractual commitments can be met. £266,000 of accrued reserves remain available for commitment. Additional proposals for use of the remaining reserves are currently being worked on and will be brought back to Committee as soon as possible.

RECOMMENDATIONS

- 1) That Members approve the five additional uses of Public Health reserves from the list in Appendix 2 of the report, including approval to implement the proposals as set out in the Appendix, commence related procurement and undertake related promotional activity.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Kay Massingham, Public Health and Commissioning Manager, tel 0115 993 2565, email kay.massingham@nottsc.gov.uk

Constitutional Comments (EP 04/04/2019)

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

Financial Comments (DG 15.04.19)

21. The financial implications are contained within paragraph 19 of this report.

Background Papers and Published Documents

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

- Report to Adult Social Care and Public Health Committee, 10 December 2018, Use of Public Health General Reserves
- Department of Health and Social Care, Local Authority Circular : public health ring fenced grant 2019/20, 20 December 2018
- Business Cases relating to the individual proposals for use of reserves contained in Appendix 2

Electoral Division(s) and Member(s) Affected

- All

Appendix 1: Existing commitments within Public Health General Reserves

Topic	2019/20 £	2020/21 £	Brief description of activity	Impacts
Small Steps	372,000		Support service for children and young people with concerning behaviours (indicative of Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder) in Nottinghamshire.	<ul style="list-style-type: none"> • Prevention in the escalation of concerning behaviours; equip families with knowledge and skills to manage concerning behaviours in the home setting; children are better able to learn and achieve if their concerning behaviours are effectively managed; demand for statutory assessment of special educational need is reduced. • Longer term, children can have their needs met within mainstream settings through better understanding, management and communication of their behaviours from a young age and early on in their educational journey, reducing demand for specialist educational support and placements • Referrals for specialist health services, such as community paediatrics, are reduced.
Future in Mind Health and Justice	56,276	11,862	Resource received from CCGs to support Future In Mind activities related to mental health of young people.	Improved mental health and wellbeing of children and young people.
Kooth Online Counselling service	37,500	187,500	Universal, open access service providing advice, guidance and counselling for young people with mild emotional and mental health concerns, to improve wellbeing and reduce escalation and need for higher cost, specialised services.	Improved mental health and wellbeing of children and young people. Reduced need for higher cost, specialised services.
Children's Health Website	7,500	7,500	Expansion of existing health web site aimed at teenagers (Health for Teens) to provide advice for younger children and families/parents/carers (Health for Kids). Clinically assured interactive content, striking design, games, localised information and signposting, divided between sections on staying healthy, illness, feelings, help yourself and getting help.	Engagement with more families including those who may not engage with traditional services. Increased knowledge of available health and other services and when to use them. Reduced barriers to accessing services leading to earlier intervention and better outcomes. Early identification of need or prevention in relation to weight management, physical activity, smoking, emotional health and other PH priorities
Children's 0-19 PH Service	1,261,290	621,515	The 0-19 service includes delivery of Healthy Child Programme 0-19 (statutory duty of LAs), delivery of mandated reviews and delivery of National Childhood Measurement Programme (NCMP - statutory duty of LAs). These reserves represent slippage from previous years, which will be needed to meet activity profiles in future years.	Services contribute to Council Plan Commitment 1 and 2 and to all priorities of the 2016-2018 Children, Young People and Families Plan Contribution to Public Health outcomes: <ul style="list-style-type: none"> • Maternal smoking status at time of delivery • Breastfeeding initiation and maintenance • School readiness • Proportion of five year old children free from dental decay • Children aged 4-5, children aged 10-11 classified as overweight or obese • Smoking prevalence at age 15
Family Nurse Partnership Service extension	426,716		Intensive preventive home visiting programme for vulnerable, first-time young parents.	Contributions to Public Health outcomes: <ul style="list-style-type: none"> • Reduced under 18 conception rate per 1,000 population • Lower % all live births at term with low birth weight • Improved breastfeeding initiation and prevalence at 6-8 weeks after birth • Reduced maternal smoking at time of delivery • Improved school readiness in vulnerable groups • Fewer 16 to 18 year olds not in education, employment or training • Reduced incidence of domestic abuse • Fewer hospital admissions caused by unintentional and deliberate injuries in children and young people under 25.
Schools Health Hub / Tackling Emerging Threats to Children team	204,863	186,000	Staffed Schools Health Hub (SHH), working with CFS as part of the Tackling Emerging Threats to Children team, and also funding for the full time post of 'Child Sexual Exploitation Coordinator' within the TETC team.	Contributions to Public Health outcomes: <ul style="list-style-type: none"> • reduced pupil absence • fewer first time entrants to the youth justice system • reduced smoking prevalence at age 15 • reduced conception rate in under 18s. Contribution to TETC offer including CSE, anti bullying and prevent work with yougn people. Contributes to priorities of the 2016-2018 CYPF Plan and Commitment 1, 2 and 3 of Council Plan.
ASSIST smoking prevention in schools	140,000	150,000	Smoking prevention in schools service, delivered under licence by NCC Youth Service, using a model of peer support within target schools.	Contributions to Public Health outcomes: 2.09 Smoking prevalence at age 15 2.14 reduce smoking prevalence among adults and young people
Tobacco control acute trust smoking cessation activity	227,821	153,000	Smoking cessation support in acute trusts - hospitals and mental health units - to implement new NICE guidance on smoking cessation.	Contributes to PH outcomes:2.14 reduce smoking prevalence among adults and young people

Mental Health First Aid Training	50,000		Mental health first aid awareness raising and training delivery for emergency services and front line staff.	<p>Improve mental health outcomes such as;</p> <ul style="list-style-type: none"> • Increased prevalence of self-reported wellbeing • Reduce the number of suicide deaths • Reduce the rate of self-harm A & E attendances <p>Impacts include;</p> <ul style="list-style-type: none"> • Promoting good mental health • Preventing future mental health and co-existing physical health problems • Target and develop pathways for those with existing mental health problems to access health improvement interventions.
Health and Housing Coordinator	23,432		Joint initiative with district Councils to promote health in housing, supported by NHS Pioneer Fund award and previously approved PH reserves until September 2019.	<p>Relevant Public Health outcomes</p> <p>4.15 Excess winter deaths, all ages and 85 years+</p> <p>1.17 Fuel poverty</p>
Seasonal Death Reduction Initiative	3,894		Work with partners approved through HWB; provides advice on keeping warm and support with making grant applications throughout the County, targeted on vulnerable older people, people with long-term health conditions and families with children under 5 who are in fuel poverty.	<p>Relevant Public Health outcomes</p> <p>4.15 Excess winter deaths, all ages and 85 years+</p> <p>1.17 Fuel poverty</p>
Community Infection Prevention and Control Service	96,725	113,319	Additional advice and guidance to care homes, nursing homes and other organisations to help them prevent and control infections. Delivered via Section 75 agreement with CCGs.	<p>Improved health and wellbeing and quality of life of the general population and more specifically reducing risk of harm to people who are more vulnerable to infection due to pre-existing health conditions.</p> <p>Fewer people experience long term disability.</p> <p>Better quality of life, fewer infections and associated deaths.</p> <p>Lower burden on adult social care as a result reduction in avoidable hospital admissions and need for social care at discharge.</p> <p>Address failing DRI (Detection Rate Indicator) to support achievement of the Public Health outcome 3.02 Chlamydia Diagnosis Rate (Aged 15 to 24)</p> <ul style="list-style-type: none"> • Facilitates access from different client groups that may not access a test via current outlets (young males) • Manage demand via online access route
Chlamydia Control activities	53,441	45,000	Provision of additional Chlamydia testing service in response to outreach work to address need in the population.	
Avoidable injury campaign	90,000		Home safety equipment provision and education scheme to improve home safety in families with young children.	<p>Improved home safety for local families.</p> <p>Reduced inequalities in safety equipment possession and use.</p> <p>Increased parental knowledge, confidence and skills in maintaining safer homes.</p> <p>Reduction in hospital admissions and ED attendances.</p> <p>Reduced short and longer term (disability, scarring, psychological harm) consequences of injuries.</p>
Falls pilot project	89,081		Extension of ASCH developed pilot project seeking to reduce falls in older people. Focus on creating and promoting resources specifically for prevention and early intervention services, using communications to promote the benefits of physical activity and home safety in reducing the falls risk; providing training for front line staff to identify people at risk of a fall and offering advice on supporting them and signposting to appropriate guidance; and collaborative working: building the strength of preventative approaches within the falls pathway and the links between primary and secondary prevention.	<p>Contribution to Public Health outcomes:</p> <p>2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons)</p> <p>4.14i - Hip fractures in people aged 65 and over (Persons)</p> <p>2.13ii - Percentage of physically inactive adults - current method</p> <p>Impacts on Adult Social Care Outcomes Framework: Permanent admissions to residential and nursing care homes per 100,000 aged 65+</p> <p>NICE Guidance states that evidence based tailored exercise programmes to reduce falls can reduce falls by between 35 to 54 per cent.</p>
BHP Rebasing	483,902		Transfer of Public Health grant attributable to the Bassetlaw CCG.	Public Health grant attributable to Bassetlaw CCG.
Temporary Commissioning Resource	115,246	32,079	Fixed term staff to support recommissioning of Public Health services by 1 April 2020.	<p>New commissioned services will contribute to Public Health outcomes linked to smoking, physical activity, obesity, alcohol.</p> <ul style="list-style-type: none"> • reduced sickness absence (PHOF indicator) • reduced presenteeism (attending work when not fit or able to work productively) • reduced turnover of staff • reduced recruitment costs • happier, more motivated workforce.
Increase capacity within the Public Health division to support the wellbeing agenda in the workplace	49,000	49,000	Fixed-term staff to support the wellbeing agenda (including wellbeing@work (W@W), Making Every Contact Count, and the Tobacco Declaration).	<p>Supports future fulfilment of PH mandatory functions associated with intelligence and information - advice to CCGs, production of Joint Strategic Needs Assessment, information to inform service commissioning, production of DPH Annual Report</p>
Better data for prevention and population health need	24,000		Data sharing and collaboration between Public Health intelligence analysts and health and care organisations	

ICS Support	120,000		Support for use of JSNA: Joint Strategic Needs Assessment (JSNA) and PopulationHealth Management (PHM) products for Integrated Care System (ICS), Integrated Care Partnerships (ICP) and localities (Locality Integrated Care Partnerships). Mental health leadership: Dedicated capacity and expertise to provide leadership on the prevention elements of the ICS Mental Health Workstream, to ensure effective delivery on its ambitions and outcomes.	Enable the ICS to build on an understanding of population health needs in a defined geographic area (notably the ICS, ICP or LICP footprints). Additional leadership capacity to enable ICS to realise its ambitions, particularly affecting prevention.
Emergency Preparedness	40,000		Improved preparedness for emergencies involving a risk to public health.	Increased resilience in regard to response to emergencies.
Systematic approach to alcohol Identification and Brief Advice (IBA)	75,000	75,000	System wide implementation of Alcohol Identification and Brief Advice (IBA) is a simple and brief intervention that aims to motivate at-risk drinkers to reduce their consumption and so their risk of harm, through delivery of training in IBA to the wider workforce, which will enable professionals trained to conduct an audit of screening to assess alcohol consumption, alcohol related behaviours and alcohol related problems; offer evidenced based brief advice and information and promote appropriate interventions and services dependant on screening outcomes.	Training for 1,386 professionals; 198 training sessions per year. Target groups within agencies such as family services, district council housing teams and homelessness team, pharmacies, fire service (wellbeing team), hostels and care homes. Contributions to Public Health outcomes: Reduction in % of adults drinking over 14 units of alcohol a week Reducing admissions and readmissions for alcohol related conditions Reduction in admissions for alcohol related unintentional injuries Reduction in benefit claimants due to alcoholism (/mental health) Years of life lost due to alcohol-related conditions Alcohol related road and traffic accidents
REACH: Routine Enquiry about Adversity in Childhood Implementation and Evaluation	123,100	72,000	Implementation of Routine Enquiry about Adversity in Childhood (REACH) model which aims to ask people directly about adverse experiences to enable professionals to plan more focused interventions.	650 professionals to be trained in the REACH approach. Benefits include reduction in the demand for services, improvement in engagement; benefits for service users include improved health, social outcomes; wider benefits may include a reduction in crime as a result of improved engagement in services.
Physical activity insight work	34,000	34,000	Extend Physical inactivity insight work, previously piloted in Mansfield, across the County. Quantitative & qualitative insight work & an action research approach with communities to identify and provide a replicable framework and approach to get to know and understand local communities; building strong relationships as part of the process, mapping assets, identifying opportunities and areas of concern.	Enable a change in organisational behaviours and approaches to working with underserved communities and delivering services <ul style="list-style-type: none"> • Influence the traditional sports and leisure sector to think and work differently with a public health orientated needs led approach • Inform commissioners and funders to understand what is needed if this work is to be effective and sustainable. • Influence change in Public Health outcomes related to Physical Inactive Adults and Physically Active Adults, PHE, Active Lives, Sport England • Percentage of Physically active Adults - Notts (66.4%) similar to England (66.0%). Mans (58.9%) significantly lower. • Percentage of Physically inactive adults - Notts (23.2%) similar to England (22.2). Mans (27.7%) & Ash (26.6%) significantly higher
Age Friendly Notts	92,500	69,375	Extend previous pilot in Beeston and Mansfield to another five communities in Nottinghamshire, focusing on addressing loneliness and isolation among older people.	<ul style="list-style-type: none"> • Measured interventions and activities to tackle loneliness and isolation, preventing reliance on public services • Improving healthier life expectancy – reducing exposure to risk factors for ill health • Strong and connected communities • Helping people to help themselves • Inter-connected residents and agencies to ensure public service activity is co-ordinated and supported locally; • Integrated knowledge sharing across partners to cascade the right information clearly and consistently; Contribution to Public Health outcomes: Self reported wellbeing Enable and support residents to reduce their risk of obesity and diet related diseases such as diabetes, high blood pressure, cardiovascular disease and certain cancers.
Food Environment	70,000		Support the work of the Healthy and Sustainable Places Coordination Group in delivery of specific place-based actions or initiatives across Nottinghamshire, to contribute to one or more of six identified food environment objectives, which cover the promotion of healthy food, tackling food poverty and diet-related ill health, building community food knowledge, promoting a diverse food economy, transforming catering and food procurement and reducing waste in the food system.	

Schools Catering	90,000	90,000	Additional resources for promotion and awareness raising activities by the School Meals service in order to develop healthy eating habits and improve nutrition.	<p>Improve the diet of school aged children through the direct impact of increased uptake of school meals that meet the nutritional standards for school meals.</p> <p>Contribute to development of healthy eating habits among children and young people, with potential to contribute to improved academic achievement, improved behaviour and reduction in picky eating behaviours in schools.</p> <p>Contribution to Public Health outcomes relating to child obesity and adult overweight.</p>
Coordinated travel planning with residents and at workplaces	25,000	165,000	<p>Personal travel planning (PTP) targeted at addressing the identified health issues in Ashfield and Bassetlaw as areas not recently covered or programmed for delivery.</p> <p>Residential PTP with 9,000 households; workplace PTP with 2,000 employees at up to 20 businesses</p>	<p>Changes in travel behaviour amongst participants (the percentage increases below are the percentage increases of all trips to work made by participants e.g. where 2% of the total trips to work are currently made by cyclists, the target would be to increase this to 5% the total trips to work by participants):</p> <ul style="list-style-type: none"> o 3% increase in cycle journeys to work o 6% increase in walking journeys to work o 4% increase in public transport journeys to work o 4% increase in car share journeys to work o 17% reduction in car journeys (as driver) to work. <p>Public Health outcomes contributions:</p> <p>2.12 Excess weight in adults</p> <p>2.13 Proportion of physically active and inactive adults</p> <p>2.23 Self-reported well-being</p> <p>3.01 Fraction of mortality attributable to particulate air pollution</p>
Rights of Way promotion	60,000		Promotional activity and publicity for the rights of way network offering opportunities for Nottinghamshire residents and visitors to walk, cycle and horse ride.	<p>Increase the number of members of public enjoying the walking and cycling network; improving health and mental well-being and reducing costs to the local and national economy by reducing reliance on the health provision. Encouraging children and families to appreciate the wider environment in today's technological society. Contributes to Public Health outcomes related to increasing levels of physical activity and improvements in air quality.</p>
NCC Flu Vaccination Campaign	66,880	86,661	Contribute to NCC flu vaccination programme, with targets for uptake at 60% in 2019/20 and 75% in 2020/21.	<p>Benefits for service users include reduced transmission of seasonal influenza from their carers, fewer flu-related hospital admissions for service users and reduced levels of excess winter deaths. Local primary and secondary health care services will be under less pressure as a consequence.</p> <p>Other benefits for organisations include lower sickness absence among frontline staff with positive impacts on business continuity.</p> <p>Public Health outcome indicators:</p> <p>1.09 Working days lost due to sickness absence</p> <p>4.07 Under-75 mortality rate from respiratory disease considered preventable</p> <p>4.13 Health related quality of life for older people</p> <p>4.15 Excess winter deaths</p>
Total	4,609,167	2,148,811		6,757,978

Appendix 2: New proposals for use of Public Health General Reserves

Topic	2019/20 £	2020/21 £	Brief description / Rationale	Impacts including links to Public Health outcomes	Risks of not allocating reserves funding
Repairing and Preventing Harm in Children Affected by Domestic Abuse (CADA)	115,000	130,000	<p>The government's consultation on the Domestic Abuse Bill 2018 emphasised the severe, long lasting harm of domestic abuse on children. This proposal will provide support for children and young people affected by domestic abuse through:</p> <p>1. Connections Toolkit: training for professionals on this locally developed innovative toolkit which enables them to mainstream 1:1 prevention into their work with young people affected by domestic abuse who are displaying harmful and concerning behaviours.</p> <p>2. Horizons: a preventative programme with children, young people and their families where children display harmful and concerning behaviours with their parents, family or carers.</p> <p>3. Young Person's Violence Advisor (YPVA) to support children and young people going through the family courts, with full County coverage.</p> <p>4. Independent evaluation to identify learning and best practice.</p> <p>The proposal wil help to meet recommendation 9 in the Domestic Abuse JSNA 2019 and recommendations from the 2019 DPH Annual Report for Nottinghamshire.</p>	<p>These programmes will address the recommendation in the DPH report to improve early intervention and prevention of domestic abuse by addressing young peoples' values and beliefs before they are hardened and also addressing adolescent to parent/carers violence and abuse. 120-160 professionals will be trained through the Connections programme. 8 children per year and their families will benefit from the Horizon programme.</p> <p>Outcomes for children and young people include improved understanding of domestic abuse and of respectful relationships, management of behaviour.</p> <p>Outcomes for adults include improved understanding by teen relationship dynamics and improved ability to manage children's behaviour. Children can be re-traumatised as part of the family court process and perpetrators can use these proceedings to continue their controlling behaviour. YPVAs will support, safeguard and work with the child to avoid further DVA, improve emotional wellbeing, school attendance and future life chances. 54 children benefited from the YPVA provision in the north of the county from April-December 2018.</p>	<p>Lost opportunity to evaluate programmes that work with children and young people to create healthier, happier and safer families, whether by addressing harmful behaviours or through family court.</p> <p>The Court YPVA element was previously run using reserves funding in the North of the County only during 2018/19. Not allocating the reserves funding would bring an end to this work and would also represent loss of opportunity to expand the provision to the South of the County.</p>
Health protection - communications and training	30,000	30,000	<p>Support work to raise awareness through active promotion and communication activities around elements of health protection: a) immunisation/screening; b) infection prevention & control; and c) TB. Topics of focus may include vaccine uptake (esp. MMR, flu and shingles), variability in cancer screening uptake, dehydration, UTI prevention, hygiene, sepsis prevention, e-coli/MRSA/C-diff/CPE control measures, and practitioner awareness of TB - exact subjects / campaigns and scope to be determined and overseen by corresponding network groups and programme boards.</p> <p>Health protection awareness raising activity will help to prevent infection and disease, promote earlier diagnosis of illness and help to tackle inequalities.</p>	<p>Increased uptake of immunisation and screening programmes, including targeted work to reduce inequalities; fewer hospital admissions and re-admissions for viral and bacterial infections; better practice among practitioners, including care home staff.</p>	<p>Health protection is a mandated function within the Council's public health responsibilities. The statutory requirement is addressed through allocation of staff time and through a discrete Infection and Control Service funded through a section 75 agreement. There is no additional budget to support health protection activities. Without the reserves allocation, the proposed active promotion and communication activities could not take place.</p>
Healthy Start - increasing vitamin offer	20,000	40,000	<p>Healthy Start is a government scheme for pregnant women and children under 4 years available to families in receipt of benefits or pregnant women under 18. There are two elements: Pregnant women and children over one and under four years old receive weekly monetary vouchers that can be spent on milk, fresh fruit and vegetables at local retailers across the county. The uptake of this element of the scheme is good and opportunities to strengthen this are currently being explored linked to the trailblazer work, and by working to increase the number of retailers offering the scheme. Women and children also receive vitamin coupons which can be exchanged for vitamins at local children centres. If not eligible for the scheme, women are able to purchase vitamins at cost price from their local children centre. Uptake of the vitamin element of the scheme is extremely low. To encourage take up, it is proposed to give a universal Healthy Start 'starter pack' of one free dose of women's vitamins at all antenatal booking appointments and one free dose of the children's vitamins at all 6-8-week reviews, alongside promotional information, and to undertake additional activities to create additional distribution points, increase awaress amongsts familites and professionals, and embed Healthy Start vitamins in the universal offer.</p>	<p>Increased nutritional intake for pregnant women and children</p> <p>Reduced risk of neural tube defects in pregnancy</p> <p>Reduced risk of vitamin D deficiency e.g. rickets and hypocalcaemic fits among children</p> <p>Reduced health inequalities e.g. families in lower-income groups tend to have less vitamin C in their diet</p> <p>Supports delivery of Nottinghamshire's infant feeding framework for action.</p>	<p>The intervention will aim to increase the take up of Healthy Start vitamin offer. There is low uptake of vitamins nationally and locally. Two studies referenced by NICE suggest that less then 10% redeem their vitamin coupons due to a range of reasons including lack of awareness and limited collection points. The reserves provides an opportunity to address this, by improving the availability of vitamins, creating additional distribution points, increasing awareness of the vitamin element of the scheme amongst families and professionals and fully embedding Healthy Start vitamins in the universal offer.</p>
Corporate Programme - Health Work & Inclusive Growth	100,000		<p>1. Audit of Nottinghamshire County Council employment support policy and practice as compared to known best practice - to evaluate the organisation's current corporate policy and practice. Specifically the Council's support to NCC employees, and Nottinghamshire residents experiencing barriers to employment, due to disability, long term health conditions or complex health and social care needs. (£35,000)</p> <p>2. Consultant support to facilitate the implementation of audit within NCC and use audit findings to develop a strategic plan to improve employment and reduce inequalities in access to work. (£65,000)</p>	<p>Understanding and benchmarking of existing NCC employment support including</p> <ul style="list-style-type: none">• Local vision and values• Promotion of health and wellbeing of NCC employees.• NCC as a provider of employment support• NCC as an inclusive employer – disability, mental health and healthy aging. <p>This will enable development of a strategic plan for NCC to</p> <ul style="list-style-type: none">• Be an exemplar employer in promoting positive health and well-being of employees• Increase the number of people with Learning Disability and Mental Health problems with employment• Ensure pathways to work through robust preparing for Adulthood planning and processes• improve the access to employment for those post 16 with SEND.• Support people with eligible social care needs with work and work readiness. <p>Public Health outcome indicators: Sickness absence rate; adults with learning disabilities in employment; gap in the employment rate between those with a LTC and the overall employment rate</p>	<p>Insufficient capacity/resource and expertise within NCC to effectively evaluate NCC employment support practice and develop a council strategic plan, leads to missed opportunities for the council to address health inequalities and improve access to work for vulnerable residents.</p>
Academic Resilience extension	125,000	125,000	<p>Extension of two academic resilience programmes currently commissioned to provide for 30 schools in Nottinghamshire, to roll out to a further 30 schools, to be targeted in areas of greatest need. The existing service model is to embed sustainability by building a whole school approach which can be maintained after completion of the programme with the school. Provider performance is good and current activity is valued by schools. Current requests for activity from county schools outstrips capacity to deliver. Additional funding would allow continuation until March 2021, enabling the service to be offered to more Nottinghamshire children. An evaluation to examine local outcomes and sustainability (due to report in 2020) will be extended to include the additional 30 schools receiving the intervention.</p> <p>Delivery of academic resilience programmes is part of the national and local CYP mental health transformation programme, consistent with the Green Paper 'Transforming Children and Young People's Mental Health Provision (DH/DFE 2017) and the NHS Long Term Plan, both of which place schools at the centre of early intervention and prevention around young people's mental and emotional well-being. Nationally, evidence to support the impact that schools can have on building resilience and maintaining good mental health is identified in the Green Paper. In addition, the LGA is supportive of resilience building approaches, recognising the important role that local authorities have.</p>	<p>Extension of programme to another 30 schools. Increases in reported resilience, improved school attendance, increased numbers of young people willing to seek support.</p> <p>Contribution to improving Public Health Outcomes:</p> <ul style="list-style-type: none">• pupil absence• first time entrants to youth justice system• 16-18 year olds not in education, employment, training• under 18 conceptions• emotional well-being of looked after children• smoking prevalence at age 15• self-harm	<p>Lost opportunity to complete a longer term evaluation for the schools currently involved and to involve more schools.</p>
Total	390,000	325,000		715,000	

13 May 2019**Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE AND
DIRECT SERVICES****HOUSING WITH SUPPORT STRATEGY FOR ADULTS (18-64 YEARS)****Purpose of the Report**

1. The report seeks Committee endorsement of the proposed Housing with Support Strategy for Adults 18-64, attached as **Appendix A**, and agreement to recommend the proposed Strategy to Policy Committee for approval.
2. An overview of the stakeholder engagement undertaken so far is attached as **Appendix B**.
3. The report also seeks approval of the predicted level of savings to be achieved as a result of implementation subject to approval of the Strategy by Policy Committee.

Information**Strategic Context**

4. Nottinghamshire County Council's 'Your Nottinghamshire, Your Future' Strategy 2017-2021 and Adult Social Care Strategy set out a strong commitment to ensure that working age adults who have a long-term illness and/or disability are supported to live as independently as possible, leading fulfilling and positive lives.
5. This means having access to the right support, when people need it, whilst promoting people's independence and wellbeing by building new relationships between formal social care, health, housing, and the support that already exists in families and their local communities.
6. The number of 18-64 year olds receiving care and support from the County Council has remained static over the past few years but with the level of disability and complexity of need increasing. The Nottinghamshire Joint Strategic Needs Assessment (JSNA) suggests that statistically the number of people needing support is increasing and many of these will require additional funding due to the complexity and cost of providing their care^[1]
7. The Council currently provides care and support to around 4,000 working age adults (18-64 years) who have some form of long-term health condition or disability.

8. In 2017, an analysis of the Council's 'younger adults service' identified the following:
- 37% of service users could achieve greater independence with some adjustment to their support, such as 'enablement' services
 - 35% of service users could achieve improved outcomes with a care package that better reflects their needs, skills and aspirations.
 - 28% of service users were benefitting from a package of care appropriate to their needs that was allowing them to live as independently as possible.
9. It was identified that 72% of service users could be supported to be more independent with better outcomes by:
- increasing their independence in their current home - be that supported accommodation or in their own home
 - increasing their independence to be able to move out of residential care
 - increasing their independence to be able to move out of supported accommodation.
- This could also result in cost savings to the Council.
10. Latest figures show that the Council provides care and support services to 630 people in supported accommodation, 644 people in residential and nursing care settings and around 480 people who receive a supported living or outreach service in their own home.
11. Therefore, there is the potential for a number of individuals to move out of residential care, a number of those in supported accommodation to become more independent but still receive support as part of their arrangements, and a further number that could feasibly, with the right enablement, move out of supported accommodation into an ordinary home.

Housing with Support – the Council's Offer

12. The purpose of the Housing with Support Strategy is to ensure that:
- **the right support is provided at the right time, in the right place** for all Nottinghamshire residents who have an assessed need
 - individuals have access to **the right kind of housing to ensure maximum independence** whilst their care and support needs are appropriately met
 - people lead **as fulfilling and positive lives** as possible **in a place they can call home**.
13. The strategy sets out how the Council optimises the commissioned services that make up its supported accommodation offer for working age adults in Nottinghamshire who have care and support needs, which includes people with long-term illnesses, people with learning disabilities, people with Autism/Asperger's, people with physical and sensory disabilities and people with mental ill-health. The Council must ensure that it can provide a level of care and support that is proportionate and appropriate to people's needs and makes the best use of the available resources. This involves taking a 'whole life approach' to individuals, ensuring that support is available when and where they really need it.

14. The Council has a role in enabling and facilitating housing solutions. It has no direct duty to provide housing to individuals. However, under the Care Act, the Council does have a 'responsibility to ensure that housing is suitable and meets the needs of an individual' who has been assessed and is eligible for care and support.
15. Although the majority of services can be provided to an individual in ordinary housing, there are very close links between appropriate housing and providing the right level of care and support. Therefore, when undertaking an assessment of need, consideration will be given as to whether a person requires housing as part of their care and support package.
16. The Housing with Support offer aims to provide people who have this assessed need with a clear understanding and expectation of what housing and support options will be available to them.
17. To meet a wide range of needs, a spectrum of housing options with varying levels of care and support are required, including supported accommodation, shared housing/ halls of residence style accommodation, adult placement through Shared Lives, Community Living Networks and ordinary housing, underpinned with the provision of assistive technology and physical and environmental adaptations as appropriate.
18. For an individual in residential care, the cost of the overall package includes the cost of accommodation as well as the cost of the care and support. For those in Housing with Support, the accommodation cost is usually paid via housing benefit which is the responsibility of the individual alongside the relevant district or borough council. The County Council is responsible for the cost of the care and support. Where a Housing with Support property has a vacancy, the Council may be responsible for the cost of the accommodation during the period it is empty, if there is a specific agreement in place with the housing provider.

Implications of the Housing with Support Strategy

19. The Housing with Support Strategy does not change the Council's approach to supporting adults with social care needs, rather it aims to provide people who have an assessed need with a clear understanding of what housing support will be available to them, ensuring that there is equity and consistency regardless of type of disability or where in the County people live.
20. The Council, through the Housing with Support Strategy, will enable and facilitate housing solutions as part of any care and support package where:
 - specialist accommodation is required to provide the specialist level of 'care and support' required by an individual; or
 - there is a benefit from using shared care and support hours; or
 - there is an identified need for additional housing management support to maintain a tenancy.
21. Where the need for supported accommodation is identified as being part of a care and support package, the Council will ensure that it:
 - is offered on the basis of a person's individual assessed needs

- gives consideration to who someone lives with (if anyone), where they live, who supports them and how they are supported
 - reduces the reliance on paid support as far as possible
 - allows individuals to fulfil their own potential
 - encourages positive risk taking
 - is innovative, so that people are encouraged and supported to live as independently as possible
 - enables individuals to embrace lifestyles that reflect ordinary living
 - supports the individual to make realistic housing choices that increase their independence
 - meets the Council's legal duties.
22. Individuals who have an assessed need and who ask for help with housing will go through an enablement and assessment process. This process will evaluate the capability, competency, and capacity of an individual to be able to develop independent living skills to live an 'ordinary life'. The Council will work with the individual, their family and carers to look at all the possible care and support options which will meet the individual's needs and maximise their ability to develop independence. Through the assessment and enablement process the housing need will be evaluated and should housing be required there is the opportunity to identify the type of accommodation needed along with the level of support required. This may include the temporary use of residential care, especially if a bespoke housing option is required, an interim Housing with Support offer, a longer-term Housing with Support option, or the prospect to access ordinary housing.
23. Where someone can live in an ordinary home, care and support will be available and arrangements developed in line with the individual's assessed needs. The advantages of living in an ordinary home are that people can:
- live as ordinary a life as possible
 - become more independent
 - have greater choices and control over their own life
 - be part of a community of their choosing
 - have housing costs that are more affordable, enabling opportunities to seek employment
 - benefit more from peer support and friendship networks.
24. The strategy has been developed to ensure that those people in need of supported accommodation have access to it and are clear about what might be offered. Where an individual no longer needs supported accommodation as part of their care and support arrangements, the Council will work with the individual, their family and carers to find an appropriate alternative housing solution.
25. Service users' choice will be promoted where possible but will have to be balanced against the effective and efficient use of the Council's resources; where the service user wants to remain in a supported accommodation property that supports a higher level of need than indicated by assessment, the service user may be required to top up their funding if they do not want to move.

26. The strategy seeks to clarify the Council's responsibilities, enabling people to have a better understanding and expectation from the outset of what might be offered to meet different elements of an individual's care and support arrangements.

Engagement

27. The development of the Housing with Support Strategy has included engaging with stakeholders, partners, providers, service users, their families and carers.
28. In February 2019 permission was granted by the Committee for the draft strategy to be shared publicly and for engagement work to commence. This has now started with the engagement aiming to inform people about the Council's offer and asking people for their views on the best way in which this offer can be presented so that it can be understood by different groups and so that the strategy is clear, useful and relevant to them and to take account of any concerns that people may have. **Appendix B** summarises the results of the engagement activity to date.
29. Further engagement work will be required once the strategy is adopted to help with the development of the implementation plan and to ensure that there is ongoing engagement with affected service users, their families and supporters, ensuring that the strategy is fulfilling its aims.

Other Options Considered

30. The option of not developing a housing offer that provides clarity on the Council's responsibilities was considered and rejected. Without a clear Housing with Support offer there is the potential for the Council to continue to provide housing for people who are able, with appropriate support, to live more independently which reduces the availability of accommodation for those who may have a higher need and would benefit more from the provision and people may continue to have unrealistic expectations.

Reason/s for Recommendation/s

31. The strategy is intended to provide a framework which ensures that people with an assessed need are provided with housing options that are proportionate and appropriate to need and make the best use of the Council's available resources.
32. It provides clarity to service users, their families and carers as to what housing options might be offered to meet the assessed needs.
33. The strategy also informs housing and support providers about the Council's delivery of Housing with Support services as well as needs data which will help providers to shape their business plans.

Statutory and Policy Implications

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

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

Financial Implications

- 35. The focus of the strategy is to ensure that the right support is provided at the right time in the right place in the most cost-effective way. It is anticipated that the strategy will result in cost efficiencies through better use of resources and proportionality of provision.
- 36. The predicted level of savings achievable from 2019/20 to 2022/23 is £2.075m.

Human Resources Implications

- 37. The delivery of the strategy will require staff resources to be realigned to provide a cohesive approach to implementation.
- 38. The new team will sit under the Strategic Commissioning section and report to a project board headed up jointly by a group manager from Strategic Commissioning and a group manager from Younger Adults.

Public Sector Equality Duty Implications

- 39. The Housing with Support Strategy will disproportionately affect people with the protected characteristic of disability. Specifically, people with learning disabilities are likely to be more affected than others since people with a learning disability make up 70% of the cohort in residential care or supported accommodation.
- 40. In addition, people with a learning disability and their families are more likely to have considered the provision of supported accommodation as a long term and permanent solution than people in other cohorts and therefore there will be a greater level of culture change required.
- 41. Ultimately, people will be enabled to have more choice and control in their ongoing everyday lives, but some service users may be supported to move from their current accommodation if their assessed needs change and are no longer optimally met in the current setting.
- 42. Over time, as people are supported to move to more independent or more appropriate forms of housing with support, some services that are 'hard to fill' or surplus to requirements may be decommissioned.
- 43. This approach will ensure greater equity and consistency of service offer, make better use of resources and provide a more consistent framework for future development. Further information is available in the published Younger Adults 18-64 Years Housing with Support Strategy Equalities Impact Assessment (February 2019).

Safeguarding of Children and Adults at Risk Implications

44. The strategy has no factors impacting on safeguarding of children and adults at risk. If a safeguarding situation is identified through a review of Housing with Support provision, this will be addressed through normal reporting procedures.

Implications for Service Users

45. Service users may be supported to move to alternative but more suitable accommodation which may create uncertainty for affected individuals and their families or carers in the short-term. However, any move will ensure that appropriate provision is in place to meet the assessed need and the longer term outcomes will be that individuals will receive the support they need in a place which enables the greatest levels of independence.
46. Service users and their families will be fully involved in identifying suitable options and in some cases may choose to source their own housing.

RECOMMENDATION/S

That Committee:

- 1) endorses the proposed Housing with Support Strategy for Adults 18-64, attached as **Appendix A**.
- 2) recommends the proposed Housing with Support Strategy for Adults 18-64 to Policy Committee for approval.
- 3) approves the predicted level of savings achievable as a result of implementation, subject to approval of the Strategy by Policy Committee.

Ainsley Macdonnell

Service Director, North Nottinghamshire & Direct Services

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Constitutional Comments (EP 26/04/19)

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

Financial Comments (CT 24/04/19)

48. The financial implications are contained within paragraphs 35 and 36 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.

Younger Adults 18-64 Years Housing with Support Strategy: report to Adult Social Care and Public Health Committee on 4 February 2019.

Younger Adults 18-64 Years Housing with Support Strategy Equalities Impact Assessment February 2019

Electoral Division(s) and Member(s) Affected

All.

ASCPH649 final

2019

Nottinghamshire Housing with Support Strategy Adults 18-64



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Executive Summary

In Nottinghamshire, the focus for social care is to help people to stay independent for longer - enabling them to make their own decisions on the care and support services they may need at different times during their life.

Through this strategy the Council is confirming its approach to the management of 'Housing with Support' to ensure that it can adapt and respond to future service demands and requirements. The Council wants to ensure that:

- There is the right support at the right time in the right place for all Nottinghamshire residents who have an eligible assessed need.
- Those with care and support needs have access to the right kind of housing to ensure maximum independence.
- People are supported to live as close to an ordinary life as possible, in a place they can call home.

The Care Act 2014 emphasised the role of housing in ensuring the delivery of effective health and social care support. Whilst the County Council is not a housing authority, it recognises the crucial role that the right housing has in meeting an individual's care needs. Therefore, to achieve this, the Council will work closely with all its partners including health, the seven district and borough Councils, private landlords and other housing organisations, care and support providers as well as voluntary and third sector organisations to ensure that there are sufficient opportunities for providing a comprehensive 'Housing with Support offer'.

The Council's 'Your Nottinghamshire, Your Future' Strategy 2017-2021 and Adult Social Care Strategy 2017 set out a strong commitment to ensure that adults 18-64 who have a long-term illness and/or disability can live as independently as possible in their own home.

The Council must ensure that it can provide a level of 'Care and Support' that is proportional to people's needs and makes the best uses of the resources available. This involves the council taking a 'whole life approach' to individuals, ensuring support is available when and where they need it to enable them to live as close to an 'ordinary life'¹ as possible.

The Council can help people to access a wide range of services that provide care and support to maintain, enhance or restore, people's independence, helping them to live independently in their own homes. Many of these services are delivered to people in their own home. However, it is recognised that some people may need a greater level of care and support and who as part of their care and support arrangements may need more specialist housing support to meet their needs. This is the Nottinghamshire County Council's 'Housing with Support Offer'.

To support the delivery of this strategy the Council is working closely with individuals, families, carers, advocates and providers, to ensure that the Council recognise what it needs to do to help people understand the strategy. Key messages that the Council has heard so far include ensuring;

- That there is clear information, relevant to the individual, family, carer, advocate and provider given in a way that can be understood easily.
- That the views of individuals are considered and the Council listens to people to know what is most important to them about where they live.
- That people are helped to be as independent as they can be.

¹ REACH Support for LIVING an ordinary life (2014) is a practical resource designed to encourage those supported, their families, commissioners and agencies to be honest about 'where they are at,' to understand what is possible and agree the steps for moving forward.

- That people know what options are available to them and have the right information to make a choice.
- That people know what to expect from the Council.
- That people know who can sort out a problem and how to get in touch with them.

Background to why the Council provides 'Housing with Support'

Nottinghamshire County Council has a long history of supporting people to live as independently as possible in a range of housing with support arrangements. The Council currently provides care and support to around 3,500 adults aged 18-64 who have some form of long-term health condition or disability and of these, 630 people live in Supported Accommodation.

The number of 18-64-year olds receiving care and support from the County Council has remained static over the past few years but with the level of disability and complexity of need increasing. The Nottinghamshire Joint Strategic Needs Assessment (JSNA) suggest that statistically the number of people needing support is increasing and many of these will require additional funding due to the complexity and cost of providing their care².

In 2017 analysis of the Councils, 'younger adult's services' identified that:

- 37% of service users could achieve greater independence with some adjustment to their support, such as 'enablement' services,
- 35% of service users could achieve better outcomes with a care package that better reflects their needs, skills and aspirations,
- 28% of service users were benefiting from a package of care and receiving the right level of care appropriate to their needs was allowing them to live as independently as possible.

The analysis identified that there was the potential for 72% of service users to be supported to be more independent and that this opportunity could result in better outcomes for service users by:

- Increasing their independence at their current home.
- Increasing their independence to be able to move out of Supported Accommodation.
- Increasing their independence to be able to move out of Residential Care.

It is recognised that for some people residential care may be an appropriate care and support solution either as a transition to 'Supported Accommodation' or as a longer-term option. This document sets out how the Council will make best use of the commissioned Supported Accommodation services that form part of its 'Housing with Support' Offer' for adults 18-64 in Nottinghamshire who have care and support needs (including people with long-term illnesses, people with learning disabilities, people with Autism/Asperger's, people with physical and sensory disabilities, and people with mental illness).

² Nottinghamshire JSNA <http://www.nottinghamshireinsight.org.uk/research-areas/jsna/summaries-and-overviews/the-people-of-nottinghamshire-2017/>

The Care Act 2014

The Care Act 2014 provides a coherent approach to adult social care in England. Part one of the Act (and its Statutory Guidance) sets out new duties for local authorities and partners, and new rights for service users and carers.

The act aims to achieve:

- Clearer and fairer care and support for people with disabilities and long-term illnesses.
- A new emphasis on wellbeing - physical, mental, and emotional – of both the person needing care and their carer. In this context, wellbeing includes consideration of the 'suitability of living accommodation' to meet an individual's needs.
- Greater emphasis on prevention and delaying the need for care and support.
- People being in control of their care.
- A seamless transition for young people moving to adult social care services.
- A statutory requirement for local authorities to collaborate, cooperate and integrate with other public authorities e.g. health and housing.

The Care Act and supporting guidance references the importance of housing in the following ways:

- The definition of the core well-being principle, which local authorities have a duty to promote, includes the suitability of living accommodation
- Housing is now explicitly referenced as part of local authorities' new duty to promote the integration of health and care.
- Registered providers of social housing are now explicitly listed as one of the partners a local authority must co-operate with when considering and planning a person's need for care and support
- Strengthening the prevention guidance to go beyond traditional health and social care services and include housing.
- Recognition of the role housing plays in providing information and advice to tenants.
- Setting out housing's role in promoting choice and wellbeing and calling for local authorities to encourage the development of services such as extra care and supported living.

Transforming Care

'Transforming Care' is an NHS programme aimed at reducing the number of people admitted to, and the amount of time they subsequently stay in, secure hospitals and assessment and treatment centers. The programme is about improving health and care services so that more people can live in the community, with the right support, and close to home. Over the last five years more than 70 people with learning disabilities and/ or Autism have moved into the community in Nottinghamshire from specialist hospitals. **Currently there are still around 30 adults** within these specialist hospitals who need to be supported to live within the community. These individuals will require specialist accommodation that meets their specific needs now and in the future.

The programme has concentrated on people with Learning Disabilities and Autism, but similar work is ongoing for other people with mental health conditions and the kind of services required to support these complex individuals include specialist Supported Accommodation, step-up, step down options and skilled support staff.

Transitions

The Council's Children and Families Department support children and young people who need care and support. They work closely with the Transitions Team, which consists of social workers, and community care officers who provide planning, assessment, advice and support services for young people who require additional social care support moving into adulthood. On average, 10 young people each year who transition into adulthood require specialist 'Housing with Support' provision.

Housing

Principles of how to support and enhance the quality of life of people with long-term illnesses and disabilities have become widely recognised. Central to these are the notions of 'ordinary living' ³ and the right to a lifestyle valued by society in general and identified as:

- Being part of a community.
- Having a network of relationships involving family and friends, having continuity in relationships.
- Having opportunities to develop new skills and have different experiences.
- Having choices and control over life.
- Having status and respect.
- Being treated as an individual.

District and Borough Council Housing Responsibilities

Good quality housing forms an essential part of a person's ability to live well, and to be independent or as independent as possible. District and borough authorities have a statutory responsibility for housing. This includes (but not exhaustive):

- Setting out objectives, targets, and policies on how the authority intends to manage and deliver its strategic housing role.
- Understanding the needs of their local communities.
- Ensuring that there is sufficient housing available to meet the needs of the local population, including people with disabilities.
- Managing a framework for housing allocations.
- Providing advice and assistance for homeless people.
- Securing accommodation for applicants who are eligible for assistance, unintentionally homeless and in priority need.
- Providing grants to eligible applicants to allow them to adapt their properties to meet their needs.

The Housing with Support Strategy for Adults 18-64

Section 1 – the ‘Housing with Support’ Offer

Providing guidance to individuals, their families, advocates and carers on what the Council will do to ensure that individuals who have an assessed care and support need are able to access the right housing at the right time.

Section 2 – the delivery of the ‘Housing with Support’ Strategy

Providing a plan of how the Council will deliver a consistent approach to its delivery of ‘Housing with Support’ to ensure that individuals who have an assessed need are provided with the right housing at the right time

Section 3 – the future demand for ‘Housing with Support’

Providing ‘Housing’ and ‘Care and Support’ Providers with an understanding of the type, location and likely demand for housing in the future to ensure that there is sufficient housing in the right places and of the right type to meet people’s needs.

Glossary of terms

These words have been identified by service users, their family, friends, advocates, carers, providers and other stakeholders during the engagement as ‘hard words’ to understand and the definition provided relates to the way that the words are used within this strategy.

Commissioning

The services that the Council has identified as being required and the arrangements that are set up so that services can be delivered.

Housing with Support

This is the Councils housing offer for individuals who have an assessed need. The offer includes Supported Accommodation, ordinary housing with support, residential care, living with a parent or in a Shared Lives arrangement.

Supported Accommodation

This is where someone lives where both the property and the care and support service has been arranged by the County Council.

Ordinary House

This is where someone lives where the property hasn’t been arranged by the County Council The property can be owned by the individual or rented from a district council, a housing association or private landlord. They can live there on their own or share with friends or a partner.

Residential Care

Residential care refers to care given to adults or children who stay in a residential setting rather than in their own home or family home. There are various residential care options available, depending on the needs of the individual. Residential care may be a long-term solution or may be used as a short-term option whilst other forms of housing are sorted out.

Living with a carer – own family or Shared Lives

This is an ordinary house where someone lives with their family or with a **Shared Lives carer** and the person they live with provides the greatest amount of care and support to them.

Advocate

This is a trusted person who can support an individual to make their views and wishes known and who can speak out on behalf of that individual to help others understand what that individual wants. The advocate should be chosen by the individual but where an individual is not able to make this choice, the County Council will follow its procedures for appointing an advocate.

Move on

Move on means moving on to the most appropriate setting to support independence.

Units

This refers to the amount of accommodation available. It can be a whole house, a flat or apartment, or a bedroom depending on what the property or service consists of. Therefore, a shared house with three bedrooms that are used to provide Supported Accommodation would be identified as three units of accommodation.

Section 1 – The Council’s ‘Housing with Support’ Offer

Nottinghamshire County Council’s ‘Housing with Support’ offer aims to provide people who have an assessed need with a clear understanding of what housing support will be available to them. The County Council has a role in enabling and facilitating housing solutions. It has no direct duty to provide housing to individuals, however, under the Care Act, the Council does have a ‘responsibility to ensure that housing is suitable and meets the needs of an individual’ who has been assessed and is eligible for care and support.

There are very close links between appropriate housing and providing the right level of care and support and therefore when undertaking an ‘assessment of need’, consideration will be given as to whether an individual requires housing as part of their care and support package.

‘Housing with Support’ includes Supported Accommodation, short term residential care and providing a suitable care and support package within an ordinary house.

Who can access ‘Housing with Support’?

When the need for ‘Housing with Support’ is identified as being part of an individual’s care and support arrangements the Council will ensure that it:

- is offered based on a person’s individual needs.
- considers who someone lives with (if anyone), where they live, who supports them and how they are supported.
- reduces the reliance on formal support.
- allows individuals to fulfil their own potential.
- encourages positive risk taking.
- is innovative so that people are encouraged and supported to live as independently as possible.
- enables individuals to embrace lifestyles that reflect ordinary living.
- supports the individual to make realistic housing choices that increase their independence.
- meets the Council’s legal duties.

Supported Accommodation may be provided by the County Council as part of an individual’s care and support arrangements where:

- Specialist accommodation is required to provide the specialist level of ‘care and support’ required by an individual or
- There is a benefit from using shared care and support hours or
- There is an identified need for additional housing management support to maintain a tenancy.

When an individual’s assessment does not indicate the need for Supported Accommodation, the Council will work with the individual, their family, advocates and carers, and its housing partners to assist the individual to find an ‘ordinary home’. The Council will ensure that care and support arrangements will still be available that meet the individual’s assessed needs.

The advantages of living in an ordinary home are that people can:

- Live as ordinary a life as possible.
- Become more independent.
- Have greater choices and control over their own life.
- Be part of a community of their choosing.

- Have housing costs that are more affordable, enabling opportunities to seek employment.
- Benefit more from peer support and friendship networks.

How do I know if I can access 'Housing with Support'?

Assessment

Individuals who have an assessed need and who ask for help with housing will go through an enablement and assessment process. This process will evaluate the capability, competency, and capacity of an individual to be able to develop independent living skills to live an 'ordinary life'. The Council will work with the individual, their family, advocates and carers to look at all possible care and support options, which will meet the individual's needs and maximise their ability to develop independence. The assessment and enablement process will consider an individual's need for 'Housing with Support'.

Should 'Housing with Support' be identified as being needed, then consideration will be given to the most appropriate type of accommodation along with the level of support required. This may include supporting the individual to continue to live at home with their family, the temporary use of Residential Care, especially if a bespoke housing option is required, an interim Supported Accommodation offer, a longer-term 'Supported Accommodation' option, or the prospect of accessing ordinary housing with the necessary support.

'Housing with Support' Options

- The Council will offer where possible 'Housing with Support' options that meet that individual's needs and realistic aspirations.
- The Council will work with individuals, their family, advocates and carers to identify the most suitable and cost effective 'Housing with Support' option available.
- The Council will seek to maximise the use of existing 'Housing with Support' Supported Accommodation options that are available within the county that will meet the individual's assessed needs.
- Where the existing Supported Accommodation options are unable to meet the assessed needs of an individual who has specific needs and requires a bespoke solution, then the Council will seek to commission specialist Supported Accommodation.
- Where possible, the Supported Accommodation will be within a preferred locality to enable the individual to continue to receive support from family and friends, but this option will depend on the availability of properties and the level of support required.
- Where an individual is under 35 or at their request and where this can be part of an individual's care and support arrangements for achieving greater independence, the use of shared accommodation will be considered.
- The amount of care and support that an individual receives whilst living in 'Housing with Support' may reduce as an individual achieves a greater level of independence.
- Where the current 'Housing with Support' option no longer meets the individuals assessed needs as the amount of support needed has increased or decreased, the Council will work with the individual, their family, advocates and carers to help the individual to move on to more suitable housing that meets the current needs.
- Where an individual no longer requires the level of support offered through their current 'Housing with Support' arrangements, the Council will work with the individual, their family, advocates and carers to find an appropriate housing solution. This may mean that the individual is supported to

move on to a more independent setting, freeing up the 'Housing with Support' accommodation for other individuals who have a greater level of need.

- The Council's 'Housing with Support' offer may require different types of tenancy arrangements to be set up depending upon the care and support needs of the individual.
- The Council's 'Housing with Support' offer will consider an individual's full life costs based on their known needs and the Council will provide funding to meet the most cost-effective option.
- Individuals' choices will be promoted where possible but will have to be balanced against the effective and efficient use of the Council's resources, for example, where an individual wishes to remain in a Supported Accommodation property that supports a higher level of need than indicated by their assessment, the individual may be required to top up their funding if they don't want to move elsewhere.

'Housing with Support' Reviews

Individual reviews

Where an individual, lives in Supported Accommodation as part of their care and support arrangements they will follow the Council's 'Pathways to Independence' model for reviews. The care and support arrangements will be reviewed to maximise the opportunities for people to live independently whilst still receiving care and support appropriate to their needs.

Service Reviews

Reviews of the 'Housing with Support' Supported Accommodation services will include looking at the property and whether it is fit for purpose as well as the arrangements for everyone who lives in the service to ensure that the support being provided meets the needs of all the tenants.

Where changes may be required to individual care and support arrangements, the implications for the overall service will be considered to ensure that there are no adverse effects to other tenants as well as the changes being cost effective for service delivery.

Continuation of support

Where an individual has gained sufficient independence and the need for Supported Accommodation is no longer a requirement of their care and support arrangements, the Council will work with the individual to develop an alternative network of housing related support. This could include:

- Being part of a **Community Living Network** – where several people live near each other in their own homes. They are supported by a worker who provides a small amount of practical help to each member of the network, for example, help with paying bills, correspondence, organising appointments, getting the right benefits etc. The worker is also employed to bring members together and help them form supportive relationships.
- **Emergency response service** - providing a rapid response service where the service user needs personal support in an emergency or at short notice to provide any assistance required,
- **Drop in centres** - a welcoming safe place for people to come along to and socialise with other people. The drop-in sessions may provide advice and information on a specific subject or life skill such as

benefit information or writing a CV and often there are a variety of structured activities that can take place during each session.

- **Floating support** –support is not linked to any specific accommodation base, but ‘floats’ around the community providing support wherever needed.
- **Ordinary Housing** – with an ongoing (smaller) support package.

Section 2 – Delivering the Council’s ‘Housing with Support’ Offer

The Council will deliver the ‘Housing with Support’ Strategy through the following activities:

Moving Towards Greater Independence

Individuals living in ‘Housing with Support’ services will be encouraged to develop the skills needed for living with greater independence. As part of this skills development individuals will be able to consider different housing solutions.

Where, through a review of their Care and Support needs, Supported Accommodation is no longer a requirement of an individual’s care and support arrangements, the Council will work with individuals, supporting them to move into ordinary housing (General Needs properties). This will include a revised support package to help with the transition and ongoing assistance.

Providers of Supported Accommodation will be required to support people towards achieving greater independence and where possible enabling individuals to move on to more independent living. This will include help with preparing their new homes, learning life skills such as decorating and gardening as well as cooking and cleaning and money management. Where identified through the review process, additional support hours may be available to help with the transition period and to ensure that the right staff are available to deliver this specific support.

Assessment of existing services

The Council will focus on maximising the use of its existing Supported Accommodation properties. This will entail a review of all existing services and associated properties, ensuring that they are fit for purpose and are meeting the individual’s needs. The assessment will consider appropriateness of each property, the service delivered within it and its viability in line with future needs.

Vacancies

The management of the vacancies will be on a countywide basis, with each vacancy having a detailed specification to help match Supported Accommodation properties to those requiring access to the services.

Where an individual is moving on either within Supported Accommodation or into ordinary housing resulting in a vacancy in the Supported Accommodation service, the service will be assessed to ensure that it is still able to meet need and provide a suitable form of accommodation.

Where vacancies exist in Supported Accommodation properties, these will potentially be made available to all individuals who have an identified need for ‘Housing with Support’ as part of their care and support arrangements and who meet the criteria. This includes individuals already living in Supported Accommodation who may want to live in a different setting as well as people who are in Residential Care and who want to live more independently.

Some vacancies have a void cost. The management of these costs will be addressed through the Void Management Plan which aims to limit the costs associated with the vacancy and maximise use of properties.

Delivering the right Supported Accommodation

All the Supported Accommodation properties will be reviewed to ensure that they are meeting current need and that there are sufficient accommodation options available. Those properties that do not meet current needs will be considered for decommissioning or for changing the level of service that is currently being provided.

The Council will work with both 'Housing' and 'Care and Support' providers to think innovatively regarding the housing options available and how they will further develop their services to meet future needs.

Sourcing the Ordinary Home

Ensuring that there is sufficient access to good quality ordinary housing is essential to providing opportunities for move on and for individuals to have access to more independent living. To support this requirement the Council will work with its housing partners including district councils, housing associations and private landlords to identify suitable properties. The Council will be looking to identify suitable housing for all individuals including single people as well as for couples or friends sharing.

The Council will continue to develop strong relationships with all its housing partners including private property owners. In certain cases, the Council may consider developing bond guarantor schemes to ensure greater access to good quality tenancies. In some circumstances individuals may be able to access small grants to help with the cost of decorating or purchasing specific pieces of furniture or equipment and in specific circumstances there may be grants to help adapt properties.

Providers promoting independence

Residential Care providers will be required, wherever possible, to promote independence and encourage skills building so that individuals are able to 'move on' into the right 'Housing with Support' option. The Council will work with the residential care sector to identify those people who may be suitable for moving out of residential care.

The Council will look to work with Providers from the Residential Care market who work in an enabling way and who are proactive in this approach. New partnerships will be considered where providers are encouraged to work proactively and can be rewarded, and where innovation can be incorporated into service delivery.

Future engagement and implementation

The council will continue to work with individuals, their families, carers, advocates and providers as well as Council staff and other stakeholders to develop an engagement plan that supports the implementation of the strategy. This will include developing journey maps to help people understand what the strategy might mean for them and the different stages that they may be supported through, and a process for ensuring that the activities and actions agreed are monitored and are meeting the agreed quality.

Milestones for delivery

Moving Towards Greater Independence	Reviews of all individuals who currently live in Supported Accommodation to ensure that they are in the right housing that meets their needs with the right level of support.	by Spring 2021 and ongoing as a cyclic programme
Assessment of existing services	Review of all existing Supported Accommodation properties to ensure that they are fit for purpose and meet future expectations.	by Spring 2021 and ongoing as a cyclic programme
Vacancies	Reviews of adults in Residential Care who may want to live more independently	by Autumn 2021 and ongoing as a cyclic programme
	Move out of residential care into other forms of 'Housing with Support'.	by Autumn 2022 and ongoing as a cyclic programme
Delivering the right 'Housing with Support' accommodation	Decommissioning of Supported Accommodation properties that no longer form part of the strategic fit	by Autumn 2022
	Development of new 'Housing with Support' schemes	by Autumn 2022
Sourcing the Ordinary Home	'Move on' out of 'Supported Accommodation'.	by Autumn 2022 and ongoing as a cyclic programme
Providers promoting independence	'Move on' within 'Supported Accommodation'.	by Autumn 2022 and ongoing as a cyclic programme
Future engagement and implementation	Development of an engagement plan	By Spring 2020

Section 3 - Future Requirements for 'Housing with Support'

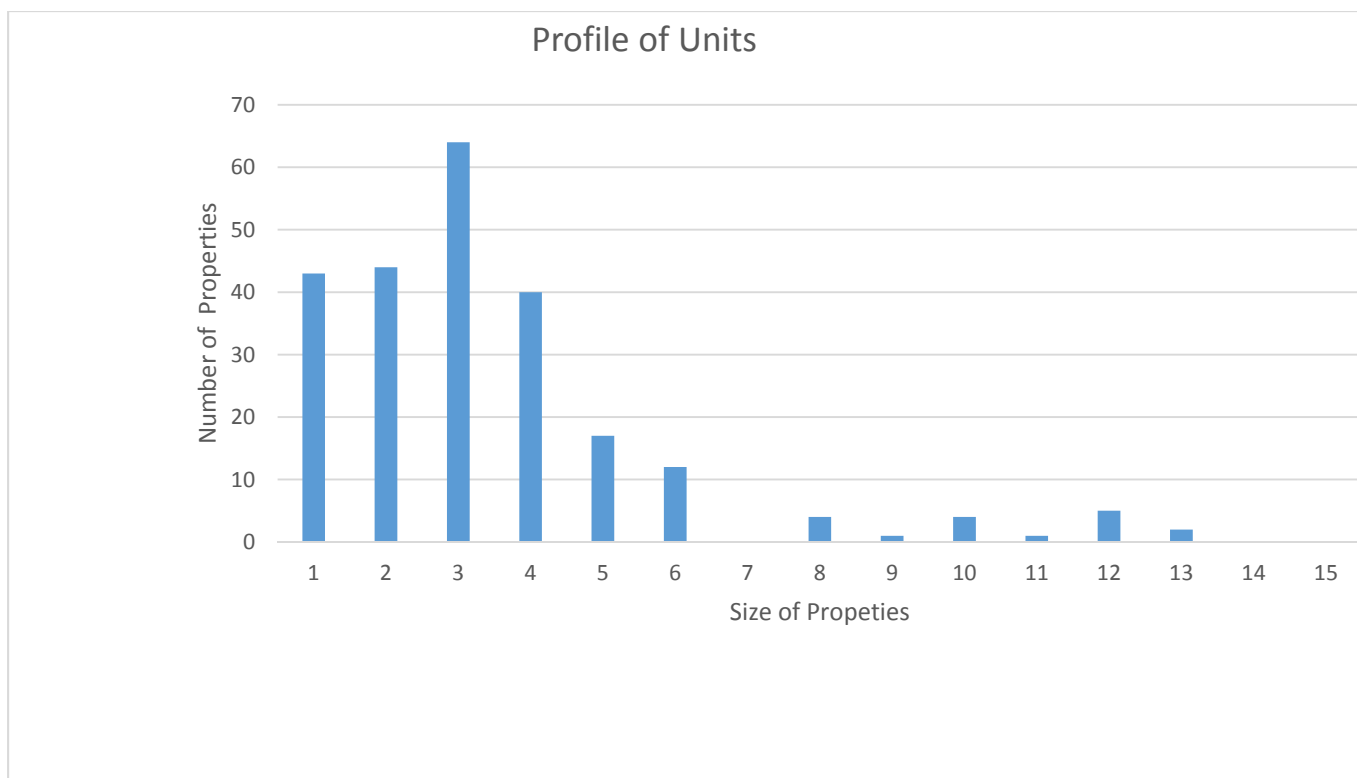
Existing Properties – April 2019

Good housing is essential to providing a safe, secure environment for all and there will always be a need for different forms of accommodation to meet the varying needs of people with long-term illnesses and disabilities. Housing availability needs to be more fluid with providers being able to use initiative and work with the Council to develop schemes that meet people's needs.

The Council currently provides 808 units of Supported Accommodation contained within 230 schemes spread throughout the county. Most schemes provide accommodation for adults aged 18-64 but several schemes continue to provide support to older adults who have lived in Supported Accommodation for most of their life.

District	Ashfield		Bassetlaw		Broxtowe		Gedling		Mansfield		Newark and Sherwood		Rushcliffe		Total in County	
Size of Scheme	No. of Schemes	Accommodation units	No. of Schemes	Accommodation units	No. of Schemes	Accommodation units	No. of Schemes	Accommodation units	No. of Schemes	Accommodation units	No. of Schemes	Accommodation units	No. of Schemes	Accommodation units	No. of Schemes	Accommodation units
1	2	2	12	12	3	3	2	2	5	5	13	13	1	1	38	38
2	4	8	6	12	1	2	1	2	15	30	8	16	8	16	43	86
3	7	21	11	33	7	21	11	33	10	30	7	21	10	30	63	189
4	5	20	11	44	5	20	6	24	4	16	8	32	1	4	40	160
5	2	10	3	15	0	0	2	10	5	25	4	20	1	5	17	85
6	2	12	0	0	0	0	0	0	5	30	5	30	0	0	12	72
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	2	16	1	8	0	0	0	0	0	0	1	8	0	0	4	32
9	0	0	1	9	0	0	0	0	0	0	0	0	0	0	1	9
10	1	10	0	0	0	0	2	20	0	0	1	10	0	0	4	40
11	0	0	1	11	0	0	0	0	0	0	0	0	0	0	1	11
12	0	0	0	0	0	0	1	12	2	24	2	24	0	0	5	60
13	0	0	0	0	0	0	0	0	1	13	0	0	1	13	2	26
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	25	99	46	144	16	46	25	103	47	173	49	174	22	69	230	808

These schemes vary in size with the greatest number of schemes being for properties for 3 people (often with a fourth room for sleep-in night support)



The properties provide a range of different accommodation options from shared homes, individual units within a property or single bespoke properties. Care and support is provided at the appropriate level to meet individual needs and consists of shared support, **individual support**, night time support, and personal care.

support provided	type of accommodation scheme	number of schemes	Number of units	what is provided under each type of support
Supported Accommodation 24hr	self-contained unit(s)	38	146	Properties receive enhanced housing benefits for additional housing management to provide greater housing support for individual's tenancies. Care is provided by a separate organisation - provided on a 24/7 basis and may include both waking and sleeping night support.
	shared scheme	141	476	
	single person service	10	38	
Supported Accommodation Not 24hrs	self-contained unit(s)	5	25	Properties receive enhanced housing benefits for additional housing management to provide greater housing support for individual's tenancies. Care is provided by a separate organisation and is provided during daytime hours.
	shared scheme	3	7	
	single person service	2	6	
Supported Accommodation Plus 24hr	self-contained unit(s)	17	52	Bespoke, specialist housing that meets the needs of individuals with complex needs. Properties receive enhanced housing benefits for additional housing management to provide greater housing support for individual's tenancies. Care is provided by a separate organisation provided 24/7 and may include both waking and sleeping night support. Staff are expected to be more experienced and able to provide the level of support needed for complex individuals.
	shared scheme	10	45	
	single person service	4	13	
	Totals	230	808	

Existing number of people receiving support – April 2019

The Council currently delivers support to 3348 adults aged 18-64. Of these:

630 live in Supported Accommodation

Adults 18-64	18-64	18-35	35-50	51-64
Supported Accommodation	630	183	227	220

644 live in residential care settings.

Adults 18-64	18-64	18-35	35-50	51-64
Residential Care	644	171	172	301

1972 live in ordinary housing

Adults 18-64	18-64	18-35	35-50	51-64
Ordinary housing	1972	602	536	834

669 live with a carer, parents, family or in a shared lives arrangement

Adults 18-64	18-64	18-35	35-50	51-64
Ordinary housing	669	336	188	145

Future Potential Demand

Potential additional demand on the services based on 6% predicted growth

As of April, 2019	Adults 18-64				
	2019/20 total numbers	6% increase by 2026	growth 20/21	growth 21/22	growth 22/23
Supported Accommodation	630	38	6	6	6
Residential Care	644	39	6.5	6.5	6.5

Reorganisation of existing 'Housing with Support'

In 2017, an analysis of the Council's 'younger adults service' identified that 72% of service users could be supported to be more independent and that this opportunity could result in cost savings to the Council, but more importantly, better outcomes for service users by:

- increasing their independence in their current home - be that Supported Accommodation or in their own home
- increasing their independence to be able to move out of Residential Care
- Increasing their independence to be able to move out of Supported Accommodation.

Therefore, there is the potential for a number of individuals to move out of Residential Care, a number of those in Supported Accommodation to become more independent and a further number that could feasibly with the right enablement move out of Supported Accommodation into their ordinary home.

If during a care and support review, an individual asked to move to live more independently, then the Council would seek to support this. However, some people may not feasibly be able to move out of residential care into a more independent setting, due to factors such as age, vulnerability and disability - especially if they have been in care for a long time. The Council may consider supporting older individuals to move on into 'Housing with Care' schemes where individuals have both a disability and an age-related condition. This would be most suitable where 'Housing with Care' can meet the additional care need requirements.

Future Housing Requirements 2019-2022

The Council will not be looking for any net increase in the number of accommodation units within the next three years. The Council will however be looking for a potential change to the type and location of properties, replacing smaller units with slightly larger units where there is the need and demand. Therefore, the Council will be looking to providers to develop housing opportunities to provide a different range of properties that meet the needs of the individuals now and in the future.

'Housing with Support'

The Council will be looking to work with Housing Providers to provide a range of commissioned Supported Accommodation properties spread throughout the county. These will include;

- Individual units in small clusters
- Shared properties combining individual units and shared units with communal space
- Bespoke properties designed to meet the needs of very complex individuals
- Adapted properties able to meet a variety of needs

The Council will be looking for Housing Providers who are able to;

- Provide properties with realistic rental costs with a clear understanding of what the additional housing management responsibilities are to support properties receiving enhanced housing benefits rates.
- Change a property from Supported Accommodation to Ordinary Housing – allowing tenants to remain in their home as care and support needs reduce.
- Provide tenancy arrangements that consider the needs of the individual, so that should the level of need change then individuals are supported to move on to accommodation that is more appropriate that meets their current requirements.
- Provide a range of other housing options within a locality – allowing for move on opportunities for those individuals who can live a more independent life.

Over the next three years, the Council will be looking to:

- Decommission some smaller shared units where following review, they are identified as not meeting future needs
- Replace these smaller properties with schemes of at least 12-15 units of individual flats/cluster properties with no overall net increase in the number of Supported Accommodation units.
 - The Council already has a number of these in development so will not be looking for any additional schemes for the next two years and until the review of existing properties has been completed.
- Commission up to 25 units of bespoke Supported Accommodation Plus properties throughout the county for supporting complex individuals leaving secure hospitals or for whom this need has been identified due to their complexity of need.

- The Council already has a nine of these units in development.
- Reduce the number of residential beds commissioned by 12% and find ways of contracting to reward residential providers who are proactive in supporting the promoting independence agenda.

Ordinary Housing (general needs)

In addition, the Council will also be looking for Housing Providers who can help deliver the following accommodation opportunities

The Council is looking for a variety of properties that would meet the needs of single people, couples, those that want to share with one friend, or those who want to live with a group of friends. Properties need to be in a good location, within a community setting, close to local amenities including shops, public transport, doctors etc. Properties need to be future proofed and funding may be available for minor adaptations and installation of assistive technology.

The Council would look for opportunities to work in partnership with housing partners to develop new options as a social housing lettings agency; maximising the opportunities for using ordinary housing and to support vulnerable people.

In the next three years, the Council will be seeking:

- 100 accommodation units throughout the county for people moving out of Supported Accommodation in to ordinary housing (general needs). These opportunities may be in a variety of schemes and may include properties within a community living network, 'halls of residence'/move on properties as well as sheltered courts and extra care schemes. Where possible properties should be within a proximity so that they can form part of the community living network.

Co-housing with support to promote independence (Halls of Residence)

These would make use of existing properties that offer opportunities for self-contained single unit accommodation with shared communal space including kitchen and lounge. Schemes will provide an opportunity for individuals with support needs to have a space, which they can be supported to live more independently whilst still have the security of a 24-hour concierge service and housing management support. Additional support will be provided depending on the assessed needs of the individual and as these individuals move on they will continue to access an appropriate level of support that is necessary for them to remain independent. Opportunities exist for developing peer-to-peer support networks and for the provider to identify additional properties within the locality that can be used for moving on.

The Council will be looking to work in partnership with other statutory organisations to help develop 'Co-housing with support' (halls of residence) opportunities which could be linked to the community living networks. Each 'co-house' could contain up to 20 individual studio flats for developing independence. These housing opportunities would be able to support individuals

- who may not qualify for Supported Accommodation or
- who are moving out of Supported Accommodation
- who would benefit from a period of supported living to enable them to gain independence skills for example people who are homeless, people who have been living with Carers, looked after children, etc.

Community Living Networks

Creating a network of properties that enable individuals to live independently. Properties may come from a variety of sources and may not be owned by any one provider but would be within a small geographical radius. Key features will be that the properties would be general needs, but the geographical location means 'floating' or 'visiting' support could be provided for a more intensive service initially with ongoing support available going forward that the individual would access on more of a drop-in basis when required. Members would be encouraged to offer peer support and reduce their reliance on paid for support gradually.

The Council will be looking to develop several new networks linking in existing people who receive care and support in ordinary housing alongside new individuals who will join over the next few years. The Council is looking for flexibility of delivery with housing options and opportunities for self-development to be incorporated into any support offer.

The Council is looking for the development of one network in each major town or where there is sufficient demand.

Additional Requirements

Assistive Technology

All properties will need to embrace assistive technology opportunities to help manage or eliminate a wide range of risks to both the individual e.g. of falling, or to the property e.g. fire, smoke, flood alert. Property based systems will need to be future focused and provide for remote monitoring and access linked to a central call handling system.

Where suitable Assistive Technology solutions could look to support the delivery of Care and support, reducing at times the need for visits and providing a personalised bespoke solution that meets the needs of the individual.

Adaptations

The Council will be looking for opportunities to have general needs properties adapted to maximise their use and long-term provision for providing a safe and secure environment. Adaptations may include wet rooms, external lighting, grab rails, mixer taps, etc. Funding may be available for these adaptations through the District Councils disabled facilities grants programme.

Appendix 1 – Case Studies

The following Case studies have been taken from real examples that show how the 'Housing with Support' strategy works in practice. (Names have been changed)

1. Reduction in the amount of support required but still living in the same home.

John and Jeremy had lived with each other in a 24-hour Supported Accommodation house for a long time. A new support worker came to carry out a review and got talking to John and Jeremy about what they would like. They really like their home and they liked living with each other as they had become good friends. They both however raised the issue that they would like to do some more things on their own. The support worker worked with the care provider and John and Jeremy's families to develop a plan which would slowly reduce the amount of support that they received with the care provider. The first stage was to remove the night time support and then over time the daytime hours were reduced to a level which allowed John and Jeremy to live as independently as they could. They were still able to live in the same home which suited them so for them the 'move on' was the moving towards greater independence rather than having to move home.

2. Moving out of Supported Accommodation into an Ordinary Home.

Dora lived for many years in a four-person Supported Accommodation house. She wanted to move to her own home as she didn't like things about her Supported Accommodation – she had to spend quite a bit of money on taxis as she found the bus stop too far away for her to access easily. She was the only one left in the house as the others had moved on previously and she didn't need 24-hour support and so was very lonely. The support worker helped Dora to find a suitable flat in a sheltered court that was appropriate for Dora's age. Dora was very worried about moving even though she wanted her own independence and so the support worker arranged for the care team who supported her to continue to do this in her new home. The care team helped Dora to move and decorate her flat, they helped her to learn how to use the buses from the bus stop outside her new home to get to her day center and they supported her for three months until she no longer needed that level of help. Dora's support hours have now reduced but she still has a bit of support to help her manage. She has met new friends and has found that some of her friends from the day center also live in the same sheltered court and so she can see them more often. She has her own front door and she knows that she can choose who she invites into her house, she has more income as she's not spending so much money on taxis and she has been able to use this to make her new home her home.

3. Moving out of Supported Accommodation into a Community Living Network.

Frank had lived in 24 hour Supported Accommodation for the past seven years. Before moving into Supported Accommodation, he had been in hospital for three years. While living in Supported Accommodation Frank was encouraged to learn skills that he could use to become more independent. Frank expressed that he felt he was ready to move to his own home but was worried about how he might adjust to living on his own. Frank was supported to move into his own home and become part of a 'Community Living Network'.

Through the Community Living Network Frank has access to shared support. The support is provided by a Network Coordinator who provides a range of different services:

- Ensure tenants are receiving the correct benefits and supporting them with applications.
- Supporting tenants to seek work, voluntary and training opportunities
- Facilitating tenant meet up sessions and group WhatsApp/Facebook group
- Developing links within the local community
- Support with medical appointments if required.
- Support to maintain tenancies

The Network encourages Peer to Peer support with all its members so that members can continue to support each other and only access the coordinator where they may need more support than they can get from each other.

Frank is very settled in the network and helps provide peer support, helping new members of the network get settled. The coordinator is now supporting Frank to look for part time employment

4. Moving from one 'Housing with Support' Supported Accommodation property to another.

Emily lived in Supported Accommodation, that she shared with several other people. Emily was very happy for a while as she had her own room and was able to do things that she hadn't when she lived at home. She helped cook the meals and had friends to watch TV and go out with. After several years living in her shared house Emily wanted even more independence. She really like the area that she lived in and she had made lots of friends and was able to go to the local day services. Her Mum and Dad were worried how she might manage and didn't think she would be able to cope. The support worker helped Emily's Mum and Dad to understand how Emily could be supported to live more independently in a safe way that everybody including Emily was happy with. Emily explained that she wanted to live in a smaller house with a bit more privacy and where she could share with a couple of friends. It took a while, but a suitable property was found. Emily moved in with two other people and now lives independently. All three friends still have on-going support, but they have chosen to live with each other, they chose where they wanted to live, and they choose how they want to be supported.

Engagement Activity

Engagement activity to date

The engagement activity to date has focused on what do the council needs to do to help Service Users, Carers, their families and other stakeholders understand the strategy. Questions have been asked of providers to make sure that the strategy 'ask' is appropriate and deliverable, service users have been supported to identify several 'I' statements identifying what good would look like for them and discussions have been had about the best way to present the document so that it is useful.

The feedback from the engagement events has been encouraging with the consensus being that it is good to have something written down which makes the councils offer clear and what we are asking for from providers and other partners. The carers spoken with to date have again been positive and they like having the clarity of the offer. Those carers that have been involved for a long time are still concerned about service users having tenancies for life and people having to move – however the strategy is very much about making sure that people have the right support at the right time in the right place. Service users themselves were more worried about being given the right information and having someone who would help them to work through the process when they were ready. A specific session for carers is planned on 26th April 2019.

Sessions held

19th February 2019 – providers forum

27th February – Rumbletums – parents and carers group

19th March 2019 – SU group

26/29th March 2019 - Front line teams – Housing training including Housing with Support (HWS) strategy

Future activity

The engagement work will continue and be used to help develop the implementation plan. Once the strategy has been approved by policy committee, a programme of events is planned involving service users, officers delivering the activity and carers to map out areas of interaction and the additional work that is needed to support individuals and their families throughout their journey towards greater independence.

Engagement responses

Providers

- How do we help you to understand the HWS strategy and why the Council has needed to be clear about its HWS offer?
 - Agree with ethos of the strategy
 - Could invite core providers to meetings (like today) but share key points rather than just read it – need to know what it means in practice
 - How will it translate into reality?
 - More engagement with housing providers
 - How do we safeguard against people only being able to live in 'less favourable' areas?
 - No clarity on purpose for each service and locality.
- What is needed to help you to understand what it the HWS offer is and what it will mean for you?
 - Why only reviewing 18-50-year olds
 - Case studies, video links – less writing

- Follow up session since we have studied strategy in more depth
- Enabling understanding within council teams.
- Are there any words which we need to explain?
 - What is the Glossary – units, schemes, Housing with support, supported living
 - HWS/SA/SL – clarity needed for words
 - Enhance/standard/commission
 - What is the definition of HWS on properties
 - General definition of HWS in glossary
 - Interpretation of what SL is all about with families and expectations.
- Best way in which we can tell you about the strategy and what it means to you service?
 - leaflet for families and service users
 - Condense it (the strategy) to share with providers – this will help
 - Show good examples to enable clearer view of vision
 - Share full policy – done and beneficial
 - Breakdown into sections of how it will impact on providers, service users etc
 - Video profiles, aids, groups 1-2-1, discussions with service users
 - Label services for example 'move on' or 'long term'
 - What 'good' looks like.
- What does it mean for you (as a provider) who has properties that currently form part of the Council's HWS portfolio?
 - Smaller schemes are not cost effective – providers will welcome decommissioning
 - (providers or council?) Expect too much of care staff
 - Core providers can bring housing solutions
 - Big arrangements can be an issue of matching tenants
 - Housing needs to be of a good quality and in safe environments (the good district housing has been purchased)
 - Providers like lifeways in the past have developed housing (their housing arm has)
 - How are we planning to commission larger units?
 - Define relationship between housing provider and care provider and differences
 - Legacy providers – work less with – need to work more with around messages
 - Clarity for providers on referrals for aids and adaptations to get changes to property – need to make it easier to get assistive technology
 - Lifeways want people to be matched to their voids in a timelier way
 - If housing isn't fit for purpose – want to work with council to get a solution for individuals – need to future proof housing
 - Specification accommodation and care provision diversity
 - Issue for providers of slow progress fillings voids – SL team needs to move faster – we need timely processes
 - Need confidence that we'd fill the void or share the savings.
- What does it mean for you (as a provider) who has care staff that currently work throughout the Council's HWS portfolio?
 - Risks around decommissioning services
 - Providers be open and engage in process
 - Providers would like more time/money to transition and get to know someone.
 - Schemes need to reflect needs of people with mental health problems as well as learning disability (but mixed schemes don't always work)
 - No incentive to the provider to supply people to move on or reduce hours
 - Issue for providers where housing associations does not undertake the tasks they should. Need to be clear why paying such high costs.
 - When hours change it can be hard to recruit staff to split shifts. Shorter hours are harder to recruit to

- Budget viability and impact
- Need to do longer term planning
- Need to be able to be responsive and move in a planned way.
- Where should decisions be made about who should live where?
 - Can provider be involved in the decision about who moves in?
 - Have scope to say NO
 - Personalisation – too specific, irrelevant, expectational, movement of contract
 - Decision – users, carers, authority, providers – in that order
 - Providers know best re: who should move into services.
- What is the decision needed to be made and by who?
 - Do more through reviews to identify who can move on
 - What decision – mix support and needs, same v varied
 - Triage that helps families navigate the system.

Service Users – I statements

- I am listened to and people know what is most important to me about where I live
- I know what the choices are, and I have the right information to make a choice
- I am given information in a way I can understand so it makes sense to me.
- I know who is helping me move or who can sort out a problem and I know how to get in touch with them.
- I know what I can do if I am not happy about where I am living.
- I am helped to be as independent as I can be
- I have a choice over who supports me
- I know who I will be living with and am helped to think if this is right for me.
- I have a choice over who I live with
- I know how much it is going to cost me to live in a place before I decide if it is right for me. I have a plan, so I know what is happening and when it will happen
- If I am moving home I get help to move in, if I need it.

13th May 2019**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
SAFEGUARDING AND ACCESS****ADULT SOCIAL CARE AND HEALTH - CHANGES TO THE STAFFING
ESTABLISHMENT****Purpose of the Report**

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

Information

2. The posts and changes covered in the report, in **paragraphs 3 to 12**, are required to meet operational needs and requirements, and to achieve projected savings.

Mosaic Development Team

3. The current staffing of the Mosaic Development Team consists of a number of positions with varying roles and responsibilities. The current permanent establishment is as follows:
 - 1 FTE Team Manager (Band D) post
 - 1.8 FTE Business Leads (Band B) posts (both currently vacant)
 - 2 FTE Technical Specialists (Band C) posts
 - 2 FTE Systems Support Officer (Grade 5) posts
 - 1 FTE Business Systems Support Officer (Grade 4) post.
4. In addition to the above permanent establishment, the team currently has temporary resource to aid delivery of a significant number of developments and changes, many of which are connected to delivering significant efficiencies and cost saving initiatives. This post was primarily funded to support changes proposed by the Adult Transformation Team, and in recognition that Technical Specialist resource was insufficient. The temporary resource is as follows: 1 FTE Technical Specialist (Band C) post until June 2020.
5. However, it has been necessary to utilise this resource to aid delivery of two significant projects - Home Based Care and Systems Review which has had an impact on the ability

to provide sufficient and timely resource to other initiatives and cost saving developments, putting the realisation of identified budget savings at risk.

6. Significant progress has been achieved through working collaboratively with ICT colleagues to deliver health interoperability and improvements in information sharing and this type of development requires significant Technical Specialist resource to continue to develop and deliver such initiatives.
7. The Adult Social Care and Health Mosaic Team establishment was reduced in April 2014 from 9.8 FTE to 7.8 FTE posts and achieved savings of £79,000. The posts deleted were:
 - 1 FTE E-Support Worker
 - 1 FTE Project Manager (Technical Specialist).
8. Since this reduction in resources, there have been several occasions when it has been necessary to secure additional technical support on a temporary basis to fulfil departmental priorities. This has proved a significant cost to the Council as the relevant skill and expertise has not been available internally and has necessitated the procurement of agency workers.
9. In December 2017 the Adult Social Care and Health Committee approved the disestablishment of a vacant FTE Business Lead (Band B) post and the permanent establishment of the 1 FTE Technical Specialist (Band C) post. In addition, approval was given for additional funding to support the change of job request and subsequent salary increase.
10. The intention was always to review the remaining Business Lead posts and to assess whether the decision to change the job role to Technical Specialist, as mentioned in **paragraph 9**, has resulted in a positive outcome in relation to the Mosaic Development Team's ability to support changes and developments. The Committee is asked to approve the disestablishment of the remaining 1.8 FTE Business Lead (Band B) posts, as the posts have recently become vacant, and to approve the establishment of 1.8 FTE Technical Specialist (Band C) posts.
11. The difference in cost to the Council will be £11,858 per year. The average daily rate of a Technical Specialist with relevant knowledge and skills procured through Reed Solutions is £450 per day. It is therefore much more cost effective to fund the posts on a permanent basis. This will be funded from the Mosaic Development Team budget.

Adult Access Service

12. To date, the Adult Access Service has been able to successfully manage increased demand on the service with the current staff group. However, as demand continues to grow, from 9,700 referrals in 2017/18 to 11,225 in 2018/19, they have been unable to consistently support other early resolution approaches such as those that are seeking to provide greater occupational therapy oversight and resolution at the Customer Service Centre, increasing reablement opportunities, improved signposting for self-funders or ongoing support to the integrated care system transformational work. All of these approaches have potential to provide earlier resolution and support demand management in adult social care. Therefore, to enable the Adult Access to consistently support the

development of these approaches, whilst successfully managing demand, the Committee is asked to approve the establishment of 2 FTE temporary Community Care Officer (Grade 5) posts from 1st June 2019 until 31st March 2020 at a cost of £57,933. These posts would be funded by departmental reserves.

Other Options Considered

13. Consideration has been given to the resource gap within the Mosaic Development Team and the ability to deliver numerous changes within required timeframes. The current staffing of the Mosaic Development Team consists of a number of positions with varying roles and responsibilities as detailed in the report. It is envisaged that a significant number of future developments will require a high level of technical specialist resource which is where limited resource is available within the current staffing establishment.
14. Should approval be granted to the change job request as well as the additional budget required, then the overall staffing establishment within the Mosaic Development Team would be able to support departmental and transformational developments and would result in much less dependence on securing costly external resources in the future.
15. In the Adult Access Service (AAS), consideration has been given to retaining the current staffing levels, however, to fully support the ongoing early resolution transformational work, additional staff are required to enable the the AAS to manage demand.

Reason/s for Recommendation/s

16. Approval of the disestablishment of the post of 1.8 FTE Business Lead (Band B) and establishment of the post of 1.8 FTE Technical Specialist (Band C) will result in the Mosaic Development Team being more resilient, with the necessary skills and expertise available in-house, so reducing the necessity to secure costly temporary personnel to deliver changes and developments in the future.
17. Demand into adult social care has continued to grow. 2 FTE temporary Community Care Officer posts will enable the AAS to support the development of further early resolution approaches. This will help to both manage current demand and aid the reduction of future demand into the department.

Statutory and Policy Implications

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

Financial Implications

19. With regard to the staffing changes outlined above, the following financial implications have been identified:

- disestablishment of the 1.8 FTE Business Lead (Band B) posts in the Mosaic Team and approval of the establishment of 1.8 FTE Technical Specialist (Band C) posts will mean a difference in cost to the Council of £11,858 per year – this will be covered by the Mosaic Development Team budget
- the 2 FTE fixed term Community Care Officer (Grade 5) posts from 1st June 2019 until 31st March 2020 will be funded from departmental reserves at a cost of £57,933.

Human Resources Implications

20. These are implicit in the report.

RECOMMENDATION/S

That the Committee:

- 1) approves the disestablishment of the 1.8 FTE Business Lead posts (Band B) in the Mosaic Development Team and the permanent establishment of 1.8 FTE Technical Specialist (Band C) posts, as detailed in paragraphs 4 to 10
- 2) approves the allocation of £11,858 per annum, on a permanent basis, to fund the change of job role from 1.8 FTE Business Lead to Technical Specialist, as detailed in paragraph 11
- 3) approves the allocation of £57,933 from departmental reserves, to fund 2 FTE temporary Community Care Officer (Grade 5) posts in the Adult Access Service (1st June 2019 - 31st March 2020), as detailed in paragraph 12.

Paul Johnson

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Constitutional Comments (KK 15/04/19)

21. The proposals in this report are within the remit of the Adult Social Care and Public Health Committee.

Financial Comments (DG 11/04/19)

22. The financial implications are contained within paragraph 19 of this report.

HR Comments (SJJ 11/04/19)

23. The posts to be disestablished are currently vacant and therefore there is no impact on employees. The temporary post will be advertised using the authority's recruitment process and successful candidates will be employed on a fixed term contract.

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.

Changes to the establishment of the Mosaic Development Team – report to Adult Social Care and Public Health Committee on 11th December 2017

Electoral Division(s) and Member(s) Affected

All.

ASCPH647 final

13th May 2019**Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE AND
HEALTH****ADULT SOCIAL CARE AND PUBLIC HEALTH - EVENTS, ACTIVITIES AND
COMMUNICATIONS****Purpose of the Report**

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

Information

2. Over the course of the year, the range of public events, publicity and promotional activities that may be undertaken by adult social care and public health are wide ranging and there are a variety of reasons for doing so, for example:
 - promotion of services to give information to people in need of social care and public health services and their carers
 - encouraging interest in recruitment campaigns for staff, carers and volunteers
 - engagement of communities with services in their locality
 - generation of income through public events.
3. Over the next quarter, Adult Social Care would like to undertake the events and activities detailed in **paragraphs 4-7**.

Veterans Together scheme

4. The Veterans Together scheme was approved at Adult Social Care and Public Health Committee in [April 2017](#) and was launched two months later. Veterans aged over 65 years are encouraged to get involved with projects and activities in their local communities, such as cookery classes, music sessions, gardening and art/history projects. They also have the opportunity to join a local Veterans Together group, develop their own group or be sign-posted to community organisations that will meet their needs.
5. As part of the project, it is proposed that a trip is organised to take a group of approximately 90 veterans to visit the National Memorial Arboretum in Staffordshire. The trip would give

veterans the opportunity to commemorate the 75th anniversary of the D-Day landings. If approved, the visit will be hosted by Councillor Keith Girling, Armed Forces Champion. It will take place on 22 May and will cost £3,695, funded from the Aged Veterans Fund. It is also proposed that publicity is carried out about the trip and the overall Veterans Together scheme to help increase awareness and encourage more local veterans to take part. This would involve media releases, social media, publicity materials and other suitable communications channels.

Events at the Council's day and employment services

6. The Council's day and employment services undertake a wide range of public events, publicity and promotional activities throughout the year.
7. Over the next quarter, these services would like to undertake a number of activities; these will include social events at day services and a family fun day at Brooke Farm. None of these events would normally be publicly advertised. The cost of these events are generally met through donations, fundraising and grants. The events are open to people who use the services, families and carers and staff.

Other Options Considered

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

Reason/s for Recommendation/s

9. To ensure that people in need of adult social care and public health services and their carers are aware of the range of services on offer; encourage engagement with local communities, increase income generation and highlight and share good practice.

Statutory and Policy Implications

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

Financial Implications

11. The financial implications for the Veterans Together trip are covered in **paragraph 5**. The trip will be fully funded by the Aged Veterans Fund.

RECOMMENDATION/S

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

Melanie Brooks
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Constitutional Comments (EP 04/04/19)

12. The recommendation falls within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DLM 23/04/19)

13. The financial implications are contained within paragraph 11 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.

Defence Medical Welfare Service bid to develop Aged Veterans Services in Nottinghamshire - report to Adult Social Care and Health Committee on 18th April 2017

Electoral Division(s) and Member(s) Affected

All.

ASCPH645 final

13 May 2019**Agenda Item: 8****REPORT OF THE SERVICE DIRECTORS FOR SOUTH NOTTINGHAMSHIRE
AND NORTH NOTTINGHAMSHIRE & DIRECT SERVICES****RESPONSE TO A PETITION REGARDING LEIVERS COURT CARE AND
SUPPORT CENTRE****Purpose of the Report**

1. The purpose of this report is to recommend to Committee the response to the issues raised in a petition to the County Council regarding the closure of Leivers Court Care and Support Centre.

Information

2. A 553 signature petition was submitted to the Full Council meeting held on 28th March 2019 by Councillor Michael Payne. The petition requested that the Council keep Leivers Court care home open.
3. The petition further states that Leivers Court care home:
 - provides vital care and support to elderly people when they need it the most
 - helps to prevent elderly people staying in hospital longer than they need to
 - helps to free up beds in our local hospitals
 - won't be replaced.
4. Approval was given to develop Extra Care Housing and promote independent living in place of the current provision of six Care and Support Centres at Full Council in February 2015. In response to consultation feedback, it was also approved that three of the centres (Leivers Court, James Hince Court and Bishop's Court) would be kept open for another three years. On 14th May 2018, the Adult Social Care and Public Health Committee approved the recommended next phase of the closure of the remaining Care and Support Centres as being: St Michael's View in March 2019 and Leivers Court in June 2019, dependent on the successful procurement of alternative services. The reports are listed as Background Papers and include the reasons for the decisions, as well as options considered.
5. Since then a great deal of work has been undertaken to ensure that appropriate alternative arrangements are in place for long term residents. Also, work has taken place in partnership with health colleagues, to ensure that appropriate alternative services are in place so that

people can be discharged safely home from hospital in a timely way. Wherever possible the aim is to discharge people directly back to their own homes, with appropriate support if needed. Some people, however, may need a short stay for further assessment and/or re-ablement in an accommodation based service.

6. The outcome of this work is:

- all long-term residents living in Leivers Court have now moved into alternative placements and there are no long-term residents remaining there.
- An Extra Care scheme has been in place local to Leivers Court since the opening of the St Andrew's scheme in Mapperley in June 2015.
- investment in a new Home First Rapid Response Service means that more people are now able to go directly home after a stay in hospital. This has reduced the number of people who may have needed homecare as part of their discharge plan but because it was not available quickly enough, had to move into a short term residential care bed until it could be arranged
- increased investment in the Council's Short Term Assessment and Re-ablement Team (START), alongside a project that is increasing capacity in the service through use of technology, means that more people are now going directly home for their re-ablement support to regain their independent living skills
- in the south of the County, a joint plan is in development with health partners for all the short-term home and accommodation based assessment and re-ablement services that people need to support them home from hospital or avoid an admission. As part of this work, people who would previously have had a short stay at Leivers Court are now able to go into the health led community beds that are provided for people who have higher health needs.

7. Appropriate, alternative, short term re-ablement services are now in place that support local social care and health's principle of 'Home First' after a stay in hospital and overall there is now a greater variety of short term options available to meet older people's needs. There is also sufficient capacity and choice of independent sector residential care for older people in the south of the County.

8. In light of the information provided in this report it is not proposed to change the decision to close Leivers Court in June 2019 and to notify the lead petitioner accordingly.

Reason/s for Recommendation/s

9. The option of keeping Leivers Court home is not viable as the building is no longer fully fit for purpose and is not an optimal model of modern care home design in line with what would now be expected under national minimum standards.
10. Also, there is a need to have a diversity of provision in place to both provide appropriate care to people with increasingly complex needs and ensure that people are supported to be as independent as possible, with a focus on reablement and a Home First approach.

Statutory and Policy Implications

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

Financial Implications

12. There are no financial implications arising from the report.

RECOMMENDATION/S

That:

- 1) the proposed response to the petitioner, as set out in paragraph 8, is approved and that the lead petitioner is informed accordingly
- 2) the outcome of the Committee's consideration is reported to Full Council.

Sue Batty
Service Director, South Nottinghamshire

Ainsley Macdonnell
Service Director, North Nottinghamshire
and Direct Services

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Constitutional Comments (AK 25/04/19)

13. The recommendation falls within the remit of the Adult Social Care and Public Health Committee by virtue of the Constitution.

Financial Comments (DLM 25/04/19)

14. As stated in paragraph 12, there are no financial implications arising from this report.

Background Papers and Published Documents

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

Annual Budget 2015/16 - report to County Council on 26th February 2015

Procurement Plan for Short Term and Assessment/ Reablement Beds and next phase of the Care and Support Centre closure programme – report to Adult Social Care and Public Health Committee on 14th May 2018

Electoral Division(s) and Member(s) Affected

Councillor Pauline Allan
Councillor Michael Payne

ASCPH650 final

13 May 2019**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING
SAFEGUARDING AND ACCESS****QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND
MONITORING ACTIVITY - CARE HOME AND COMMUNITY CARE PROVIDER
CONTRACT TERMINATION/SUSPENSIONS****Purpose of the Report**

1. The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality and Market Management Team (QMMT) including:
 - the quality monitoring and market shaping activity across both residential and community care services across the County
 - advising the Committee about the services that currently have their contracts suspended by the Council so that the Committee can consider any issues raised and how it may wish to monitor progress.

Information

2. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).
3. One of the key roles of the team is to complete annual audits of externally provided care and support services and to undertake monitoring activities where concerns are raised about the quality of care. QMMT officers work closely with the Council's operational teams, safeguarding team, local Clinical Commissioning Groups, Healthwatch and the Care Quality Commission to share intelligence and work in a co-ordinated way to address concerns regarding the quality of care provision.

QMMT activity and performance information

4. The QMMT has responsibility for monitoring both residential and nursing care homes and also community care services across the County for adults over the age of 18 years. In total there are over 360 providers delivering a range of services in Nottinghamshire. These include:
- 282 care homes of which:
 - 119 are younger adults care homes
 - 164 are older adults care homes
 - 70 offer nursing care.
 - a range of other contracted services including:
 - Home care
 - Day care services
 - Care support and enablement services (supported living)
 - Extra Care/Housing with Care services.
5. The annual round of quality audit of all older person care homes has recently been completed to determine quality bandings for 2019/20. The results for this financial year are:

Banding	Number of Care Homes 2018/19	Number of Care Homes 2019/20	Increase/Decrease 2018/19 - 2019/20
1	16	14	-2
2	17	20	+3
3	34	31	-3
4	36	34	-2
5	67	65	-2

6. This financial year's changes to the bandings results is in response to not just the standards in homes meaning the quality has improved or declined but also there is a further impact due to the decrease in the number of care homes over the last year.
7. Nottinghamshire has seen seven older person care homes close in the last financial year. The QMMT has been involved, along with operational colleagues, with services that close to ensure a safe move for those residents affected. The closures have been due to a variety of reasons such as financial, quality and also retirement. The homes that have closed were a mixture of quality bandings including band 4 and 5. Five of the homes were situated in the north of the County, mainly in the Mansfield and Ashfield area.
8. There have been three care homes open in the last year with two of these homes in the Ashfield area with a further one to be opened in the next financial year in the same area. There was also a new home opened in the Rushcliffe area.
9. Regulated services are inspected and rated by the Care Quality Commission (CQC). A comparison of Nottinghamshire services against other East Midlands authorities is set out below:

CQC ratings comparison – as at 1st April 2019
Ratings as a % of all rated services

Authority (number of rated services)	Number of rated services	% Outstanding	% Good	% Requires Improvement	% Inadequate
Derby	116	1.7	79.3	19.0	0.0
Derbyshire	346	1.2	85.0	12.7	1.2
Leicester	186	3.2	85.5	10.8	0.5
Leicestershire	257	2.7	81.3	14.4	1.6
Lincolnshire	347	2.9	80.1	15.6	1.4
Northamptonshire	367	7.1	79.6	12.5	0.8
Nottingham	122	2.5	76.2	21.3	0.0
Nottinghamshire	375	5.9	74.7	16.0	3.5*
Rutland	18	0.0	88.9	11.1	0.0
East Midlands	2,055	3.1	79.7	15.7	1.5

* this figure includes homes that have now closed

10. Nottinghamshire has the highest number of CQC rated services in the East Midlands. Compared to regional averages Nottinghamshire has:
- a higher % of 'outstanding' services; nearly double the regional average and the second highest number in the region
 - a slightly lower number of services rated as 'good'.
 - a higher % of services rated as 'requires improvement' – however this figure includes a number of care homes that have now closed.
11. The Council also has a very proactive approach to quality monitoring and does target poor providers. It also works very closely with the CQC and shares information with them about the findings of the QMMT audits, quality monitoring visits and quality referrals.

Review of the local 'Fair Price for Care' Framework for older adults care homes, including review of the Quality Audit framework

12. The 'Fair Price for Care' review of the fees for older person care homes has been completed with the outcome assisting the review of the fees paid for the banded care homes. As part of this process a review of how providers are paid and also the quality audit tool commenced.
13. The QMMT held two consultation events with all contracted providers in 2018 to gain their views on the current process. The events were very well attended and provider feedback was that they see the audit process as a positive experience. The feedback was taken from these events and used to structure the new quality audit tool.
14. The new quality audit tool has been re-designed and one further event with contracted providers which will take place in April 2019 to introduce the tool and the changes to the process. The current older person bandings will remain for 2019/20 with a planned review of this process taking place.

15. The bandings review will be carried out in conjunction with the implementation of a new contract for older person care homes. A review of the current specification and terms and conditions is on-going with the plan to have this agreed and in place for April 2020. The process of how the Council award the contract for older person care homes will be implemented with the new contract from April 2020.

Home based care services

Overview

16. New contracts for home based care services became operational on 1st July 2018 followed by an implementation and transition phase that ran until October 2018. Over 700 packages of care were recommissioned and successfully transferred to one of the new providers during this three month period with little disruption to service users. The new commissioning model is based around a Lead Provider supported by Additional Providers in six geographical areas, covering the whole County.
17. Services are now being commissioned for outcomes, rather than the prescriptive 'time and task' approach, which allows for a greater degree of individuality and flexibility in the delivery of services. Previously the Council paid home care providers on the actual minutes delivered to each individual service user. This payment model was quite restrictive and caused some cash flow issues for providers, particularly small providers, nor did it encourage them to offer staff salaried contracts due to fluctuating monthly payments. The new model pays providers on commissioned hours and includes two high level outcomes: service user satisfaction and a percentage of pick-up of referrals. This gives providers more financial surety and therefore they will be in a better position to offer staff improved terms and conditions.
18. The commissioning process requires that all new care packages are sent to the appointed Lead Provider for the geographical area. The Lead Provider is required to accept a minimum of 75% of these and packages that are not picked up by the Lead Provider are sent to the Additional Providers in the area. Additional Providers are required to offer on a minimum of 25% of these packages. Any packages not picked up by either Lead or Additional Providers are advertised to a wider pool of providers via the Dynamic Purchasing System (DPS).
19. The overall acceptance of referrals by the Lead and Additional Providers is steady across the County, but sometimes below contractual requirement for individual providers. Most of those packages which are not accepted by the Lead or Additional Providers are being picked up by providers on the DPS.
20. Bassetlaw was previously a difficult to serve area but now the Lead and Additional Providers are working well together and are responding to the majority of referrals for that area. In Broxtowe and Newark and Sherwood, Lead and Additional Providers are frequently accepting 100% of all referrals made. In Mansfield/Ashfield and Gedling areas performance has fluctuated but has generally seen Lead and Additional Providers accept over 70% of all referrals, although Rushcliffe poses some challenges. Measures have been put in place to address under performance which include contractual sanctions being applied where

appropriate. In addition a market engagement exercise has been undertaken in Rushcliffe to gather further intelligence and stimulate the market in this particular area.

21. Since the introduction of new contracts there has been a reduction of the number of people awaiting a long term package from over 250 (July 2018) to less than 30 in April 2019.
22. Community Partnership Officers (CPOs) within the team are assigned to each area and work closely with providers and operational teams as well as other stakeholders to embed the new service model and monitor performance on quality on an ongoing basis.
23. The Quality Audit programme for new home based care services is now in place and audits have begun to take place.

Building market resilience and capacity

24. Availability of home care services is a national, as well as a local, issue and the recruitment and retention of sufficient workforce remains a challenge. The Council is actively trying to address these difficulties with this different model of Home Based Care and Support Services which is designed to build and support capacity in the local market over a 10 year period. Although it is still early in this process there have been some examples of providers changing their recruitment practices and terms and conditions and working in more flexible ways.
25. In order to monitor that staff terms and conditions are improving, the new contract requires providers to evidence year on year increases in the number of staff offered a salaried contract. An example of good practice is that since the introduction of the new contracts one of the main Lead Providers is advertising posts at hourly rates of £10.00 for care staff and two providers have introduced some guaranteed hours or salaried contracts. This is a significant change for providers and it is hoped that this will encourage other providers to adopt similar approaches. All providers are also monitored by Her Majesty's Revenue and Customs (HMRC) to ensure that they pay the legally required hourly rates to their staff.
26. More immediately, the following actions have been initiated to address the issues identified and to help provide market capacity:
 - weekly monitoring of providers' performance and target setting on pick-up of new referrals and recruitment of staff
 - strict application of contract requirements which, for those providers who do not meet the standards required, have result in sanctions being applied including the termination of contracts
 - retendering to increase the overall pool of Additional Providers particularly in areas where there are insufficient providers
 - support for providers to work together and build capacity through sharing good practice around recruitment and retention or by focusing on particular localities in the area to problem solve issues.
27. There are still challenges in terms of provider capacity to meet the demand for home based care but there are also opportunities. For example, a significant amount of work has been undertaken to develop an electronic portal to manage referrals through to providers which

will reduce manual processes and accelerate response times to deliver greater efficiencies in the way services are commissioned.

Experts by experience

28. The team continues to work with the 'Experts by Experience' engagement group for home based care, who were involved in the evaluation of the tenders and have also offered advice to officers on producing appropriate communications for service users and carers. The group is now considering how its members can be involved in the on-going quality monitoring of services and how to attract new members and are still represented on the Joint Health and Social Care Programme Board that meets on a monthly basis.

Home First Response Service Overview

29. The Home First Response Service (HFRS) is a short term rapid response service providing home based care for up to a maximum of 14 days to facilitate discharge from hospital or to prevent unnecessary admission to short term care or hospital due to a temporary crisis at home. The service is a county-wide service and delivered by one provider, Carers Trust East Midlands, to ensure consistency and flexibility. The service commenced in December 2017 and is available seven days a week.
30. From mid-December 2017 to the end of February 2019, 1584 people have been through the service. At point of discharge from the service 30% of people required no on-going services, 18% were referred to the Council's START service for further reablement, and 52% went on to a longer term home based care service.
31. A member of the team works proactively with the service and with operational colleagues to ensure service users move through the service in a timely way and that capacity is maximised.
32. Both HFRS and new home based care processes are contributing to the County Council's excellent performance in respect of Delayed Transfers of Care.

National Adult Social Care Recruitment Campaign

33. The Department of Health & Social Care launched a national campaign for social care in February 2019, supported by Skills for Care. The campaign aimed to raise the profile and awareness of different roles and opportunities within the social care workforce and encourage more people to consider working in the sector. As part of the campaign a number of tools and resources have been developed for providers to support local recruitment as well as awareness raising at both local and national level and an advertising campaign. The campaign formally ran until the end of March 2019.
34. The team has worked to engage providers and ensure they are fully linked into the campaign and that the benefits continue beyond March.
35. Linking in with the campaign, the team is working alongside Optimum and a number of Lead and Additional home based care providers to develop a 'working in homecare' video, and promoting roles and opportunities within the sector locally. Two care home providers have

already produced videos that have been used both locally and nationally to promote the roles working in the social care sector.

Optimum

36. Optimum colleagues are now part of the QMMT and are working alongside Quality Monitoring Officers and Community Partnership Officers to support and develop service quality in a co-ordinated way. This joint approach will enable Optimum activities and resources to reflect and be informed by the wider quality work undertaken by QMMT.
37. An action plan is in place for local implementation of the National Recruitment Campaign, which brings together individual projects that Optimum has been working on with providers and partners within the sector over the last 12 months. Surveys are taking place to benchmark current practices and will be re-evaluated towards the end of the year to measure progress against the action plan.
38. Following on from meetings with commissioners and stakeholders it has been agreed that Optimum will review work streams for 2019-20 to support the provision of quality services whilst retaining aspects of proactive work with local care providers. This will impact on the learning and development and quality improvement projects and events that they deliver during the next 12 months. Key workstreams are:
 - ***The Workforce Development Fund*** – funds in excess of £100,000 are being bid for from Skills for Care (which is a Department of Health fund).
 - ***The Burdett Trust funded project to develop Advanced Nurse Practitioners in nursing homes*** – a £60,000 project over two years, to encourage and support the role in care homes.
 - ***Nottinghamshire Independent Sector Recruitment Project*** – an investment of £6,000 has been identified for this work to include: £2,700 for the development of a homecare career video to promote working in social care and for providers to use in their recruitment drive and workshops to develop recruitment and selection practices for homecare and residential services.
 - ***Learning and development interventions*** to support commissioning and quality improvement initiatives and the local recruitment campaign will include management development, coaching opportunities, managers' network meetings and Champions' workshops to deliver knowledge and understanding to meet person-centred needs, health and social care needs.

Other Options Considered

39. No other options have been considered.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Financial Implications

42. There are no financial implications arising from this report.

Implications for Service Users

43. The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they be funded by the Council or whether they fund their own care either fully or in part. The market shaping duty also requires that the Council works collaboratively with relevant partners including people that use services and their families. The proactive approach of quality monitoring undertaken in Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service.

RECOMMENDATION/S

- 1) Members consider whether there are any actions they require in relation to the issues contained within the report.
- 2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Paul Johnson

Service Director, Strategic Commissioning, Safeguarding and Access

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Constitutional Comments (KK 15/04/19)

44. The proposals in this report are within the remit of the Adult Social Care and Public Health Committee.

Financial Comments (DG 11/04/19)

45. The financial implications are contained within paragraph 42 of this report.

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH646 final

13 May 2019**Agenda Item: 10****REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme.

Information

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

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty,

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

RECOMMENDATION/S

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

Marjorie Toward
Service Director, Customers, Governance & Employees

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME 2019-20

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
10 June 2019			
Performance Update for Adult Social Care and Health, to include year-end performance against Adult Social Care and Public Health Departmental Strategy	Quarterly update report on the performance of Adult Social Care and Public Health, to include performance relating to the department's contribution to commitments in the Council's Strategic Plan.	Corporate Director	Matthew Garrard/ Jennie Kennington/ William Brealy
Liberty Protection Safeguards (DoLS) Strategy (TBC)		Service Director, Mid-Nottinghamshire	Annie Greer
Progress report on savings and efficiencies and Improving Lives portfolio	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Stacey Roe
Update on individual contributions towards the cost of care and support		Service Director, Strategic Commissioning, Access and Safeguarding	Kathy Ross
Nottinghamshire Market Position Statement 2019-21	Report to present and obtain approval of updated Market Position Statement for the independent social care market.	Service Director, Strategic Commissioning, Access and Safeguarding	Halima Wilson
Adult Social Care and Public Health – events, activities and communications	Approval for range of activities and events planned by the department over the coming months (as required).	Corporate Director/Director of Public Health	Jennie Kennington/ William Brealy
Adult Social Care and Health – changes to staffing establishment	Report requesting approval for staffing changes within the department.	Corporate Director	Jennie Kennington
8 July 2019			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Engagement on local system plan		Transformation Programme Director	Jane North
9 September 2019			
Quality auditing and monitoring activity - care home and community care provider contract terminations/ suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Corporate Director	Matthew Garrard
Integrated Wellbeing Service and Substance Misuse Service	To inform committee of the outcome of procurements	Director of Public Health	Rebecca Atchinson / Sarah Quilty
7 October 2019			
Planning for winter pressures		Service Director, South Nottinghamshire	Sue Batty
Progress report on savings and efficiencies and update on Improving Lives portfolio	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Stacey Roe
Novel Psychoactive Substances: update	To provide information on service users presenting to CGL where NPS is stated as a drug used	Director of Public Health	Amanda Fletcher / Sarah Quilty
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
11 November 2019			
9 December 2019			
Quality auditing and monitoring activity - care home and community care provider contract terminations/ suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Corporate Director	Matthew Garrard
Update on Domestic Abuse Support Services Procurement	Update on services following contract award	Director of Public Health	Rebecca Atchinson
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett

