

Adult Social Care and Public Health Committee

Monday, 12 March 2018 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact 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	5 February 2018 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Boyd Elliott
Errol Henry JP
David Martin

Mike Pringle
Francis Purdue-Horan
Andy Sissons
Muriel Weisz

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Resources
Sue Batty, Service Director, Adult Social Care and Health
Jonathan Gribbin, Consultant in Public Health, Adult Social Care and Health
Paul Johnson, Service Director, Adult Social Care and Health
Jennie Kennington, Senior Executive Officer, Adult Social Care and Health
Rebecca Larder, Greater Nottingham Director of Transformation, NHS
Ainsley MacDonnell, Service Director, Adult Social Care and Health
Paul McKay, Service Director, Adult Social Care and Health
David Pearson, Corporate Director, Adult Social Care and Health
Daniel Prisk, Strategic Development Manager, Resources

MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 8 January 2018 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

None

MEMBERSHIP CHANGES

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

- Councillor Errol Henry JP had replaced Councillor Yvonne Woodhead
- Councillor Mike Pringle had replaced Councillor Sybil Fielding

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

PUBLIC HEALTH COMMISSIONING INTENTIONS 2019 ONWARDS

Jonathan Gribbin introduced the report and responded to questions.

RESOLVED 2018/008

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

ADULT SOCIAL CARE AND COMMERCIAL DEVELOPMENT

Ainsley MacDonnell introduced the report and responded to questions.

RESOLVED 2018/009

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

DEPRIVATION OF LIBERTY SAFEGUARDS: OUTCOME OF COMMUNITY CARE OFFICER PILOT

Sue Batty introduced the report and responded to questions.

RESOLVED 2018/010

- 1) That the findings of the pilot to introduce the Community Care Officer role into the Deprivation of Liberty Safeguards team be supported.

- 2) That the permanent establishment of up to 4 FTE Service Advisor (Grade 4) posts within the Countywide Deprivation of Liberty Safeguards team be approved.

UPDATE ON THE DEVELOPMENT OF AN INTEGRATED HEALTH AND SOCIAL CARE PARTNERSHIP IN SOUTH NOTTINGHAMSHIRE AND NOTTINGHAM

Paul McKay and Rebecca Larder introduced the report and responded to questions.

RESOLVED 2018/011

That the Committee:

- 1) That there were no actions required in relation to progress with the development of an integrated health and social care system.
- 2) That a further update on the progress of the development of an integrated Health and Social Care partnership in South Nottinghamshire and Nottingham in May 2018.

ADULT SOCIAL CARE AND HEALTH – EVENTS, ACTIVITIES AND COMMUNICATIONS

RESOLVED 2018/012

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

WORK PROGRAMME

RESOLVED 2018/013

That the work programme be updated to include:

- Report back on the formal consultation in relation to County Horticulture and Work Training Service
- Move update on the development of an integrated health and social care partnership in South Nottinghamshire and Nottingham from April to May 2018

The meeting closed at 12.25 pm.

CHAIR

12 March 2018**Agenda Item: 4****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****FUNDING FOR FRIARY DROP IN FROM THE RING-FENCED GRANT****Purpose of the Report**

1. To seek approval for a final extension of the contract with the Friary Drop In ("the Friary") for up to one year, with break clauses, to assist it in identifying alternative funding to secure the future of its services.

Information***Friary Drop In***

2. The Friary Drop In is run by a local charity and undertakes a number of activities for the benefit of homeless people. One of these activities is funded by the Council through a contract to provide advice and support services to homeless people.
3. The service comprises a "one-stop" approach on 3 mornings a week from a single location in West Bridgford. It delivers 1-1 assessment of need, specialist advice and practical support regarding housing, benefits, debts and health needs (including signposting to other services that operate within the Friary e.g. GP clinic, substance misuse services) to individuals in crisis situations. Approximately 254 service users per quarter receive information and advice.
4. During 2017, consultation conducted by the Friary with a sample of 73 service users found that:
 - 85% of service users were male and that the age profile spans from people aged 18 through to over 70 years. 88% were single with no dependents.
 - 39% were council or housing association tenants, 25% were in private rental accommodation, 4% had their own home or mortgage, and 5% were in supported accommodation. 17% of service users reported themselves to be rough sleeping, with a further 8% sofa surfing or hostel or no fixed abode.
 - One third of those consulted reported themselves to be not fit for work and a further 12% were unemployed. 5% were in employment. 11% were retired.
 - 10% reported social contact with family and friends less than monthly, and 15% report no ongoing social contact.
 - 27% identified themselves to be residents of Rushcliffe, 4% of Broxtowe, and 7% Gedling. No service users identified themselves to be residents of other parts of the County. 56% identified themselves to be residents of Nottingham City.

- Most service users had been accessing the Friary for many years: 38% for a decade or more, and 21% for between four and nine years. 19% had been accessing the Friary for less than 6 months.
- In most instances, the initial reason for accessing the Friary was for practical help and advice, followed by socialising.

Review of the contract

5. The activity has been contracted annually for several years since contracts overseen by the former Primary Care Trust were handed on to the Council in 2013. The current contract is due to cease on 31 March 2018.
6. The contracted service is funded from the ring-fenced public health to the value of £17,887pa. According to the accounts for the last full year, the revenue associated with funding this contract represented about 7.5% of the Friary's total income.
7. The evidence from the Friary's own user consultation is that the Friary is a service which is valued by its users and which they identify as contributing towards improved health, self-confidence and reductions in loneliness. Evidence of its contribution to securing benefits, employment and accommodation was not conclusive, but it could be that people who benefit in these ways do not continue to access the service and so are under-represented in the consultee responses.
8. More recent interviews with five users confirmed that there are alternative services within reach of most people (e.g. Emmanuel House and Arches Centre, amongst others). These discussions also highlighted that users find that what they offer complements the Friary but have limited hours of opening, less extensive range of services, and (in regard to one service) an environment which felt unclean or unsafe. In the event that the Friary were to close, these services (or a mixture of them) may represent partial alternatives to meet some needs of some users, but do not currently represent a comprehensive substitute. Given the vulnerability of some service users and the length of time for which some have been accessing the Friary, it is likely that a closure of the Friary would result in distress for some individuals and a potential exacerbation of problems related to self-confidence, isolation and loss of access to advice and support to address housing needs.
9. Balanced against these factors it is recognised that the reductions in the ring-fenced public health grant offers no scope to fund similar provision in mid and north Nottinghamshire, that many service users travel from the city where they are resident, and that it has been difficult to demonstrate the scale of impact on public health outcomes. These considerations lead the Council to conclude that the service does not represent best value for money in terms of the long-term use of the public health grant for people in Nottinghamshire County, and that we should seek to support the Friary to secure alternative funding so that it can continue to make its contribution to the local system.
10. Therefore, in the context of the natural expiration of the contract on 31 March 2018 and the reduced ring-fence grant to the Council, contract meetings with the Friary have routinely included discussion about funding, in which the provider has been encouraged to consider ways to reduce risk to its service users by diversifying its income for this service.

Possible alternative sources of funding

11. As an organisation whose total income is in the region of one quarter of a million pounds, the Friary has considerable experience in raising and maintaining funding for its charitable work from a variety of sources and is actively pursuing bids for other monies.
12. Alongside this, and in view of the level of use of the service by people travelling from the city, dialogue about its future funding has also taken place between Nottinghamshire County Public Health and the City Council Lead on homelessness prevention strategy, the Nottingham City Director of Public Health, and the former Chief Officer of the Nottingham Clinical Commissioning Group (CCG).
13. The City Council lead on homelessness prevention strategy confirmed that although a bid to the Rough Sleeper Initiative had been submitted to DCLG, this was solely to provide a Street Outreach service to rough sleepers in the county – expanding that which has been funded by Nottingham City Council and delivered in the city. Framework were identified within the bid as the delivery partner of this work and they match-funded the project. Unfortunately, there is no scope for deviating from the model proposed to DCLG in order to provide funding to the Friary. There are no other intentions to provide funding to the Friary from the City Council budget. The City Council also identified that, for some years (and despite acknowledgement that it represents a valuable part of the local system to support people to recover from and prevent homelessness) a similar day centre located within the City boundary (Emmanuel House) has not been deemed to be of sufficient priority to attract funding from City Council. Confirmation has also been received from the former Chief Officer at Nottingham City CCG and from the Director of Public Health at Nottingham City Council that for the foreseeable future their respective financial positions prevent them from funding the Friary.
14. In summary, our understanding is that the Friary has yet to secure sufficient funding to secure the future of its service from April 2018.

A further and final extension of the contract

15. Therefore, it is proposed that the Council approve a further and final extension of the contract for up to one year, which will require approval for use of unallocated funds from the public health ring-fenced grant in 2018/19 financial year. The contract extension will secure the continuation of the service whilst the trustees pursue alternative sources of funding. Such an extension would be offered on the explicit understanding that it will last for a maximum of 12 months and that the Council reserves the right to terminate it if, as is intended, the Friary were to be successful in securing alternative monies. In any event, no further funding would be available from the public health ring-fenced grant beyond 31 March 2019.
16. The alternative is to let the current contract terminate at its natural expiry on 31 March 2018 in accordance with the contract terms. Unless the Friary secures alternative funding it is likely that this will precipitate a scaling back or closure of the Friary and an erosion of its capacity to pursue and secure other sources of revenue.

Reasons for Recommendation

17. The authority must be satisfied that the use of the public health grant results in a significant impact on public health in Nottinghamshire County. The service has not been able to show sufficiently clear and strong links with public health outcomes. It is not affordable for the Council to fund equitable provision elsewhere in the County. Some service users travel from the city, but commissioners in the city withdrew funding from a similar service there and are not in a position to prioritise fresh funding.
18. However, the Friary represents an important asset in the local system, is valued by service user, and is pursuing alternative sources of funding. It is considered a reasonable measure to offer a final further extension of the contract for up to one year in order to maximise the opportunity for the Friary to secure funding for the longer term.

Statutory and Policy Implications

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

Financial Implications

20. Paragraph 9 above explains the context of the wider Public Health budget and the necessity to seek budget savings. The value of this contract is £17,887 which would form a potential contribution towards required budget savings. A decision to extend the contract for up to one year would require the use of unallocated funds from the public health ring-fenced grant in 2018/19.

Implications for Service Users

21. In the event that the Friary is unable to secure or reallocate funding, the likely impact of expiration of the contract would be that the service will cease, resulting in a reduction in access to specialist advice, signposting to other services and practical support for this vulnerable group of service users.

RECOMMENDATION

- 1) To approve a final extension of the contract with the Friary Drop In for up to one year, with break clauses, to assist it in identifying alternative funding to secure its future for the benefit of service users and the local system.

Barbara Brady
Interim Director of Public Health

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Constitutional Comments (LMC 07.02.2018)

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

Financial Comments (DG 07.02.18)

23. The financial implications are contained within paragraph 20 of this report.

Background Papers and Published Documents

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

- 'None' or start list here

Electoral Division(s) and Member(s) Affected

- 'All' or start list here

12th March 2018**Agenda Item: 5****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH****OUTCOME OF ADULT SOCIAL CARE AND HEALTH CONSULTATION****Purpose of the Report**

1. The purpose of this report is to:
 - a) provide information about the response received to the consultation on proposed changes to the Adult Social Care Charging Policy
 - b) recommend some proposed changes to the Adult Social Care Charging policy to Policy Committee for approval, with effect from April 2018 and June 2018 respectively.
 - c) recommend that the Council reviews its contractual processes to recover waived charges for poor service from independent sector care providers.
 - d) seek permission for further exploration of the proposal to amend the minimum income levels used to calculate contributions towards care and support costs, and for the outcome to be brought back to a future meeting of the Committee for consideration.

Information

2. Looking to the future, the Council will need to make further significant savings. As part of setting the budget for 2018/19, the Medium Term Financial Strategy identifies a further £54.2m shortfall by 2020/21, in addition to the £241m savings already approved by Full Council since 2010. Like all Council departments, in order to identify ways to provide services more efficiently and help to manage the Council's budget pressures, the Adult Social Care and Health Department undertakes a regular programme of service reviews to consider the way in which social care and support is provided to adult service users in Nottinghamshire.
3. At the October 2017 meeting, the Adult Social Care and Public Health Committee gave approval to consult with the public on four proposals:
 - a) a proposal to review the Adult Social Care and Health Charging Policy in order to reflect the different rates and guidance set out in the 2016 and 2017 Department of Health (DOH) Local Authority circulars 'Social Care - Charging for Care & Support'
 - b) a proposal to apply the charge to service users, for particular social care and support services, in advance (pre-payment) rather than in arrears
 - c) a proposal to ensure that the Council's existing homecare charging policy is applied for people who continue to require and receive home care after receiving non-charged reablement support where they are awaiting a longer term package of home care

d) a proposal to review the way that support is provided to carers.

4. The consultation response to proposals c) and d) was reported back to the Adult Social Care and Public Health Committee on 8 January 2018 and the recommendations were approved.
5. The Care Act 2014 brought in a revised legal framework for the assessment of the financial contributions people pay towards their care and support. As part of the programme of regular service reviews, the Council has proposed making some changes to the current Adult Social Care Charging Policy in order to reduce the cost to the Council whilst continuing to ensure that charges are applied in a fair way and that people are able to afford the care and support they require. The Council has previously taken the decision to maintain financial assessment calculations agreed as part of the earlier Fairer Charging Guidance. The proposed changes to the charging policy and the consultation responses received are outlined from **paragraph 10** of the report.
6. Currently, in Nottinghamshire 7,547 people are receiving adult social care and support services to help them to remain independent at home. Of these 3,574 people pay a contribution towards the costs of their care and support and, based on the outcome of their financial assessment, 3,973 people do not pay a contribution.
7. Letters about the consultation were sent to people who receive adult social care support from the Council. An on-line survey was made available on the Council's website and paper copies of the consultation were placed in public libraries. A link to the survey was shared with the Experts by Experience group and the Citizens' Panel which is made up of over 2,000 residents. The consultation was also discussed at the Learning Disability and Autism Partnership Board. The consultation was also promoted through social media and on the Council's website.
8. The consultation commenced on 6 November and initially closed on 5 December 2017. In response to feedback about the availability of easy-read information for some people who may be affected by the Adult Social Care Charging proposals, it was agreed that the Council would ensure that people had access to an easy-read version of the consultation information and that the period of the Adult Social Care Charging consultation would be extended to 22 January to allow people time to respond. Information about the extended consultation period along with an easy read version of the consultation was circulated to internal and external day service providers and to Supported Living providers, with a request for them to make the document available within their services.
9. The consultation received a very good response, with a total of 1,425 people responding. 1,194 people responded between 6 November and 5 December and 231 people responded to the extended consultation period. It is assumed that the responses to the extended consultation period were submitted by or on behalf of people with a learning disability. Adding in the 47 easy read paper responses received between November and December, at least 278 easy read responses were received on or behalf of people with a learning disability. This represents 20% of the total responses received to the consultation.

Outcome of the consultation

10. The consultation questions people were asked to consider, the number of respondents and their views, as well as the Council's response are described in **paragraphs 11 – 31**. A summary of the comments received in relation to each question is available in **Appendix 1**.

Living costs and benefits taken into account when calculating how much someone can contribute towards the cost of their care and support

11. Attendance Allowance (AA), Disability Living Allowance Care Component (DLA) and Personal Independence Payment (PIP) are tax free benefits paid to help people with the extra costs of long term ill-health or disability. The amount paid, which is due to increase from April 2018, varies according to how the condition affects the person. At present, when someone receives the higher rate of AA, the higher rate of DLA or the enhanced PIP, the Council ignores the first £27.45 when calculating their personal contribution towards the cost of their care. If the Council took the full benefit amount paid to the person into account, the contributions of some people may increase but the Council would be able to reduce its overall costs.
12. Question 1 of the consultation asked people to say what they thought about this proposal. 17% of respondents (247 people) agreed with the proposal; 66% (925 people) did not agree; 14% (195 people) said that they did not know; and 3% (48 people) did not answer this question.
13. People receiving Council funded care and support need to retain a certain amount of income to cover their living costs. This is known as the minimum income level. The Council had proposed a review of the minimum income level.
14. Question 4 of the consultation asked people to say what they thought about this. 22% of respondents (316 people) agreed with the proposal; 52% (743 people) did not agree; 22% (318 people) said that they did not know; and 4% (48 people) did not answer this question.

Response

15. The Council acknowledges that the proposals to review the minimum level of income a person must retain and to take higher rate disability benefits into account when calculating how much someone can contribute towards the cost of their care are unpopular with many of the respondents to the consultation. In the light of the feedback received to questions 1 and 4 the Council does not propose to progress the changes at this time but will instead further explore the impact that these changes may have on people.

The way the Council calculates how much someone who has a spouse or partner can pay towards the cost of their care and support

16. At present, when a person needing support has a spouse or partner, they are financially assessed as an individual and as part of a couple. For a couple's assessment, the person not receiving a service also has to provide details of their income and savings. Some people find this intrusive. If both members of a couple receive a service then three financial assessments are calculated, with the person being charged the lowest amount. This can be a time consuming process. In order to simplify the process, be less intrusive and to reduce

the cost to the Council, it is proposed that the Council will cease couple's assessments and assess people as a single person only when calculating the contribution they can afford to pay towards the cost of their care and support.

17. Question 2 of the consultation asked people to say what they thought about this proposal. 60% of respondents (857 people) agreed with the proposal; 22% (309 people) did not agree; 15% (210 people) said that they did not know; and 3% (49 people) did not answer this question.

Response

18. The majority of respondents supported this change and it is therefore proposed that the Council will cease couples' assessments and assess people as a single person when calculating the contribution they can afford to pay towards the cost of their care and support.

Getting in touch with the Council about the way contributions have been calculated

19. Currently if a person makes a complaint about the quality of a service received from a care provider and the Council upholds the complaint, the Council will, in certain circumstances, waive the charge for that service. Presently the Council has to absorb that cost.
20. Question 3a of the consultation asked people to say what they thought about the proposal to seek to recover the cost of waived charges from the care provider if it relates to the delivery of poor quality care. 73% of respondents (1,036 people) agreed with the proposal; 11% (163 people) did not agree; 13% (183 people) said that they did not know; and 3% (43 people) did not answer this question.
21. At present, if people are unhappy about the way the contribution toward their care and support has been calculated they have to use the Council's complaints process. In order to ensure a more consistent approach and to ensure that the Council can respond more quickly, it is proposed that an appeals process is introduced for people who want to challenge the way in which the Council has calculated the amount they have to contribute towards the cost of their care.
22. Question 3b of the consultation asked people to say what they thought about this. 54% of respondents (775 people) agreed with the proposal; 21% (300 people) did not agree; 20% (276 people) said that they did not know; and 5% (74 people) did not answer this question.

Response

23. The majority of respondents agreed with the proposal to seek to recover the cost of waived charges from the care provider if it relates to the delivery of poor quality care. Work will be undertaken to look at including this in future contracts.
24. In response to the positive feedback, it is proposed that an appeals process is introduced to consider representations from people who are unhappy about the way their contribution towards their care and support has been calculated. If, on an individual basis, this process does not resolve the concerns that have been raised, people would be able, as now, to refer the matter to the Local Government Ombudsman. It is however hoped that the bespoke

appeals process will allow people to raise their concerns and have them addressed at an early a stage as possible.

Charging for some services in advance

- 25. The Council currently charges people for services after they have received the service.
- 26. Question 5 of the consultation asked people to say what they thought about paying for some services in advance. 28% of respondents (406 people) agreed with the proposal; 53% (748 people) did not agree; 15% (208 people) said that they did not know; and 4% (63 people) did not answer this question.

Response

- 27. As with the proposals to review the financial calculations made to assess what contributions people are required to pay towards the cost of their care and support, this proposal has provoked concern among some respondents.
- 28. Based on the responses, this proposal will not be progressed at this time. However longer term, the Council as a whole is exploring ways to offer an on-line based pre-payment facility for some services. This will allow people to access their account at any time and will enable the Council to reduce costs. This work will need to be concluded and considered by the relevant Committees.

Dealing with service cancellations

- 29. Different services have different ways of dealing with charges for late cancellations. This may mean that other people who would have liked to use the service miss out and in most circumstances the Council still has to absorb this cost. It is proposed that the Council will introduce a cancellation policy and charge service users who cancel their service at short notice, unless they have been admitted to hospital or the service has ended.
- 30. Question 6 of the consultation asked people to say what they thought about this. 51% of respondents (720 people) agreed with the proposal; 30% (432 people) did not agree; 14% (204 people) said that they did not know; and 5% (69 people) did not answer this question.

Response

- 31. In the light of the feedback to the consultation it is recommended that the Council progress the proposal to introduce a short notice cancellation policy. An early draft of the policy will be shared with existing service user forums over the next 3 months to ask for feedback on the clarity of the draft policy and in order to speak with people about the most appropriate short cancellation duration.

Proposals for Policy Committee approval

- 32. In summary, it is therefore recommended that the Adult Social Care Charging Policy is revised to introduce the following changes:

- a) cease couples' assessments and assess people as a single person when calculating the contribution they can afford to pay towards the cost of their care and support, from April 2018
 - b) introduce an appeals process for people who wish to challenge the way in which their contribution towards the cost of their care and support has been calculated, from April 2018
 - c) introduce a service cancellation policy from June 2018.
33. The proposals would be implemented as detailed in **paragraph 32**, subject to approval by the Council's Policy Committee. The Council will ensure that an easy read version of the revised charging policy is available for discussion with service users and their families and carers.
34. In addition to the above the Council will look at opportunities to introduce full cost recovery from providers for waived charges resulting from poor service delivery into the contractual arrangements that the Council has with care providers.

Other Options Considered

35. The Adult Social Care and Health consultation also asked people to consider a proposal to review the minimum level of income, and to take higher rate disability benefits into account when calculating how much someone can contribute towards the cost of their care. In the light of the feedback received to the consultation the Council does not propose to progress the changes at this time but will instead further explore the impact that these changes may have on people.
36. The consultation also asked people what they thought about a proposal to charge for some services in advance. Based on the responses, this proposal will not be progressed at this time. However longer term, it will be explored as part of a corporate initiative looking at ways to offer an on-line pre-payment facility for some services.

Reason for Recommendations

37. The proposed changes to the Adult Social Care Charging Policy will reduce the number of assessments any one service user is subject to, offer a bespoke way for people to raise any concerns about their contributions and clearly set the Council's approach to service cancellations.

Statutory and Policy Implications

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

Data Protection and Information Governance

39. Any changes to the Adult Social Care Charging assessment process will need to be compliant with the relevant data protections and information governance legislation.

Financial Implications

40. In response to the consultation, the Council does not propose to progress the following changes at this time:
- a) a proposal to review the Adult Social Care and Health Charging Policy in order to reflect the different rates and guidance set out in the 2016 and 2017 Department of Health (DOH) Local Authority circulars 'Social Care - Charging for Care & Support'
 - b) a proposal to apply the charge to service users, for particular social care and support services, in advance (pre-payment) rather than in arrears.
41. As a result there will be no savings achieved, although it will enable the Council to streamline processes.

Human Resources Implications

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

Public Sector Equality Duty implications

43. Equality Impact Assessments are available as background documents to this report.

Implications for Service Users

44. Currently, in Nottinghamshire 7,547 people are receiving adult social care and support services to help them to remain independent at home. Of these 3,574 people pay a contribution towards the costs of their care and support and may need support to adapt to the change to being charged for some services which are provided in the community in advance.
45. There are currently 710 people assessed as part of a couple who going forward will be assessed as a single person only. In some cases the person may have a small increase in their charge and in other cases a small decrease.

RECOMMENDATIONS

That Committee:

- 1) recommends the proposed changes to the Adult Social Care Charging policy to Policy Committee for approval, with effect from April 2018 and June 2018, as stated in **paragraphs 32 and 33** of the report.
- 2) recommends that the Council reviews its contractual processes to recover waived charges for poor service from independent sector care providers, as stated in **paragraph 34**.

- 3) gives permission for further exploration of the proposals to take the full benefit amount paid to a person into account and to review, as stated in **paragraphs 13 and 15**, the minimum income levels used to calculate the amount a person can afford to contribute towards their care and support and for the outcome to be brought back to a future meeting of the Committee for consideration.

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Constitutional Comments (SMG 23/01/2018)

46. The Committee has responsibility for adult social care matters. The proposals outlined in this report fall within the remit of this Committee.

Financial Comments (KAS 28/02/18)

47. The financial implications are contained within paragraphs 40 and 41 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.

Adult Social Care and Health Consultation – report to Adult Social Care and Public Health Committee on 9 October 2017

Equality Impact Assessments

Electoral Division(s) and Member(s) Affected

All.

ASCPH536

Appendix 1 - Summary of comments received

Living costs and benefits taken into account when calculating how much someone can contribute towards the cost of their care and support

1. Many respondents about the proposal to review the level of the Minimum Income Guarantee used in individual financial assessments expressed concern about the impact of this proposal on people with disabilities with low incomes and their ability to manage any additional costs associated with their disability or long term condition, as well as sustain a good quality of life.
2. There were a significant number of comments expressing concern and surprise about the level set by the Department of Health (DoH); many people commented that this appeared to be very low especially in light of the current cost of living. However there were also a high number of comments stating their agreement to a universal rate across the country to promote consistency. Many people felt that Nottinghamshire should align more closely with the national recommended rates and that there was room for a reduction, but there was considerable concern expressed about the reduction in income that this proposal would effect. As a result there were a number of comments suggesting that the Council should continue to set its own Minimum Income Guarantee rates at a higher level than those recommended by the DoH, or that a gradual introduction of the recommended rates is implemented.
3. A small number of people commented that the saving to the Council from undertaking this proposal was minimal in relation to the effort required to implement it.
4. A wide range of comments were also received about the proposal to take higher rate disability benefits into account when calculating how much someone can contribute towards the cost of their care and support. There were a high number of comments stating that people were in receipt of the higher rate of the benefits in recognition of the additional costs incurred as a result of their disability or long term condition, and that the care and support package provided by the Council does not cover all the needs associated with a disability. It was stated that the element of the benefits currently disregarded by the Council was used to cover additional costs, such as travel, attendance at hospital appointments, maintenance of equipment, laundry and higher heating costs.
5. There were also a significant number of comments expressing concern about the potential financial impact on people who are already managing on low incomes, and the impact on the quality of life for some people. There were a number of comments recognising that the financial circumstances of people in receipt of these benefits would vary widely, so some people would be affected more than others. Some people suggested that the Council could take a more individual approach to what people should contribute to their care.
6. A number of comments were focused on the national policy approach to the welfare system and the funding of adult social care, with concerns expressed about support for people with disabilities more generally. There were a number of

comments suggesting that all benefits should be ignored in the financial assessment process. However, there were as many comments from respondents who stated that the benefits were paid to people to be used towards their care and support needs, and therefore it was appropriate for the Council to take them into account. Some people queried what other Councils do and why Nottinghamshire has operated in a different way until now.

7. Finally, there were a number of comments stating that although their preferred approach would be to continue with the current policy, there was acknowledgment of the financial challenges faced by the Council and the need to address these. Some respondents suggested a phased introduction of this proposal, or a proposal to ignore a smaller amount of benefit rather than taking the full benefit into account as part of the assessment.

The way the Council calculates how much someone who has a spouse or partner can pay towards the cost of their care and support

8. This proposal attracted fewer comments and the majority of these were in favour of the proposed change. Overwhelmingly respondents felt that people should be assessed as individuals, and that the proposed change would simplify the current system, be less intrusive and fairer, as well as more cost effective for the Council.
9. A small proportion of those who commented felt that the Council should assess the income and savings of a spouse or partner as it should all be considered as part of the household income, and there were a few comments about the Council losing money if people moved their assets to a spouse or partner, and these were not then taken into account.

Getting in touch with the Council about the way contributions have been calculated

10. In relation to the proposal outlined in paragraph 24, the comments received in the consultation were largely in favour of this. Many people felt it was an obvious response where complaints had been upheld, and that it would also act as an incentive for care providers to ensure good quality care is provided.
11. There were some comments expressing concern about whether this approach would introduce additional costs for the Council in seeking to recover the costs from the care providers, rather than offering an opportunity to make savings, and whether it would risk costs to service users being raised. It was also suggested that this proposal should be made clear in contracts with care providers.
12. With regard to the introduction of an appeals process, there was broad support for this in the qualitative data gathered through the consultation. There was a high level of support for the proposal to allow the people affected to attend and share their views in an appeal setting, where this was required. A number of respondents commented that in most cases a formal complaint was not required, and therefore an appeals process seemed more appropriate and user-friendly. There were comments suggesting that this process would support better

understanding between service users and Council staff of the decisions made and the impact on individuals. It was also generally perceived to be a simpler and more responsive approach to concerns expressed about care contributions.

13. There were also a number of comments suggesting that an appeals process should be completely independent of the Council and that it may create further costs to the Council to set this up. Most people who commented agreed that service users should still have recourse to the Council's complaints procedure if they are unhappy with the outcome of the appeals process.

Charging for some services in advance

14. The majority of comments on this proposal expressed concern about the concept of paying for services before they have been received and the possible impact of paying in advance if their benefits are paid in arrears. Some respondents thought it would not be easy for many service users to understand, and there was concern expressed about this generating more work to reimburse people where services have been paid for but not then received, as a result of unplanned doctor and hospital appointments for example.
15. Despite the difference in opinion indicated by the figures above, there was also a considerable amount of support expressed for exploring this proposal if a well-managed system and process for reimbursement was put in place. Some people commented that it might work well for certain services, would allow a clear way of showing people what the cost to them would be, and would encourage people to access services planned for them.

Dealing with service cancellations

16. Most of the comments received in relation to this proposal were broadly in favour of a short notice cancellation policy, on the understanding that it very clearly defined what is meant by 'short notice' and that the policy is fair in relation to exemptions where there are genuine reasons for cancellations. Many people felt that there should be some flexibility built into the implementation of this policy to take into account the individual circumstances that may have caused people to cancel their services. The policy would need to be shared with people before they start receiving services.
17. There were a number of suggestions made by people in terms of what should constitute a short notice cancellation – whereby people should be charged for their service, unless an exemption is to be made - ranging from 24 hours to over a week. A number of people felt that 48 hours was an appropriate timeframe.
18. There were also a number of comments citing the unpredictable and fluctuating nature of disabilities and long term conditions that meant situations can change very rapidly and therefore it is not appropriate to charge people who do not attend or cancel services for reasons that are often out of their control.

12 March 2018

Agenda Item: 6

REPORT OF THE SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE

BETTER CARE FUND: 2017/18 PROGRESS UPDATE AND APPROVAL FOR THE USE OF THE BCF CARE ACT ALLOCATION AND THE IMPROVED BCF 2018/19

Purpose of the Report

1. To advise Committee on progress with the projects and schemes supported by the Better Care Fund (BCF) Care Act Recurrent and Reserve Allocations and the Improved BCF in 2017/18.
2. To seek approval to utilise Recurrent and Reserve BCF Care Act allocations and Improved BCF to extend posts that enable the delivery of these projects and schemes where required.
3. To seek approval to utilise the Improved BCF to establish 3 FTE new posts required to enable the delivery of additional projects and schemes.

Information

4. This report focusses on the BCF Care Act Allocation and Improved BCF elements of the broader Better Care Fund programme.
5. In 2015 central government allocated an element of funding specifically for the implementation of the Care Act, 2014. The BCF Care Act Allocation is currently only known until 31st March 2019.
6. On 12th September 2016 Committee approved the establishment of posts and services associated with the recurrent element of the BCF Care Act Allocation and also the non-recurrent allocation for temporary projects and schemes to be funded from the BCF Care Act Allocation reserve.
7. In response to national widespread concerns and calls for action about the funding of adult social care the Spending Reviews of 2015 and 2017 identified additional temporary money for adult social care in the form of the Improved BCF.
8. The grant conditions for the Improved BCF are that it is to be spent on: (i) adult social care and used for the purposes of meeting adult social care needs, (ii) reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and (iii) stabilising the social care provider market (including residential homes, care homes and home care).

9. The funding is also intended to support councils to continue to focus on core services, including to help cover the costs of the National Living Wage (NLW). The NLW uplift along with a 'Fair Price for Care' uplift in 2017/18 amounted to £5.645m and is expected to benefit up to 900,000 social care workers. The funds can also be used for adult social care services which could not otherwise be maintained in the context of national funding reductions, as well as investing in new services such as those which support prevention and best practice in managing transfers of care.
10. Planning for use of the additional temporary money also took into account the principles of the Council's Adult Social Care Strategy, as well as supporting current programmes focused on the transformation of social care provision and the delivery of a savings target of £100 million from the adult social care budget (from 2011/12 - 2019/20). The Adult Social Care Strategy seeks to manage demand and cost by: promoting independence and wellbeing, ensuring value for money, and promoting choice and control.
11. Committee approved the establishment of posts and services to be funded by the Improved BCF on 10th July 2017 and 13th November 2017. Some of these were ongoing schemes up to March 2020 and some were temporary until March 2018.
12. The Chief Officers of the three Clinical Commissioning Groups covering Nottinghamshire have been consulted with and support this plan. The plan has also been discussed and supported by Nottinghamshire's BCF Finance and Performance Board. A report seeking approval to the plan will be taken to Nottinghamshire's Health and Wellbeing Board on 7th March. All schemes and projects are subject to monitoring and evaluation against targets and outcomes set out in their business cases. The Council submits quarterly monitoring reports to the BCF Steering Group and to the Department for Communities and Local Government.

2017/18 Progress Update

13. All of the recurrent BCF Care Act Allocation for 2017/18 and all of the 2017/18 Improved BCF is forecast to be spent in this financial year. All of the BCF Care Act Allocation reserve has also been committed with the remaining amount allocated over 2018/2020 approved as one-off transition funding to enable the reprovision of short term assessment and reablement apartments and residential care beds.
14. A summary overview and a brief 'project on a page' update on each of the projects and schemes supported by the BCF Care Act Allocation and Improved BCF is given at **Appendix 1**.
15. Nottinghamshire adult social care has received national commendation in July 2017 for continuing to exceed its delayed transfer of care (DToc) target, delivering on the requirement to reduce pressures on the healthcare system. The Department of Health Improved BCF DToc target for Nottinghamshire social care delays has been achieved. Several BCF-supported projects and schemes have contributed to this success including the Short Term Assessment & Reablement Team (START) and the additional social workers working in hospitals within integrated discharge arrangements.

16. As an example of the scale of the positive outcomes being achieved, the START service is on course to help an extra 323 service users in 2017/18, bringing the projected total number that have been 'reabled' (receiving no or less care post-service) in 2017/18 to 1,847.
17. The Nottinghamshire health and social care community is also recognised as being at the forefront of developments in the automation of information exchange between providers, enabling integrated working practices and seamless pathways for service users. The BCF-supported Interoperability programme is working closely with Connected Notts to develop and implement a range of projects that will reduce delays, improve decision making and realise efficiencies.
18. A tight employment market in the care sector has been a factor across a number of projects where delays in recruitment has reduced the pace of implementation. This has been recognised at Committee and a recruitment campaign was agreed by Committee on 8th January 2018 to address this.

2018/19 Posts and Schemes Already Established

19. Previous Committee reports have already approved the establishment of posts and services related to the recurrent BCF Care Act Allocation and £1,190,919 of the BCF Care Act reserve in 2018/19. Although the funding for the Notts Enabling Service was agreed for the year, the posts were only agreed until September 2018 and therefore extensions to these posts are requested in **paragraphs 23 to 25** of the report.
20. Within the BCF Care Act reserve there is £1,183,579 allocated for one-off transition funding to enable the reprovision of short term assessment and re-ablement apartments and residential care beds up to 2020. This will leave an expected balance of £144,772 in the reserve which is requested in **paragraphs 26 to 32** of this report.

BCF Care Act	Budget	Committed	Allocated for future years	Requested in this report	Remaining
Recurrent Allocation	£2,060,996	£1,773,127		£287,869	£0
Allocation Reserves	£2,519,270	£1,190,919	£1,183,579	£144,772	£0
Total BCF 2018/19	£4,580,266	£2,964,046	£1,183,579	£432,641	£0

21. Previous Committee reports have also already approved the establishment of posts and procurement of services related to the use of £14.788m of the Improved BCF. There is therefore £6.802m remaining of the £21.59m allocation for 2018/19. The proposed use of the remaining allocation is contained in **paragraphs 33 to 54** of this report.

Improved BCF	Budget	Committed	Requested in this report	Remaining
Total Allocation 2018/19	£21,590,000	£14,788,815	£6,801,185	£0

22. The relevant Committee reports are listed as background papers and for ease of reference, summary tables of previously established posts and services are included in **Appendix 2**.

Extension of Existing Schemes & Posts

BCF Care Act Recurrent Allocation

Notts Enabling Service

23. The Notts Enabling Service (NES) consists of a blend of Promoting Independence Workers (PIWs) that identify and arrange alternative community provision and activities for younger adults, Community Independence Workers (CIWs) that provide information on these opportunities for older adults, and Co-Production Workers that help service users to develop community activities. By developing the independence of service users and building their engagement with the community, the team aims to reduce and prevent the need for commissioned support packages, and improve the wellbeing of service users.
24. The NES was established with team management, team leadership and business support in April 2017 for 18 months from the BCF Care Act Allocation, establishing these posts to 30th September 2018. The team was then expanded with 14 extra posts from the Improved BCF in September 2017 with the new posts employed for the lifetime of the Improved BCF to 31st March 2020. The expanded team is now spread across two sites covering the north and south of the County.
25. In order to give time to fully test, develop and evaluate the new approach within the team it is proposed to extend the initial BCF Care Allocation supported posts for 6 months to the end of that scheme on 31st March 2019 at an additional cost of £287,869.
- 1 FTE Team Manager (Band D), 6 months to 31/3/19: £28,598
 - 5.5 FTE Community Independence Workers (Grade 4): 6 months to 31/3/19: £78,181
 - 2 FTE Co-Production Workers (Band A), 6 months to 31/3/19: £40,776
 - 1 FTE Team Leader (Band A), 6 months to 31/3/19: £20,388
 - 8 FTE Promoting Independence Workers (Grade 3), 6 months to 31/3/19: £95,941
 - 2 FTE Business Support Officers (Grade 3), 6 months to 31/3/19: £23,985.

BCF Care Act Allocation – Reserve

Community Empowerment

26. The Community Empowerment project is testing ways to work with volunteers to develop community activities that engage and involve isolated older adults, increasing their resilience and wellbeing, and reducing their reliance on public services.
27. The team is established to June 2018 from the BCF Care Act Reserve with an approved allocation of £61,000 for 2018/19, however a Nottingham Trent University evaluation of the impact of their work had an elongated planning phase and is consequently not due to report until the beginning of September 2018.
28. To allow the evaluation to be received and considered whilst the team is in place an extension of 6 months to 31st December 2018 is proposed on the basis of being joint funded by BCF Care Act Reserves and other Council departments.
- 3 FTE Neighbourhood Coordinators (Band A), 6 months to 31/12/2018: £30,582.

Sustainability and Transformation Partnership

29. The Nottingham and Nottinghamshire Sustainability and Transformation Partnership (STP) has a resident population of 1,001,600 citizens and a total place-based spend across health and social care of £3.7 billion. The STP is not a public body but a partnership of the six Clinical Commissioning Groups (CCGs), three NHS Trusts and eight local authorities in Nottingham and Nottinghamshire who are now coming together to plan and deliver services across a wider geography and as an integrated health and care system. Each statutory body is required to contribute to the running costs of the Partnership to ensure that the delivery of the plan is well lead and coordinated across the system. BCF Care Act Allocation funding in 2017/18 has contributed to the provision of staff to lead the implementation of the STP plan. Successful implementation of the plan will bring benefits to Nottinghamshire citizens and the constituent organisations in terms of health and wellbeing, care and quality, finance and efficiency.
30. The total cost of the STP for 2017/18 was £1.4m, which includes £1.1m of salary costs. Funding of £0.8m of these costs is shared by the STP member organisations with an annual charge for each member of £80,000. Approval is requested from the Committee for the allocation of £80,000 funding from the BCF Care Act Reserve to support the STP in 2018/19.
31. The Nottinghamshire BCF Programme Manager facilitates the partnerships and governance of the BCF, as well as providing the overarching financial and performance monitoring and reporting. The post has historically been joint funded across partner organisations, and hosted by the Council as the employer. Approval is requested from Committee for the allocation of £9,015 from the BCF Care Act Reserve to fund the Council's contribution for 2018/19 which is 1/7th of the total salary.
 - 0.14 FTE BCF Programme Manager (Band 8B Health Grade), 12 months to 31/3/19: £9,015.

Reviewing Officers in care homes

32. The Council has a duty to undertake an annual review where people are in receipt of care and support, whether at home, in supported living or in a care home. 3 Reviewing Officer posts were previously funded from departmental reserves and established up to December 2018 to focus on undertaking reviews for the 2,300 (approx. p.a.) older adults that it supports in residential and nursing care homes. The posts were established because the priority for other similar posts is to review care and support arrangements where people have regained their health and/or independence, which means that their support can now appropriately be reduced to release both savings and capacity in the care market. It is proposed to extend the 3 posts for 3 months to March 2019 in order to enable more of the reviews to be completed and to align these posts with the corporate budget planning cycle for future decisions.
 - 3 FTE Reviewing Officers (Grade 5), 3 months to 31/3/19: £25,174.

Improved Better Care Fund

Home First Response Service (HFRS)

33. Delays to discharge from hospital are both costly to the health service, and detrimental to individuals' health and social care outcomes. This service, which is procured by the Council from independent sector providers, provides a rapid response short term package of care in the home so that discharges are not delayed whilst an ongoing package of care is arranged. The short term package has an emphasis on enablement, so that independence is increased and the ongoing package is reduced. The service also provides rapid response short term support for people living in the community who would otherwise be at risk of admission to hospital or residential care.
34. The HFRS commenced on 11th December 2017 and is expected to deliver the service to a minimum of 2,271 people p.a., which equates to approximately 190 per month. In December (21 days at 75% capacity) the service was expected to work with 98 people and exceeded this with actual delivery to 137 people. The maximum value of the contract will be £1,622,000 for year 1, rising due to increasing demand to £1,750,000 in year 2.
35. The contract for this service is currently part-funded from a mixture of the Council budget, the BCF Care Act Allocation and the BCF Care Act Allocation reserve. From 2018/19 the required Improved BCF amounts are £663,182 for 2018/19, and then £504,545 for April to October 2019.

BCF Programme Coordinator

36. This post has been funded from the BCF Care Act Allocation reserve and was recruited to in May 2017 for one year. The post co-ordinates the BCF Care Act programme of funded projects, monitors effective delivery, evaluates impact and progress and reports to the Senior Leadership Team, BCF Programme Board and others. The role has been extended to include oversight of the Improved BCF. Approval is requested to extend this post to March 2019.
 - 1 FTE Programme Coordinator (Band A), 10 months to 31/3/19: £33,980.

Debt Recovery Finance Officer

37. The Debt Recovery Finance Officer post started in 2015 to support the Debt Collection strategy when changes in legislation were implemented as a part of the Care Act 2014. Nationally, all local authorities are able to apply for a contribution towards care costs upon the sale of a service user's property. Prior to the implementation of the Care Act, people wishing to delay making payments until their home was sold had to apply to the Council (the Deferred Payment Scheme). People joining the Deferred Payment Scheme had to agree to tell the Council when a property was sold and arrange for the money to be paid. The Care Act 2014 brought a change which meant that people wishing to delay payment could now choose to do this without entering the Deferred Payment Scheme. For people opting out of the scheme, the Council does not/cannot hold any security against their property and has to proactively seek information about an individual's property. Additional resources were therefore required to undertake this work.

38. When the post commenced there were 59 people that had not joined the Deferred Payment Scheme, with an associated £739,000 of contributions towards the cost of their care requiring work to recover. As at December 2017 numbers have increased and there is now £2m of contributions that require additional work to recover. The Debt Recovery Officer checks land registries and other records to determine the ownership of properties and then liaises with service users' families, social workers, and legal representatives to obtain outstanding funds. They also instigate legal proceedings when required to recover the debt if necessary. This proactive approach was not necessary prior to the implementation of the Care Act so has therefore had to be resourced each year since then, in addition to existing staff in the Council's Debt Recovery team.
39. Funding of the post from the Improved BCF was agreed until March 2018 and it is now proposed to continue this arrangement until March 2019.
- 1 FTE Debt Recovery Finance Officer (Grade 4), 12 Months to 31/3/19: £28,430.

Closure of Woods Court

40. It is requested that two posts supporting the closure of Woods Court are extended to the end of May 2018. Any further extension of these posts will be subject to decisions made in relation to other remaining Care and Support Centres.
- 1 FTE Social Worker (Band B), 2 months to 31/5/18: £7,812
 - 1 FTE Community Care Officer (Grade 5), 2 months to 31/5/18: £5,594.

New Schemes and Posts in 2018/19 from the Improved BCF

Integrated Care Teams

41. This proposal is the subject of a separate report to this Committee today. In summary, Integrated Care Teams (ICTs) are multi-disciplinary teams of staff who were established with the aim of testing the approach of providing proactive care and support to prioritised service users in the community who have a range of complex health conditions, often also with social care needs. The teams work holistically to maintain the person living at home for as long as possible and avoid hospital or residential care admission. Usually they cover a geographical patch defined by a set of GP practices. Typically an ICT is made up of:
- District nurses
 - Specialist nursing staff e.g. Mental Health, Diabetes, Falls
 - Social care
 - Therapies (Occupational Therapy & Physiotherapy)
 - Voluntary sector representatives.
42. It is now proposed to develop a vision and plans with health colleagues so that integrated working across all the health community teams and the Council's District Social Work Teams can deliver the potential benefits that the ICT "embedded" level of joint working has shown could be achieved for more of Nottinghamshire residents with complex health and social care needs. This model is already in place for people who have a learning disability (i.e. Community Learning Disability Teams) but is not applied generally for people who have

a physical disability or older adults, other than through the specific Integrated Care Teams currently in operation.

43. Committee approval is requested to fund the following posts from the Improved BCF to support this approach during 2018/19. This will enable the exploration of more sustainable long term models of integrated teams across the County between district Social Work teams and community health. This work will include capacity assessment to see if these additional Social Worker posts are required in the long term:
- 3 FTE permanently established Social Worker posts for Mid-Nottinghamshire (2018/19 only). These posts are part of a total of six LICT (Local Integrated Care Team) Social Worker posts originally all funded by the mid Nottinghamshire Clinical Commissioning Groups who will continue to match fund the other three posts for 2018/19. This will enable the service to retain these experienced workers and redeploy them during 2018/19 into the more integrated community team model. They will also help the Project Manager to prepare for greater integration from 2019/20.
 - 1 FTE new 12 month temporary Social Worker post for Bassetlaw (2018/19 only) because there is no social work input into Integrated Neighbourhood Teams at the moment. This post-holder will provide operational and professional support over the period but also help the Project Manager to prepare for greater integration from 2019/20.
 - 1 new temporary FTE Project Manager post for work countywide from April 2018 to March 2019. This post-holder will develop and implement a plan to achieve more effective integration by 2019/20. Phase one rollout of the integrated model will include one locality within each planning unit (i.e. Bassetlaw, Mid Nottinghamshire and South).
- 3 FTE Social Worker (Band B) (already established) 12 months to 31/3/19: £140,613
 - 1 FTE Social Worker (Band B) 12 months to 31/3/19: £46,871
 - 1 FTE Project Manager (Band D), 12 months to 31/3/19: £57,195.

Mansfield & Ashfield Occupational Therapist (OT)

44. A combination of high demand and an expanded role in supporting people to be more independent for OTs has led to increasing waiting times for OT assessments in Mansfield & Ashfield. This has been addressed by using agencies to provide extra capacity, however it is now proposed to give a more stable solution by adding an extra OT to the team using the Improved BCF.
- 1 FTE Occupational Therapist (Band B), 12 months to 31/3/19: £46,871.

Strategic change programmes - £2.556m

45. There are a number of posts which have been approved at previous Committee meetings, listed as background papers, to support the implementation of current savings programmes and transformation plans in adult social care. In 2018/19 Adult Social Care have to deliver £7.8m of recurrent permanent savings; the current overall recurrent permanent savings agreed up to 2020/21 is £16.1m. These posts are essential to delivery of the savings and closing the Council's long term funding gap. The posts include frontline social work

practitioners, finance officers and project and programme management capacity supporting the transformation of adult social care.

46. The total funding required for all the current posts and schemes is £3.7m. It is proposed to utilise £2.556m of the Improved BCF to fund these posts in 2018/19, with the ability to increase this amount should any other schemes underspend, for example due to having staffing vacancies. The posts are temporary, subject to review and are aligned to the delivery of a range of savings projects.
47. In addition, there is some infrastructure funding required to support savings and transformation in adult social care, including the system review to align the Council's information systems.

Demand in younger adults services for 2018/19 - £2.76m

48. Improved BCF funding was approved in 2017 for this pressure within 2017/18. Approval is now sought to increase the amount to contribute to some of the new pressure in 2018/19 so that further care packages and service users can be supported. Increasing costs are resulting from rising demographic demand for care and support services for younger adults with learning disabilities, mental health needs and autism spectrum disorders. Many of these adults have complex health and social care needs, are living longer and are reliant on ageing carers.
49. The national policy under the Transforming Care Programme to move people with complex needs relating to learning disabilities and autism out of long stay hospitals into smaller scale community provision has also meant more people require bespoke community provision to meet their needs. Changes to national policy in relation to housing benefit has affected the development of supported living facilities and the level of demand for appropriate residential care has made it more difficult to manage costs in the care market. Some of the funding will be used to secure the appropriate care and support services for 34 people, in their communities wherever possible.
50. It is proposed that a contribution of £2.76m is made towards the total cost pressure in 2018/19 of £3.132m. The pressure includes the care costs of 47 known service users who will transition from Children's Services into Adult Services during 2018/19, 34 service users who will come out of hospital under the Transforming Care Programme and the expected increased costs from an average of 120 service users who will require either new or increased packages in 2018/19 as a result of either increased needs or a loss of informal care.

Demand in older adults services - £0.455m

51. For the last 3 years the ASCPH department has not requested additional increase in the care and support budget for older adults. This is despite the fact that there have been annual increases in the population who are aged over 65 of approximately 1.8% per year. Over this time the department has seen increases in demand for funded packages of 1.0% per year, and has managed to contain the cost pressure for these through mitigating actions such as re-abling more people and offering alternatives to residential care.

52. The national success story of improved technology and health interventions leading to people living longer resulting in an increasingly ageing population has been well documented. In addition to increasing numbers of people living into older age, there is also an increase in the number of years that older adults spend living with complex needs. The prevalence of people diagnosed with dementia is set to increase by 35% by 2025.
53. Over the next 4 years the population aged over 65 is expected to grow by a total of 7.3% broken down as follows:

	2017	2018	2019	2020	2021
Population over 65	168,000	171,100	174,300	177,200	180,300
Percentage increase	1.94%	1.85%	1.87%	1.66%	1.75%

54. £0.455m is therefore requested to help fund increasing demand for Older Adults care packages, in order to ensure that care packages can continue to be offered to those with eligible needs.

Other Options Considered

55. Each proposal for extending existing posts/schemes or establishing new ones has had a robust business case completed which included consideration of options.

Reason/s for Recommendation/s

56. All business cases have been scrutinised by the Senior Leadership Team to prioritise selection of only those that evidence that they best meet both the grant criteria and deliver the Department's core strategic objectives and savings requirements.

Statutory and Policy Implications

57. 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

58. This report is requesting approval to extend the Notts Enabling Service posts within the BCF Care Act Recurrent Allocation. The cost of this is £287,869 in 2018/19.
59. The costs of extending the posts requested in **paragraphs 26-32** is £144,772 and can be funded from the BCF Care Act Allocation Reserve.
60. The costs of extending the posts and services requested in **paragraphs 33-40** is £738,998 and can be funded from the Improved Better Care Fund for 2018/19.

61. The costs of the new posts and services requested in **paragraphs 41-54** is £6,062,187 and can be funded from the Improved Better Care Fund in 2018/19. This utilises the full allocation of the Improved Better Care Fund for 2018/19.

Human Resources Implications

62. Extensions to current fixed term contracts will be actioned and new posts will be recruited to on fixed term contracts. The Project Manager for the Integrated Care Teams will require an indicative grade or an evaluation. All other HR implications are contained within the report.

RECOMMENDATION/S

That the Committee:

- 1) considers whether there are any actions or further information they require in relation to the progress made by the projects and schemes supported by the Better Care Fund Care Act and the Improved BCF in 2017/18.
- 2) approves the extension of the following posts:

BCF Care Act – Notts Enabling Service:	
1 FTE Team Manager (Band D), 6 months to 31/3/19	£28,598
5.5 FTE Community Independence Workers (Grade 4), 6 months to 31/3/19	£78,181
2 FTE Co-Production Workers (Band A), 6 months to 31/3/19	£40,776
1 FTE Team Leader (Band A), 6 months to 31/3/19	£20,388
8 FTE Promoting Independence Workers (Grade 3), 6 months to 31/3/19	£95,941
2 FTE Business Support Officers (Grade 3), 6 months to 31/3/19	£23,985
BCF Care Act – Community Empowerment Project:	
3 FTE Neighbourhood Co-ordinators (Band A), 6 months to 31/12/18	£30,582
BCF Care Act – STP/BCF Programme Manager:	
0.14 FTE BCF Programme Manager, NCC contribution, 12 months to 31/3/19	£9,015
BCF Care Act – Reviewing Officers	
3 FTE Reviewing Officers (Grade 5), 3 months to 31/3/19	£25,174
	£352,190
Improved BCF	
1 FTE Programme Co-ordinator (Band A), 10 months to 31/3/19	£33,980
1 FTE Debt Recovery Officer (Grade 4), 12 months to 31/3/19	£28,430
1 FTE Social Worker (Band B), 2 months to 31/5/18	£7,812
1 FTE Community Care Officer (Grade 5), 2 months to 31/5/18	£5,594
	£75,816

- 3) approves the establishment of the following new posts from the Improved BCF:

Integrated Care Teams:	
1 FTE Social Worker (Band B), 12 months to 31/3/19 (plus funding for 3 Social Worker posts already permanently established)	£187,484
1 FTE Project Manager (Band D), 12 months to 31/3/19	£57,195
Mansfield & Ashfield OT:	
1 FTE Occupational Therapist (Band B), 12 months to 31/3/19	£46,871
	£291,550

Sue Batty

Service Director, Mid-Nottinghamshire, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LM 28/02/18)

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

Financial Comments (OC 28/02/18)

64. The financial implications are contained in the body of this report and are summarised in paragraphs 58 to 61.

HR Comments (SJ 27/02/18)

65. Extensions to current fixed term contracts will be actioned and new posts will be recruited to on fixed term contracts. The Project Manager for the Integrated Care Teams will require an indicative grade or an evaluation. All other HR implications are contained within 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.

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

Proposals for the Use of the Improved Better Care Fund - report to Adult Social Care and Public Health Committee on 10 July 2017

Approval for the Use in In-Year Improved Better Care Fund Temporary Funding - report to Adult Social Care and Public Health Committee on 13 November 2017

Key Areas of Service Improvement and Change - report to Adult Social Care and Public Health Committee on 11 December 2017

The Health and Development of Adult Social Care and Public Health Workforce - report to Adult Social Care and Public Health Committee on 8 January 2018

Quarterly Reporting from Local Authorities to DCLG in Relation to the Improved Better Care Fund, Quarter 3 return - 19 January 2018.

Electoral Division(s) and Member(s) Affected

All.

ASCPH532

BETTER CARE FUND CARE ACT ALLOCATION AND IMPROVED BETTER CARE FUND

2017/18 PROGRESS UPDATE (AS AT 5/2/18)

Projects on a page:

Grant Condition 1, Adult Social Care & Meeting Adult Social Care Needs

- 9 BCF Care Act (BCF CA) - Prevention Services; Age Friendly Notts
- 10 BCF CA - Prevention Services; Scams Prevention
- 11 BCF CA - Prevention Services; Falls Prevention
- 12 BCF CA & iBCF - Prevention Services; Notts Enabling Service
- 13 Improved BCF (iBCF) - Prevention Services; Co-Production
- 14 iBCF - Prevention Services; Connect
- 15 iBCF - Prevention Services; Moving Forward
- 16 iBCF - Prevention Services; Brighter Futures
- 17 iBCF - Information & Communication Technology Interoperability
- 18 iBCF - Auto Scheduling
- 19 iBCF - Safeguarding Audits
- 20 iBCF - 3 Tier Model
- 21 iBCF - Enhanced Capacity to Meet Rising Demand
- 21 iBCF - Deprivation of Liberty Safeguarding (DoLS) Reviews
- 21 iBCF - Meeting Demand in Younger Adults' Services
- 21 iBCF - Transport – Day Services Element
- 21 BCF CA - Carers' Allocation

Grant Condition 2, Reducing Pressures on the NHS, Including Supporting More People to be Discharged from Hospital

- 22 BCF CA - Home First
- 23 BCF CA - Young Adults Project Team
- 24 BCF CA - Mental Health Crisis Workers
- 25 BCF CA - Trusted Assessor
- 26 BCF CA - Short Term Independence Service (STIS) Assessment Beds
- 27 iBCF - Short Term Assessment & Reablement Service (START)
- 28 iBCF - Social Workers Based in Hospital Discharge Teams
- 29 iBCF - Intensive Home Support (IHS)

Grant Condition 3, Stabilising the Social Care Provider Market

- 30 BCF CA - Optimum Workforce & Leadership
- 31 iBCF - Quality & Market Management Team
- 32 iBCF - Direct Payments
- 33 iBCF - National Living Wage & Fair Price for Care

Summary Overview - Adult Social Care & Meeting Adult Social Care Needs

Title	Age Friendly Notts	Scams Prevention	Falls Prevention	Notts Enabling Service
£ Total	237K	107K	85K	1.9M
Description	Support the development of community activities that engage isolated older adults, improving their wellbeing and resilience, reducing their reliance on public services.	Offer help and advice to each of the Nottinghamshire residents on the UK list of vulnerable people at risk of being scammed.	Promoting and organising physical activities for older adults to help maintain their mobility in order to prevent debilitating and costly falls.	Introduce a new role and expend the numbers of another to promote low or no cost alternatives to packages of social care and to develop independence.
Method	3 Neighbourhood Co-ordinators are working in 2 pilot areas (Beeston & Ladybrook) to develop volunteers and activities.	2 Trading Standards Officers are visiting identified residents, assess their risk and helping protect the most vulnerable against scams.	A Falls Officer is promoting activities for older adults, raising falls awareness, and boosting the availability of exercise classes.	Employ 17.5 'Promoting Independence Workers' for YAs and 5.5 'Community Independence Workers' for OAs.
Performance	The team has developed 6 volunteers who have engaged with a further 78 residents in community activities, mostly in sheltered housing sites in Beeston. Feedback has indicated that 19 of these older adults considered themselves to be lonely when first meeting a member of the team; work is now beginning to undertake reviews at 6-months to gauge progress. The team has organised a residents' meeting with Council representatives in Ladybrook to address concerns. It is unlikely that the team will be able to demonstrate achieving the target of £120K cashable benefits.	The team have worked-through all 223 Nottinghamshire residents on the UK list and helped the 29 of these considered to be at high risk to offer support, divert mail and block calls. The profile of the issue has been raised through several events, posters, a website, and the team have a database of 348 'Friends Against Scams' (people that come into contact with older adults that now have a raised awareness of the issue). Unfortunately however, to date the Royal Mail have not allowed awareness sessions in their delivery centres. Page 41 of 148	The project has developed a range of promotional and information products that have achieved wide exposure (25,000 leaflets and 4,300 web-hits to date). On-line and class based falls awareness training has been organised, along with the development of 14 exercise class trainers. 25 events were held during 'Older Persons' Fortnight', leading 42 attendees to enquire after further classes. The project has secured Public Health funding to extend to March 2020.	Recruitment to the PIW team is taking time and throughput has been below target, which has hampered activity levels. It is taking time to build engagement with operational teams in relation to the CIW role, which has led to activity levels being below target. Estimated cost avoidance is ahead of target, although early case audit work is indicating that this may be optimistic. An initial review report is due in April.

Summary Overview - Adult Social Care & Meeting Adult Social Care Needs

Title	Co-Production Team	Connect	Moving Forward	Brighter Futures
£ Total	606K	600K (17% of the service)	2.4M (55% of the service)	150K (7.5% of the service)
Description	'Co-produce' activities and events with members of the community with mental health needs in order to boost their support networks and wellbeing.	Helping (mostly) OAs to maintain, and sometimes regain, their independence by addressing health management, loneliness, safe and suitable housing, and financial needs.	Provide advice and support, and 42 supported accommodation units, to people with mental health needs experiencing difficulties with housing and/or financial issues.	A service that supports adults with a learning disability or autism spectrum disorder who are at risk of losing their independence to develop the skills and resilience they need to self-manage day-to-day life.
Method	Employ a team of 6 to work with service users to develop activity groups and community events across the county.	Commission a support worker service across the county, taking referrals from the CSC, health, housing, family members, self-refers, and others.	Framework Housing Association is commissioned to provide a Support Worker service, along with 42 low-level support accommodation units.	The existing contract with Framework Housing Association has been expanded to provide for a larger number of younger adults.
Performance	The team co-produced 2 new groups with 8 new members, 7 community events, and had a further 6 new groups under development in quarter 3 of 2017/18. There are 28 other groups or activities across the county that liaise with the team in a 'wellbeing network' – some of which were co-produced, whilst others pre-existed. An initial review report is due in April.	The service has been well-received and there are some good individual case examples of positive impacts. All 3 providers are having difficulties providing outcomes data and what there is in mid-Notts is below target. Utilisation rates in the north and the south have fallen to 57% and 34% respectively, whilst remaining strong in mid-Notts. Discussions are ongoing with providers to improve performance.	The service is continuously meeting or exceeding its activity targets, and meeting the needs of its service users in most outcome areas. There have been difficulties capturing wellbeing information, with fewer than half of services users reporting a higher wellbeing score post-service. Work is continuing to replace less attractive shared accommodation with self-contained units that will improve the performance of the accommodation element of the contract.	The service is ahead of target in the numbers of people receiving help, and is achieving good outcomes in the majority of areas.

Summary Overview - Adult Social Care & Meeting Adult Social Care Needs

Title	ICT Interoperability	Auto Scheduling	Safeguarding Audits	3-Tier Model
£ Total	1M	184K	174K	570K
Description	Enable electronic data sharing between health and social care information systems in order to reduce duplication, delay and errors, and facilitate integrated working practices.	Enabling new or existing service users to schedule their own assessments or reviews, and enabling the Adult Access Service (AAS) to address low level issues rather than passing them on.	The introduction of systematic quality assurance processes in relation to adult safeguarding practice.	AAS to deal with low-level queries immediately (tier 1) or offer time-limited interventions of up to 6-weeks where appropriate (tier 2) as alternatives to referring on for full assessment (tier 3).
Method	Employ project and technical staff within the ICT & ASCH departments, working with health colleagues, to develop and implement data sharing between health and social care.	Employ 2 Community Care Officers within the Adult Access Service to provide the capacity to operate auto scheduling and early query resolution for service users.	A Safeguarding Manager and Officer are employed to ensure that systems of case audits, dissemination of best practice, user feedback and continuous improvement are implemented and maintained.	Provide additional capacity to the Adult Access Service to enable it to implement a 3-tier service model, seeking to intervene at tiers 1 & 2, preventing the need to escalate to full assessment.
Performance	The project has successfully implemented 1-way data sharing to an A&E dept. and a health data warehouse – next steps are to share data in the other direction, and to spread to other hospitals. Business analysis is underway to develop an information portal between NCC and home care providers, and a health & social care information portal will be tested. Public Wi-Fi is being rolled out to facilitate shared working across the estate. NHS numbers are being integrated into the NCC database.	The project is contributing to the global target of 85% assessments to be undertaken within 28 days, which is on track to be met by the end of 2017/18. Activity and qualitative data is not routinely captured or utilised – work is underway to address this.	Implementation will begin in January 2018.	Initial evaluation to be completed in January 2018.

Summary Overview - Reducing Pressures on the NHS, Including Supporting More People to be Discharged from Hospital

Title	Home First	Young Adults Project Team	MH Crisis Workers	Trusted Assessor
£ Total	1.5M (44% of the service)	275K	306K	58K
Description	A home care service to provide short term support to service users experiencing a crisis at home, or to provide a bridging or reablement service to facilitate their discharge from hospital.	Coordination and arrangement of packages of care in the community for younger adults with complex LD and MH needs to facilitate their discharge from hospital and secure settings.	Provide support around social issues (mostly debt, benefits and housing) alongside clinical inputs on the mental health pathway, be it in the community or in inpatient facilities.	Pilot a new role at the interface between hospital discharge and care homes, whereby care homes trust the assessment that a patient is suitable for discharge into their care.
Method	The service is commissioned from an external provider.	4 specialist roles are added to the team to 'project manage' the discharge of YAs with complex needs into the community.	7 MH Crisis Workers are commissioned from Framework HA to provide help in a variety of clinical settings, namely MH Crisis Resolution & Home Treatment (CRHT) Teams, GP Surgeries, and acute in-patient wards.	Notts Care Association will employ 2 nurses to liaise between hospital discharge teams and care homes, building trust and discharge/assessment protocols ensuring that patients can be safely discharged without delay.
Performance	The service commenced in late 2017 – the first meaningful performance data will be received at the end of February 2018.	10 of a target of 80 service users have been successfully discharged. There are a further 10 discharges in progress, and 9 service users that cannot be discharged due to a lack of community provision.	Framework HA have previously provided this service within CRHT Teams and have been able to reinstate this quickly, where activity levels are above target. However, the new elements of the service such as expending into primary and inpatient care settings, and using the wellbeing scoring method to measure outcomes have not progressed as envisaged. Alternatives are under consideration.	The pilot is in the planning stage and will begin in early 2018.

Summary Overview - Reducing Pressures on the NHS, Including Supporting More People to be Discharged from Hospital

Title	STIS Assessment Beds	START Expansion	SW in Hospital Teams	Intensive Home Support
£ Total	1.2M	2.3M	2.1M	60K
Description	Short term independence services (STIS) are provided in order to help adults regain their independence after a period of hospital care, or where they are having difficulties in the community.	The Short Term Assessment & Reablement Team (START) helps adults in their own home to regain their independence after a hospital stay or where they are having difficulties in the community.	NCC staff are based in hospitals, undertaking assessments and ensuring that support packages are in place to facilitate discharge, and intervening in A&E where the meeting of a social care need can avert admission.	The IHS service is a health service that provides Advanced Nurse Practitioner-led intermediate healthcare at home so as to prevent admission or facilitate timely discharge.
Method	Provide 54 assessment beds with reablement and OT support in supported living schemes and care homes, facilitating discharge from hospital and taking referrals from the community to prevent admission.	Expand the capacity of the existing START service to enable it to keep pace with rising numbers of hospital discharges, and to increase the numbers of younger adult and community referrals that can be accepted.	Employ 18 ASWs, SWs & CCOs based in hospitals across the county to ensure that care packages are in place to facilitate timely discharge and prevent admission from A&E where possible.	Expedite the roll out of the service into Newark & Sherwood 3-months earlier than planned to help ease winter pressures, by funding the CCG to employ ANPs and Support Workers to work alongside NCC STIS teams.
Performance	54 beds are provided, and the combined target (for all service users of all reablement services) of 85% of people living at home 90 days after leaving hospital is being met. The project has yet to report against the rest of its performance indicators.	60% of the new posts in the START service are now recruited to. The % of service users that are either completely or partially reabled has been maintained at 87%. The % of service users that remain at home 90 days after a hospital discharge has been maintained at 85%. The service is estimated to reable 323 extra service users in 2017/18 - 94% of the target. The project has yet to report against the rest of its performance indicators.	The teams are contributing to meeting the national target of sustaining delayed transfers of care (DTocS) attributable to social care at or below 0.7, the latest returns being: September 0.3, October 0.5, November 0.5. Further performance measures are under development.	The extended service has begun in January and monthly reporting will commence in early February.

Summary Overview - Stabilising the Social Care Provider Market

Title	Optimum Workforce & Leadership	Quality & Market Management Team (QMMT)	Direct Payments
£ Total	232K	371K	375K
Description	Provide workforce learning and development opportunities to care homes and home care providers to help them develop and provide a quality service to their residents and service users.	The QMMT monitors the quality of social care providers across the county, intervenes where quality falls below standard, and reacts where concerns are raised by service users, the public or other agencies.	Pursue 4 DP improvement actions: (i) promote the use of efficient pre-payment cards, (ii) improve audit processes, and extend choice by (iii) developing the micro-provider market and (iv) encouraging more certified PAs to join the market.
Method	Maintain a team of 3 Workforce Planning and Training staff to work with care providers, analysing their development needs and arranging solutions to meet those needs.	Add 4 extra Quality Officer posts to the team, to build capacity to undertake quality monitoring visits with care homes, and enhance levels of coordination with agencies such as CCGs and the CQC.	Add 4 members of staff to the Direct Payments team within Strategic Commissioning to help develop and implement improved Direct Payments processes.
Performance	The team has produced a large number of training and development opportunities, and has won £200K in educational grants for the local care sector. However, the outcomes supported by this work remain unclear, given that providers have the same quality banding profile (as assessed by the QMMT) whether they are full or part members of Optimum, or do not use the service at all. Further analysis is required.	The team is aiming to improve care home bandings, reduce the number of reactive visits, reduce the number of contractual sanctions and reduce the number of safeguarding referrals. Performance will be reported at the end of the financial year.	The project is in the planning and implementation phase, and the full reporting dataset is under development.

PROJECTS ON A PAGE

~ Adult Social Care & Meeting Adult Social Care Needs

~ Reducing Pressures on the NHS, Including Supporting More People to be Discharged from Hospital

~ Stabilising the Social Care Provider Market

Age Friendly Notts		(part of the Community Empowerment & Resilience Programme)		Better Care Fund, Care Act Allocation	
Description:	Provide an 18-month pilot, testing ways to identify opportunities for, and support the development of, community activities that engage isolated older adults. Thus improving their wellbeing and resilience, reducing and delaying the need for them to call on health and social care services.				
Rationale:	A similar project in Gloucestershire has provided evidence that isolated older adults have higher levels of anxiety and depression, poorer health outcomes and higher call-outs to public services. Actions taken to engage these individuals in community activities were shown to reduce these negative indicators, save public resources and improve quality of life scores.				
Method:	3 Neighbourhood Co-ordinators are working in 2 pilot areas (Beeston & Ladybrook) to develop community activities targeted at lonely and isolated older adults, and to encourage and develop volunteers within the community so that activities and networks become self-generating and self-sustaining.				
Finance:	2016/17	2017/18	2018/19		
	£40,701	£144,798	£51,692		
Outcome Measures:	1 χ number of isolated individuals identified and attended a community event. 2 Quantifiable feedback from χ% of cohort 1. 3 χ point average improvement in loneliness score among cohort 2. 4 χ number of community volunteers identified and supported to become self-sustaining. 5 £488k whole-system 'cashable benefits' (£120k social services) over 2 years (17/18 & 18/19).				
Performance:	As a new exploratory project, it has taken time to find approaches that have some traction within the communities. The team has now visited the various sheltered housing sites in Beeston, engaging with all of the residents and having some success in stimulating volunteers to organise communal activities. The team has also taken steps to identify and address environmental factors that might undermine older residents' confidence in venturing out; the provision of seating in town centres and a residents action group in Ladybrook are examples. The number of older people engaged with in the wider community remains low however and the project is at risk of not meeting its savings targets. The required outputs (the χs above) remain unquantified; the team is working with Nottingham Trent University on an impact analysis that will report in August 2018.				
Rating:	Amber – the project is at risk of not demonstrating its savings targets. The team is working to clarify and accelerate the activities that will help achieve this.				

Scams Prevention		Better Care Fund, Care Act Allocation	
Description:	Offer help and advice to each of the Nottinghamshire residents on the UK list of vulnerable people at risk of being scammed.		
Rationale:	Falling prey to scams has negative impacts on health, wellbeing and resilience, and increases the likelihood of increased use of health and social care services.		
Method:	Employ 2 Trading Standards Officers to visit each of the identified residents, assess their risk and work with the most vulnerable to help protect them from being scammed.		
Finance:	2016/17	2017/18	2018/19
	£24,421	£82,383	
Outcome Measures:	1 Offer to visit all of the Nottinghamshire residents on the UK list. 2 Offer help and support to vulnerable residents, preventing any further scams. 3 Raise awareness of the scamming issue through literature, events and networks. 4 Run awareness sessions at all Royal Mail delivery centres.		
Performance:	The team have worked-through all 223 Nottinghamshire residents on the UK list and worked with the 29 of these considered to be at high risk to offer support, divert mail and block calls. It has not been possible to measure the potential financial savings or improvement in wellbeing for these clients, although several case studies do report positive impacts. The profile of the issue has been raised through several events, posters, a website, and the team have a database of 348 ‘Friends Against Scams’ (people that come into contact with older adults that now have a raised awareness of the issue). Unfortunately however, to date the Royal Mail have not allowed awareness sessions in their delivery centres.		
Rating:	Green – activity levels are lower than the previous project in this area, but this has been accompanied by strong promotional activities.		

Falls Prevention		Better Care Fund, Care Act Allocation	
Description:	Encouraging, promoting and organising physical activities for older adults to help maintain their mobility and balance in order to prevent debilitating, costly and sometimes life-threatening falls.		
Rationale:	Falls and hip fractures are the commonest cause of death from injury in over 65 year olds, incur significant costs to both the health and social care systems, and have a negative impact on independence and quality of life. Evidence shows that maintaining an active lifestyle into older age improves strength and balance and reduces the likelihood falling; and that coordinated public health interventions can have a positive impact on activity levels in the older population.		
Method:	Employ a Falls Officer to promote activities among older adults, raise falls awareness through training and literature, and boost the number of exercise classes available across the county.		
Finance:	2016/17	2017/18	2018/19
	£14,658	£70,105	
Outcome Measures:	Beyond the lifetime of the BCF-funded project, the objective is to contribute to a reduction the number of falls in the adult population. However, as this will take 3 to 5 years to become evident, a number of process measures have been used to gauge the level of contribution: 1 Distribute 25,000 'Get Up & Go' leaflets and 10,000 supplementary exercise guides. 2 >4,000 hits on the feature-rich Falls Prevention webpage in 2017. 3 240 class-trained front-line staff in the implementation of the falls prevention strategy. 4 200 Falls Awareness on-line trainees by Dec 18. 5 14 Otago (strength and balance) trainee instructors match-funded. 6 42 participants in Older People's Fortnight (that included 21 strength and balance class demonstrations) indicated that they would like to attend exercise classes.		
Performance:	The project has made good progress towards meeting or exceeding all of its initial targets except item 3, class-based training for front-line staff that has achieved 70 trainees to date and is anticipated to achieve 200 by the spring. The project will now be extended for a further 2 years with Public Health funding, so it is anticipated that this target will be met in the summer.		
Rating:	Green – the project is on course to meet or exceed all but one of its targets.		

Notts Enabling Service		Better Care Fund, Care Act Allocation	
Description:	To introduce a new worker role (CIW) and combine this with an existing role (PIW) into a new team to promote lower or no cost alternatives to traditional care packages to meet the needs and develop the independence of existing or potential service users.		
Rationale:	In line with Professor John Bolton’s recommendations, NCC is aiming to embed promoting independence approaches into its working practices in order to contain the long-term rise in demand for traditional packages of social care.		
Method:	8 ‘Promoting Independence Workers’ (PIWs) work with younger adults (predominantly with a physical or learning disability) to enable them to engage with community activities and to do more for themselves. 5.5 ‘Community Independence Workers’ (CIWs) provide information on community activities to operational workers and service users to help older adults maintain or regain their independence. The CIWs also liaise with the ‘Co-Production Service’ that helps develop community provision where none exists.		
Finance:	2016/17	2017/18	2018/19
	£13,216	£343,056	£577,214
Outcome Measures:	1 Average of 23 referrals per week processed by the CIWs from 1/10/17. 2 CIWs to signpost alternative arrangements that avoid £387,500 in social care costs PA. 3 Each PIW to work with 39 service users per year. 4 65% of PIW cases to show improved independence. 5 15% reduction in the number of younger adult cases referred for care assessment.		
Performance:	PIW activity is below target due to the delays in recruitment. It is taking time to build engagement with the new CIW role amongst operational teams, consequently referral levels are below target. The CIW team are estimating that levels of cost avoidance are ahead of target – this will be validated by sample review and reported on, along with the impact of the PIW role (indicators 4 and 5), in April 2018.		
Rating:	Amber – activity levels are below target. PIWs to be recruited, CIWs to build operational engagement.		
Extension to the Notts Enabling Service (NES)		Improved Better Care Fund	
Description:	An extra 9.5 PIWs and some Social Worker/Occupational Therapy support has been added to the NES, allowing it to grow into 2 bases, one covering the north and one for the south. It is taking time to recruit to the PIW role – a further recruitment drive is being backed by a Committee approved media campaign.		
Finance:	2017/18	2018/19	2019/20
	£130,955	£427,677	£427,677

Co-Production Team		Improved Better Care Fund	
Description:	The team ‘co-produce’ activities and events with members of the community with mental health needs in order to boost their support networks and wellbeing.		
Rationale:	Empowered individuals within supportive networks are more resilient, have improved outcomes and are less likely to call on health and social care providers.		
Method:	Employ a team of 4 development workers to stimulate and facilitate members of the community with mental health needs to organise community activities, events and self-sustaining groups.		
Finance:	2017/18	2018/19	2019/20
	£193,894	£206,000	£206,000
Outcome Measures:	The team is in the process of ordering its activity and outcomes (wellbeing scores) data.		
Performance:	The team co-produced 2 new groups with 8 new members, 7 community events, and had a further 6 new groups under development in quarter 3 of 2017/18. There was only one wellbeing score returned in quarter 3 (which showed a marked improvement). There are 28 other groups or activities across the county that liaise with the team in a ‘wellbeing network’ – some of which were co-produced, whilst others pre-existed. An initial review report is due in April.		
Rating:	The full reporting dataset is being compiled.		

CONNECT				Improved Better Care Fund		
Description:	'Connect' is a service aimed at older adults and people with long term conditions, helping them to maintain, and sometimes regain, their independence by addressing needs relating to health management, loneliness, safe and suitable housing, and economic well-being.					
Rationale:	In line with Professor John Bolton's recommendations, Nottinghamshire County Council is aiming to embed early intervention and promoting independence approaches into its service offer in order to support the health and wellbeing of its residents and contain the long-term rise in demand for traditional packages of social care.					
Method:	3 service providers have been commissioned to provide a Support Worker service across the county, taking referrals with 2 or more risk factors (chronic disease, bereavement, elderly carer, etc.) from the Contact Support Centre, health and social care, housing and voluntary sector organisations, family members, self-refers, emergency services, councils and the police.					
Finance:	2017/18	2018/19	2019/20	*This iBCF contribution represents c.17% of the total value of the 3 contracts		
	£200,000*	£200,000*	£200,000*			
Outcome Measures:	2016/17 Objectives			South Metro	Mid Age UK	North NCHA
	95% utilization			96%	149%	93%
	Number of brief interventions (1 or 2 interactions)			1,740	1,707	573
	Estimated cost per brief intervention			£85	£133	£54
	Number of short term support (STS) episodes of up to 12-weeks			241	422	112
	Estimated cost per STS episode			£2,508	£1,063	£1,720
	Target Service user output measures:					
	%			% Achieved		
	100	Access to health services needed		92%	86%	100%
	80	Better management of physical health		100%	58%	92%
	80	Better management of mental health and emotional wellbeing		88%	80%	88%
	90	Access falls to prevention activity and services		100%	61%	67%
	75	Better management of drug/alcohol misuse		0%	50%	50%
	80	Reduced self-harm and self-neglect		100%	88%	100%
	80	Healthier lifestyle		100%	75%	100%
	75	Improved feeling of safety/security in own home and in the community		100%	86%	92%
	90	Skills developed or regained to achieve and maintain independent living		97%	83%	100%
	95	Community-based solutions found or signposted to support maintenance of independence		100%	60%	100%
	90	Increase engagement with local community		82%	69%	100%
	85	Building stronger networks of family and friends		92%	92%	100%
	90	Improved maintenance and upkeep of the home		100%	76%	100%
	100	Consideration of housing options		100%	85%	95%
	70	Finding more appropriate accommodation.		84%	81%	100%
	100	Moving to different accommodation.		100%	89%	75%
	95	Access to assistive technology, equipment, aids and adaptations		100%	89%	100%
	95	Maximising income		89%	85%	100%
	85	Reducing and better managing debt (including rent/service charge/mortgage arrears)		81%	85%	100%
	85	Better management of personal, financial affairs		100%	85%	100%
Performance:	The service has been well-received and there are some good individual case examples of positive impacts. All 3 providers are experiencing some technical issues regarding the collection and collation of outcomes data in 2017/18 (and all 3 have action plans to address this), and utilisation rates in the north and the south have fallen to 57% and 34% respectively. Contract discussions regarding the use of capacity, including proposals to tackle social isolation and to support hospital discharge are ongoing.					
Rating:	Amber – issues of underutilisation and partial reporting are to be addressed with the providers.					

'Moving Forward'				Improved Better Care Fund				
Description:	The Moving Forward service provides advice and support to people with mental health needs experiencing difficulties with housing and/or debt and/or benefits issues, as well as 42 supported accommodation units for people living with mental health needs.							
Rationale:	Housing and money problems can be a cause of, or exacerbate mental health issues, leading to severe stress and risk of homelessness. Helping to resolve these issues will have a positive benefit on health outcomes and wellbeing, as well as maintaining accommodation. 'Supported accommodation' units are a more cost-effective solution for people that do not require the 24-hour support provided in the alternative 'Supported Living' option.							
Method:	Framework Housing Association is commissioned to provide a countywide Support Worker service with the capacity to help 245 service users at any one time with housing, welfare and money issues, along with 42 low-level support accommodation units.							
Finance:	2017/18	2018/19	2019/20	*This IBCF contribution represents c.55% of the total value				
	£800,000*	£800,000*	£800,000*					
Outcome Measures:	Maintain capacity to support 245 service users in the core service						Green	266
	Meaningful (min 3-point) improvement in service users' wellbeing score post-service						Amber	46%
	N ^o	%	Core service outcome measures (outcomes recorded on 321 of 742 service users):					
	227	90	Income Maximisation				Green	
	102	85	Managing Debt				Green	
	5	71	Did the client need help to obtain paid work?				Amber	
	3	27	Participation in Training/Education				Amber	
	9	38	Participation in Work-Like Activities				Amber	
	134	95	Accessing Community/Community Services				Green	
	47	96	Managing Physical Health				Green	
	207	96	Managing Mental Health				Green	
	19	76	Managing Substance Misuse Issues				Amber	
	13	100	Managing Independence Through Assistive Technology				Green	
	89	93	Maintaining Accommodation				Green	
	8	100	Compliance with Statutory Requirements in Relation to Offending Behaviour				Green	
	12	86	Managing Self- Harm				Green	
	3	100	Managing Harm to Others				Green	
	15	94	Managing Harm from Others				Green	
	173	96	Developing Confidence, Involvement & Control				Green	
Performance:	The service is continuously meeting and exceeding its capacity targets. It meets the needs of it service users in many areas, with some exceptions around the difficult areas of work or education placements. There have been difficulties capturing wellbeing information, with fewer than half of services users reporting a higher wellbeing score post-service. Work is continuing to replace less attractive shared accommodation with self-contained units that will improve the performance of the accommodation element of the contract.							
Rating:	Amber – large numbers of people are being helped, however there are some gaps to be addressed through the contracting process with the provider.							

'Brighter Futures'				Improved Better Care Fund			
Description:	A commissioned countywide service that supports adults assessed as vulnerable who are at risk of losing their independence to develop the skills and resilience they need to self-manage day to day life.						
Rationale:	The evidence base shows that adults with a learning disability or autism spectrum disorder that develop the skills to be able to live with a higher degree of independence have improved outcomes and wellbeing, and reduced packages of care.						
Method:	Add 8% extra capacity to the existing Framework Housing Association service to increase the number of younger adults that can benefit.						
Finance:	2017/18	2018/19	2019/20	*This iBCF contribution represents c.7.5% of the total value			
	£50,000*	£50,000*	£50,000*				
Outcome Measures:	Increase the caseload by 8% from 150 to 162						198% Utilisation
	Target %	Service user output measures:					
	100%	Reducing or better managing debt					85%
	80%	Better management of personal financial affairs					89%
	80%	Support to maintain tenancy and avoid eviction					87%
	100%	Consideration of housing options					96%
	75%	Support to find and move to appropriate accommodation					100%
	75%	Improved feeling of safety/security in own home and in the community					91%
	90%	Reduced self harm and self neglect					78%
	90%	Access to mental health services					66%
	90%	Access to drug and alcohol prevention services					48%
	95%	Healthier lifestyle					70%
	75%	Less social exclusion, isolation and loneliness					88%
	90%	Increase engagement with the local community					78%
	85%	Building stronger networks of family and friends					80%
	90%	Access to further education and employment opportunities					10%
Performance:	The service is ahead of target in the numbers of people receiving help, and is achieving good outcomes in the majority of areas.						
Rating:	Green – there are a handful of outcome areas than can be improved; to be addressed through the contracting process.						

Information & Communications Technology (ICT) Interoperability			Improved Better Care Fund
Description:	Enable electronic data sharing between health and social care information systems in order to reduce duplication, delay, errors and blockages, and facilitate integrated working practices and better decision making.		
Rationale:	Incomplete information, collecting the same information several times, and silo working all introduce delay, waste and opportunities for error into the patient/service user journey through the health and social care system. Building an integrated information flow that informs all parts of the system in real time will help reduce these problems.		
Method:	Employ project management and technical staff within the ICT & ASCH departments, working with health colleagues, to help develop and implement data sharing and service redesign projects at the interface between health and social care.		
Finance:	2017/18	2018/19	2019/20
	£345,000	£345,000	£345,000
Outcome Measures:	<p>Successful development and implementation of:</p> <ol style="list-style-type: none"> 1 2-way NCC data sharing with KMH, NHCT & NUH that enables more integrated working. 2 2-way information sharing between NCC and the GPRCC that informs planning and enables targeted early interventions. 3 Development of an information system that shares data between integrated discharge teams and home care providers. 4 Implementing automatic NHS number updates with Mosaic. 5 Supporting secure Wi-Fi access where this aids integrated working practices. 		
Performance:	<p>1&2 – The project has successfully implemented 1-way data sharing from NCC to King's Mill Hospital and to the GPRCC, and is now developing the processes to enable reciprocal data sharing into Mosaic. The business analysis, technical and information sharing agreement (ISA) developments required to support outcome 1 are running in parallel to an options appraisal of an 'off-the-shelf' data sharing portal. There have been preliminary discussions in Bassetlaw of how to embed interoperability opportunities.</p> <p>3 – Business analysis work is underway to support the development of this solution.</p> <p>4 – An interim solution is in place, awaiting an update to Mosaic for full implementation.</p> <p>5 – A public Wi-Fi solution is live and in the process of being rolled out.</p>		
Rating:	An annual appraisal can be given in September 2018.		

Auto Scheduling & Resolution of Queries within the Adult Access Service			Improved Better Care Fund
Description:	Enabling new or existing service users to schedule their own assessments or reviews, and enabling the Adult Access Service to deal with queries from service users rather than passing them on to district teams.		
Rationale:	Allowing service users to choose a suitable time for their appointment prevents bookings being made at inappropriate times that subsequently require rebooking – reducing delay and waste and improving user satisfaction. Similarly, where service user queries can be dealt with quickly by the Adult Access Service, this reduces delays, costs and improves satisfaction.		
Method:	Employ 2 Community Care Officers within the Adult Access Service to provide the capacity to operate auto scheduling and early query resolution for service users.		
Finance:	2017/18	2018/19	2019/20
	£21,165	£81,200	£81,200
Outcome Measures:	1 χ number of assessment slots scheduled by the AAS. 2 85% of CASAs undertaken within 28 days. 3 χ% of service queries (update messages) resolved with χ days. 4 95% service user approval rating.		
Performance:	The % of CASAs completed within 28 days has risen from 61% in April 2017 to 83% in December 2017, so is on track to meet the 85% target by March 2018. The other performance data mentioned here is not routinely captured and utilised so further work is required to develop this.		
Rating:	Amber – management information needs to be developed.		

Safeguarding Audits		Improved Better Care Fund	
Description:	The introduction of systematic quality assurance processes in relation to adult safeguarding practice.		
Rationale:	Robust QA processes are required to give confidence to NCC, service users, carers and other stakeholders that safeguarding practice is sound, in line with legislative frameworks, and in keeping with the principles of Making Safeguarding Personal.		
Method:	Employ a Safeguarding Manager and Support Officer to ensure that systems of case audits, dissemination of learning and best practice, user feedback and continuous improvement are implemented and maintained.		
Finance:	2017/18	2018/19	2019/20
	£13,177	£80,466	£80,466
Outcome Measures:	1 χ number of case reviews. 2 χ number of subject interviews. 3 χ number of themed learning events. + <i>number of participants</i> + <i>feedback score from participants</i> 4 Year-on-year improvement in audit quality scoring. 5 Quarterly reports to the ASCH Governance Group, and the Quality Assurance Sub-Group of the Notts Safeguarding Adults Board (NSAB).		
Performance:	Implementation will begin in January 2018.		

3 Tier Model		Improved Better Care Fund	
Description:	Empowering the Adult Access Service to deal with low-level queries immediately (tier 1) or offer time-limited interventions of up to 6-weeks where appropriate (tier 2) as alternatives to referring on for full assessment (tier 3).		
Rationale:	Signposting and early interventions with an emphasis on reablement and/or promoting independence can provide more timely and cost effective solutions than the traditional approach of providing a full assessment, often leading to continuing packages of support.		
Method:	Provide additional capacity to the Adult Access Team to enable it to implement a 3-tier service model, seeking to intervene at tiers 1 & 2, preventing the need to escalate to full assessment.		
Finance:	2017/18	2018/19	2019/20
	£38,024	£265,930	£265,930
Outcome Measures:	1 15% reduction in CASAs. 2 £991,000 saving against the community care budget over 3 years. 3 Length of time to completion of Tier 1 episodes. 4 Length of time to completion of Tier 2 episodes. 5 95% customer approval rating (sample telephone questionnaire 2-weeks post service).		
Performance:	Initial evaluation to be completed in January 2018.		

Enhanced Capacity to Meet Rising Demand		Improved Better Care Fund
Enhanced Capacity to Meet Rising Demand	<p>Enhanced capacity to support Team Managers to meet new statutory obligations, staff to undertake complex care assessments, and provide temporary capacity to undertake a review of the assessment and care management structure - £384,000 (pro rata, full year effect £768,000) for Team Manager and frontline staffing capacity, £40,000 (pro rata, full year effect £80,000) for review of the structure over 2 years.</p> <p>~ An additional 4 peripatetic FTE Team Managers across the County will create the capacity to support managers with rising numbers of Deprivation of Liberty authorisations, safeguarding audit work and the new competency framework.</p> <p>~ Enhanced social worker capacity is required to meet statutory duties relating to four key areas of work, where there is increasing demand and pressures on current staffing due to the complexity of the work involved. These are Community Deprivation of Liberty Safeguards, Care and Treatment Reviews, increased safeguarding referrals and investigations and Advanced Mental Health Practitioner (AMHP) assessments. The funding will cover the cost of 9.3 FTE Social Workers, 2 FTE AMHPs and 2 x 0.5 FTE Team Manager posts.</p> <p>~ Temporary funding for one year will also enable a review of resources, capacity, pressures and activity to inform a future structure for the whole of assessment and care management staffing. The associated posts required are 1 FTE Project Manager and 0.5 FTE Programme Officer.</p>	
DoLS Reviews	£600,000 to complete 1,050 extra Deprivation of Liberty Safeguarding (DoLS) Reviews using external agencies.	
Meeting Demand in Younger Adults' Services	<p>£3.368m (full year effect).</p> <p>~ Pressure on the adult social care budget resulting from an increased demographic demand for care and support services for younger adults with learning disabilities, mental health needs and Autism Spectrum Disorders. Many of these adults have complex health and social care needs, are living longer and are reliant on ageing carers.</p> <p>~ The national policy under the Transforming Care Programme to move people with complex needs relating to LDs and autism out of long stay hospitals into community provision has also meant more people require bespoke packages to meet their needs. Changes to national policy in relation to housing benefit has affected the development of supported living facilities and the level of demand for appropriate residential care has made it more difficult to manage costs in the care market. The funding will be used to secure the appropriate care and support services in the community.</p>	
Transport – Day Services Element	<p>Pressures on the service user transport budget - £478,000 (full year effect).</p> <p>~ An appropriate budget for service user transport is required to allow people to access services that help them to remain at home and in their communities, e.g. day services, respite care. Historically there has not been sufficient funding to meet identified needs in this area. The proposal focuses on the day services element of the overall adult social care transport budget.</p>	
		Better Care Fund, Care Act Allocation
Carers' Allocation	<p>£500,000 per annum.</p> <p>Supporting the delivery of respite care and short breaks to service users, enabling their unpaid carers to take a break from caring. This helps carers to maintain their own health and wellbeing, and to continue in the caring role. The service is provided to the cared for person, usually as residential care or home-based care, but it benefits the carer as well as the cared for. The Care Act creates a duty to support both the cared for and the carer, this creates additional demand for respite provision. Respite care is provided following a Care and Support Assessment for the cared for and a Carer's Assessment of the carer's needs – both need to be eligible for support in order for respite care to be provided.</p>	

Reducing Pressures on the NHS, Including Supporting More People to be Discharged from Hospital

Home First		Better Care Fund, Care Act Allocation	
Description:	Commission a home care service to provide short term support to service users experiencing a crisis at home, or to provide a bridging or reablement service to facilitate their discharge from hospital.		
Rationale:	Delays to discharge are both costly to the health service, and detrimental to health and social care outcomes – this service will provide a rapid response short term package of care in the home so that discharges are not delayed whilst an ongoing package of care is arranged. The short term package will have an emphasis on reablement, so that independence is increased and the ongoing package is reduced. The service will also provide rapid response short term support for people living in the community who would otherwise be at risk of admission to hospital or residential care.		
Method:	Commission this service as described from an external provider.		
Finance:	2016/17	2017/18	2018/19
		£725,417*	£764,823*
Outcome Measures:	1 Contribution to a reduction in the number of non-elective admissions. 2 Contribution to a reduction in Delayed Transfers of Care (DToC). 3 Reduction in size of commissioned home care packages. 4 Reduce the number of people being admitted in to urgent short term care. 5 Commence 100% of packages within 24 hours. 6 80% positive service user feedback.		
Performance:	The first performance data will be received in January 2018.		

Younger Adults Project Team (YAPT)				Better Care Fund, Care Act Allocation	
Description:	The YAPT coordinates and arranges packages of care in the community for younger adults with complex LD and MH needs to facilitate their discharge from hospital and secure settings.				
Rationale:	Community care enhances the quality of life of service users and provides better long term outcomes; NCC is fully committed to meeting its obligations under the Transforming Care agenda.				
Method:	Employ a dedicated team to 'project manage' the discharge process and community provision for younger adults moving out of hospital and secure settings.				
Finance:	2016/17	2017/18	2018/19		
		£88,201	£187,127		
Outcome Measures:	Over the lifetime of the project approximately 80 patients/service users that require a project managed discharge from hospital/secure settings into the community.				
Performance:	12 service users have been moved into the community to date – 2 of which have required readmission.				
Rating:	The project is in the process of developing outcome measures.				

Mental Health Crisis Workers		Better Care Fund, Care Act Allocation	
Description:	Provide support around social issues (mainly linked to debt, benefits and housing) alongside clinical inputs on the mental health pathway, be it in the community (admission avoidance) or as an inpatient (preventing delayed discharge). Staff are based within the Crisis Resolution and Home Treatment teams to enable effective joint working.		
Rationale:	Housing and financial difficulties are often identified as co-existing/contributory factors in mental health crises that are not tackled within clinical pathways, resulting in a more prolonged impact on health and wellbeing. By providing support with these issues it is envisaged that crises can be reduced or avoided, and blocks to discharge can be removed.		
Method:	7 countywide Mental Health Crisis Workers are commissioned from Framework Housing Association (FHA) to provide help with housing and financial issues in a variety of clinical settings, namely MH Crisis Resolution & Home Treatment (CRHT) Teams, GP Surgeries, and acute in-patient wards.		
Finance:	2016/17	2017/18	2018/19
	£70,500	£35,794	£200,000
Outcome Measures:	1 Establish relationships with 5 large primary care centres, generating 25 early interventions. 2 275 people helped within the CRHT environment. 3 Help 150 people with discharge from in-patient care. 4 Contribution towards prevention of 597 acute bed days. 5 Establish 'I Plan' resilience plans with service users. 6 Average 4-point improvement in service user wellbeing score following interaction.		
Performance:	FHA have previously provided this service alongside CRHT Teams and have been able to reinstate this quickly, having helped 209 service users in the first 6 months (above target). However, the service has not been extended into primary care as envisaged, and the health Trust have recruited a housing specialist to their team instead of integrating FHA workers*. In place of this, work is now underway to adapt the service to work with the Psychiatry Liaison Service at Bassetlaw, and Emergency Departments with the aim of avoiding unnecessary admissions. The service has not fully implemented resilience planning or the measurement of wellbeing** scoring as yet. <i>*Therefore a contribution to reduced bed days cannot be shown. **In the 24 cases where wellbeing has been measured there is a marked average improvement of 22 points.</i>		
Rating:	Amber – activity levels are high and outcomes are good, but not in all of the areas originally envisaged. Scoring and planning tools are not being utilised fully. To be addressed through the contracting process with the provider.		

Reducing Pressures on the NHS, Including Supporting More People to be Discharged from Hospital

Trusted Assessor		Better Care Fund, Care Act Allocation	
Description:	To pilot a new role at the interface between hospital discharge and care homes, whereby care homes trust the assessment that a patient is suitable for discharge into their care.		
Rationale:	Where a mismatch occurs between a hospital's assessment of suitability for discharge and a care home's capacity to provide the level of support required, patients can be readmitted, and care homes can insist on carrying out their own assessment before accepting a discharge in future, introducing delay into the process.		
Method:	Employ 2 clinical staff to liaise between hospital discharge teams and care homes, building trust and discharge/assessment protocols ensuring that patients can be safely discharged without delay.		
Finance:	2016/17	2017/18	2018/19
		£10,000	£48,000
Outcome Measures:	1 50% reduction in A2B DToC (awaiting care home assessment) numbers at King's Mill and QMC. 2 χ number of care home accepting 'trusted assessments'. 3 χ% reduction in D1B & D2B DToC (awaiting residential placement) numbers at King's Mill and QMC. 4 χ% reduction in readmissions from participating care homes.		
Performance:	The project is in the planning phase.		

Short Term Independence Service (STIS) Assessment Beds			Better Care Fund, Care Act Allocation
Description:	Short term independence services are provided in order to help adults (mostly older) regain their independence after a period of hospital care, or where they are having difficulties within the community.		
Rationale:	A short term period of reablement support, be it in the service user's own home or in a community assessment bed (as in this instance), can help older adults regain or maintain their independence within the community, preventing or delaying the need for admission into residential care, and reducing the need for and size of ongoing packages of care.		
Method:	Provide 54 assessment beds with reablement and OT support staff within supported living schemes and residential care homes, facilitating discharge from hospital and taking referrals from the community where short term support might prevent admission to hospital or residential care. This service caters for more complex cases that require more support than can be provided for in the service user's own home.		
Finance:	2016/17	2017/18	2018/19
		£581,913	£621,769
Outcome Measures:	1 Provide 54 assessment beds 2 85% of people living at home 90 days after leaving hospital and receiving a STIS assessment 3 95% customer approval rating 4 Maximum 21-days average length of stay 5 Minimum 85% occupancy 6 Maximum x% discharged to hospital or residential care home		
Performance:	52 beds are provided, and the combined target (for all service users of all reablement services) of 85% of people living at home 90 days after leaving hospital is being met. The project has yet to report against the rest of its performance indicators.		
Rating:	The full reporting dataset is under development.		

Short Term Assessment and Reablement Team (START)			Improved Better Care Fund
Description:	Short term independence services are provided in order to help adults regain their independence after a period of hospital care, or where they are having difficulties within the community.		
Rationale:	A short term period of reablement support can help adults regain or maintain their independence within the community, preventing or delaying the need for admission into residential care, and reducing the need for and size of ongoing packages of care.		
Method:	Expand the capacity of the existing START service to enable it to keep pace with rising numbers of hospital discharges, and increase the numbers of younger adult and community referrals that can be accepted. The team has previously had to prioritise provision for older adults being discharged from hospital.		
Finance:	2017/18	2018/19	2019/20
	£382,351	£955,842	£955,842
Outcome Measures:	1 85% of people living at home 90 days after leaving hospital and receiving START support 2 95% customer approval rating 3 χ number of service users completing a package of care 4 Average length of stay maintained below χ 5 ? Measure of number/frequency of OT-led/overseen reviews 6 χ% of service users achieve their predicted date of discharge 7 Waiting time for CASA maintained below χ 8 χ% of service users are 'reabled' (no or reduced need for continuing care) 9 Minimum contact time: χ% for peripatetic workers χ% for reablement workers 10 % of service users that do not complete their package maintained below χ% 11 χ% increase in capacity		
Performance:	60% of the new posts in the START service are now recruited to. The % of service users that are either completely or partially reabled has been maintained at 87%. The % of service users that remain at home 90 days after a hospital discharge has been maintained at 85%. The service is estimated to reable 323 extra service users in 2017/18 - 94% of the target. The project has yet to report against the rest of its performance indicators.		
Rating:	The full reporting dataset is under development.		

Social Workers Based in Hospital Discharge Teams			Improved Better Care Fund
Description:	NCC social care assessment staff are based in hospitals, undertaking assessments and ensuring that support packages are in place to ensure smooth and timely discharge. NCC staff also intervene in A&E where the meeting of a social care need can avert admission.		
Rationale:	Accommodating medically fit service users in hospital is expensive and wasteful to the health and social care system. It can undermine the service user's independence and likelihood of rehabilitation.		
Method:	Employ 18 ASWs, SWs & CCOs based in hospitals across the county to ensure that care packages are in place to facilitate timely discharge and prevent admission from A&E where possible.		
Finance:	2017/18	2018/19	2019/20
	£579,728	£798,099	£859,705
Outcome Measures:	1 100% of hospital-based assessments completed within 48 hours of receipt. 2 96.5% of appropriate patients discharged within 1 day of assessment. 3 Sustain DToCs attributable to social care at or below 0.7. 3 ? Measure of admissions avoidance.		
Performance:	The teams are contributing to meeting the national target of sustaining delayed transfers of care (DToCs) attributable to social care at or below 0.7, the latest returns being: September 0.3, October 0.5, November 0.5. The full reporting dataset is under development.		

Intensive Home Support (IHS)			Improved Better Care Fund
Description:	The IHS service is a health service that provides intermediate healthcare at home so as to prevent admission or facilitate timely discharge. The service is aligned with the NCC Short Term Independence Service (STIS – outlined on pages 20 & 21 of this report), so that vulnerable service users’ health and social care needs can be met at home.		
Rationale:	Where health and care needs can be met in the home this helps service users maintain their independence, improves outcomes, and saves health and social care system resources.		
Method:	Expedite the roll out of the IHS service into the Newark & Sherwood District 3-months earlier than planned to help ease winter pressures, by funding the CCG to employ Advanced Nurse Practitioners and Health Support Workers to work alongside NCC STIS teams.		
Finance:	2017/18	2018/19	2019/20
	£60,000		
Outcome Measures:	1 To provide 56 step up places with an average LOS of 14 days, 1/1/18 > 31/3/18. 2 To provide 25 step down places an average LOS of 28 days, 1/1/18 > 31/3/18. 3 To see a total of 81 patients, 1/1/18 > 31/3/18. 4 To prevent 38 ED attendances and potential non elective admissions, 1/1/18 > 31/3/18. 5 Support achievement of 85% of all CHC assessments occurring outside of the hospital environment. 6 Support achievement of the target of 3.5% DTOCs. 7 Achieve £74,250 health system savings.		
Performance:	The extended service has begun in January and monthly reporting will commence in early February.		

'Optimum' Workforce Leadership			Better Care Fund, Care Act Allocation
Description:	Provide workforce learning and development opportunities to care homes and home care providers to help them develop and provide a quality service to their residents and service users.		
Rationale:	Helping to develop the skills of care provider staff throughout the county will support them in meeting their regulatory requirements and enhance the quality of care and service that they provide for their residents.		
Method:	Maintain a team of 3 Workforce Planning and Training staff to work with the care providers, analysing their development needs and arranging solutions to meet those needs. Care homes can choose to become paying members of the service, with 2 levels of support on offer.		
Finance:	2016/17	2017/18	2018/19
		£107,150	£124,537
Outcome Measures:	The team existed prior to the advent of BCF and has traditionally been monitored on output measures such as <i>how many development toolkits have been developed and taken up</i> or <i>how many Trainee Nursing Associates are we supporting?</i> These measures show large numbers of a wide range of developmental activities, however it has been harder to evidence the outcomes of these activities, i.e. are care homes offering a demonstrably better service as a result of this work? One possible way to develop this is the care home bandings used by the Quality & Market Management Team to assess overall quality of service. This data is available for 115 non-members, 36 lower level members, and 12 higher level members; with the proviso of a small sample size, the data does not show any correlation between quality banding and membership type – non-members and members are alike in their quality profile.		
Performance:	The team has been energetic in producing a broad range of training opportunities, developmental toolkits, workshops and events, and has seen a little growth in its membership. However, some further work is required to understand how non-members appear to be maintaining the same level of quality as members.		
Rating:	Amber – further work is required on understanding the impact on outcomes.		

Enhancing the Quality & Market Management Team (QMMT)			Improved Better Care Fund
Description:	The QMMT monitors the quality of social care providers across the county, including residential and nursing care homes, homecare providers, extra-care housing schemes, day services and others. The team intervenes where quality falls below standard, and reacts where concerns are raised by service users, the public or other agencies.		
Rationale:	With increasing expectations and focus on quality across society, the work-intensive reactive elements of the Team's function has been increasing, leading to a requirement to build the capacity of the team to be able to undertake the proactive, quality improving aspects of the work.		
Method:	Add 4 extra Quality Monitoring Officer posts to the team, to build the capacity to undertake quality monitoring and improvement visits with care homes, and enhanced levels of coordination with external agencies such as CCGs and the CQC.		
Finance:	2017/18	2018/19	2019/20
	£47,215	£161,669	£161,669
Outcome Measures:	1 Improvement in care home bandings. 2 Reduction in reactive visits. 3 Reduced number of contractual sanctions. 4 Reduction in safeguarding referrals.		
Performance:	The team will report at financial year end.		

Increased capacity in the DIRECT PAYMENTS team			Improved Better Care Fund
Description:	Pursue development actions in 4 areas relating to the administration of Direct Payments; (i) promote the use of administratively efficient pre-payment cards, (ii) improve audit processes, and extend choice by (iii) developing the micro-provider market and (iv) encouraging more certified Personal Assistants to join the market.		
Rationale:	Direct Payments are a key component of the <i>personalisation</i> of services to individual service users, facilitating an approach that tailors care to an individual's needs, empowering them to make choices for themselves, improving their wellbeing and independence. Ensuring efficiency and accuracy in administration of payments generates time and cost benefits to both service users and NCC; developing diversity in the market improves choice and cost effectiveness.		
Method:	Add 4 members of staff to the Direct Payments team within Strategic Commissioning to help develop and implement improved Direct Payments processes.		
Finance:	2017/18	2018/19	2019/20
	£50,947	£161,863	£161,863
Outcome Measures:	1 Increase in the % of DPs used for PAs 2 Increased proportion of DPs via pre-payment cards 3 Reduction in DP administrative costs 4 Reduction in the average value of recoups 5 New systems to ensure that 100% of ACFS alerts are investigated 6 Increase in the number of micro-provider start-ups		
Performance:	The project is in the planning and implementation phase.		
Rating:	The full reporting dataset is under development.		

National Living Wage & Fair Price for Care**Improved Better Care Fund**

£5.645m (full year effect).

~ This is a known budget pressure, relating to ensuring sustainability and stability of the social care market. It has arisen as a result of legislative changes which came into effect from April 2016 with the introduction of the National Living Wage. In addition there are pressures in relation to inflationary increases applied to older adults' care homes in accordance with the Fair Price for Care. The financial impact of the NLW increase and the Fair Price for Care index linked inflationary increase for 2017/18 is £5.645m.

~ The Council contracts with a large number of external providers for adult social care services. In order to ensure that the Council can continue to commission the services to meet its statutory duties in relation to the provision of adult social care services, the Council needs to pay increased fees to meet the increased costs that the care providers are now incurring arising from the implementation of the National Living Wage. Concerns remain about the sustainability of the adult social care market and providers continue to report considerable difficulties in recruiting and retaining care staff including nursing staff. There is a risk that some providers may not be able to sustain delivery of care services that are financially viable as a result of increased costs relating to staff pay and on-costs including National Insurance and pensions contributions. Evidence in other parts of the country is that providers are handing back contracts where their cost pressures are not being reflected in the fees paid by local authorities.

APPENDIX 2

SUMMARY OF 2018/19 POSTS AND SCHEMES ALREADY ESTABLISHED

	Scheme	Amount in 2018/19
BCF Care Act – Recurrent Allocation	Notts Enabling Service	£0.576m
	Carers Assessments	£0.530m
	Mental Health Crisis Workers	£0.200m
	Younger Adults Project Team	£0.187m
	Home First Hospital Discharge Scheme	£0.567m
Total		£2.060m
BCF Care Act - Reserve	Community Empowerment	£0.061m
	Integrated Technology Project Management	£0.058m
	Optimum	£0.124m
	Access Programme Officer	£0.047m
	Trusted Assessor	£0.038m
	BCF Co-ordinator – post to 31 st May 2018	£0.007m
	Extra Care Commissioning Officer – post to February 2019	£0.053m
	Winter Pressures – to April 2018	£0.044m
	Care Home Reviews – posts to December 2018	£0.076m
	Asperger's Team – posts to December 2018	£0.060m
	STIS Assessment Beds – to March 2019	£0.622m
Total		£1.190m
BCF Care Act – Reserve Allocation For Future years	One-off amount to be phased over 2018/20 to enable transition to approved commissioning plan for short term assessment and re-ablement apartments and beds	£1.184m
Total		£1.184m

Improved BCF Grant Condition Area	Scheme	Amount in 2018/19
Meeting adult social care needs	Enhanced capacity to support Team Managers	£0.897m
	Demand in Younger Adults	£3.368m
	Implementation of Safeguarding audits	£0.081m
	Enhanced staffing capacity in the Adult Access Service	£0.167m
	Immediate capacity at the Adult Access Service to support auto-scheduling work	£0.067m
	Pressures on the service user transport budget	£0.478m
	Continued investment in prevention services	£1.214m
Reducing pressures on the NHS, inc. supporting more people to be discharged from hospital	Increased social work capacity based at hospitals due to increased demand	£0.752m
	New Models of Care – new types of social care services required to support a Home First approach in Discharge to Assess models – START, NES	£1.448m
	Implementation of an IT project to improve exchange of information across health and social care	£0.345m
Stabilising the social care provider market	National Living Wage (NLW) increases and inflation for Fair Price for Care	£5.645m
	Capacity in Quality and Market Management Team	£0.163m
	Increased capacity in Strategic Commissioning	£0.163m
Total		£14.788m

ASCPH532a

12 March 2018**Agenda Item: 7****REPORT OF THE TRANSFORMATION PROGRAMME DIRECTOR****EVALUATION OF THE IMPACT OF SOCIAL CARE STAFF EMBEDDED
WITHIN INTEGRATED CARE TEAMS****Purpose of the Report**

1. The purpose of this report is to:
 - a) outline the key findings of the evaluation that has been undertaken by Nottingham Trent University and PeopleToo
 - b) seek approval for the proposed actions to be taken as a result of these findings
 - c) seek approval for wider communication of the evaluation to a national audience.

Information**Background to Integrated Care Teams (ICTs)**

2. Integrated care teams are multi-disciplinary teams of staff whose aim is to provide proactive care and support to prioritised service users in the community who have a range of complex health conditions, sometimes with additional social care needs that are adding to their difficulties. The teams work holistically to sustain the person living at home for as long as possible and avoid a hospital admission. Usually they cover a geographical patch defined by a set of GP practices. Typically an ICT is made up of:
 - District nurses
 - Specialist nursing staff e.g. Mental Health, Diabetes, Falls
 - Social care
 - Therapies (Occupational Therapy & Physiotherapy)
 - Voluntary sector representatives.
3. In Mid-Nottinghamshire there are seven Social Work posts which are embedded within the seven Local Integrated Care Teams; these were established permanently with funding from health. There are six permanent workers in these posts and one vacancy. From April 2018, the funding contribution from health towards these posts is reducing to 50%.
4. In Bassetlaw there were two social care staff funded to support the four integrated care teams (known as Integrated Neighbourhood Teams) between September 2015 and

September 2016. However, these posts were ceased once health funding was withdrawn. Referrals to social care from these teams are directed to the Customer Service Centre.

5. In South Nottinghamshire, health funding supports three Social Worker posts and seven Community Care Officer posts until March 2019 to support the three integrated care teams (known as Care Delivery Groups).

The aims of the evaluation

6. Nottinghamshire County Council applied for a grant from the Local Government Association's Care and Health Improvement Programme in 2015/16. The purpose of the bid was to evaluate an aspect of integrated care that would have national significance. Nottinghamshire was successful in gaining a grant of £20,000 to explore possible savings, efficiencies and other benefits across the health and social care economy, which may be achieved through integrated health and social care teams. Areas to explore were:
 - the benefits of social care interventions by integrated teams for both health and social care
 - the extent to which integrated teams can deliver efficiencies through new ways of working
 - how integrated teams can achieve savings through managing demand and reducing costs by promoting independence and keeping people in control of their care and health
 - how integrated teams can deliver a better individual experience, with more effective, personalised and independent outcomes.
7. In July 2016, Nottingham Trent University in partnership with a consultancy called PeopleToo was commissioned to carry out the evaluation.

Methodology

8. Three ICTs were chosen for the evaluation – Bassetlaw West, Newark West Ward and Broxtowe/Nottingham West. These represented the three health planning units of Bassetlaw, Mid-Nottinghamshire and South Nottinghamshire, where there were different integrated arrangements in place. These areas also represented differing maturity, as the Newark team had been established in 2012/13 (the most mature), with Bassetlaw West (the newest team) only operating with social care involvement between December 2015 to September 2016.
9. 10 case studies involving social care input were chosen at random from each ICT for analysis. These case studies were matched to 10 cases from the relevant local District Older Adults Assessment Team. They were matched using the Workload Management Tool, which is a mechanism that allows each worker within a District Team to score the complexity of the cases they are working on so that the Team Manager can assess capacity and workload across the team. The particular characteristics of this cohort were that the focus person met the following criteria:
 - had three or more professionals involved in their care
 - had at least two health and/or social care needs (but no more than five)

- were 70 years old or more
 - met either criteria 3 or 4 on the Workload Management Tool.
10. The total number of cases reviewed was 60. These were examined to capture data relating to a variety of factors including:
- outcomes for the service user
 - number of professionals involved
 - cost of the resulting care package
 - timeliness of response to the point of assessment starting.
11. The research team carried out interviews with five service users, nine carers and three GPs and ran focus groups to capture views from ICT staff and district teams (58 staff in total).

Findings

12. There are three levels of 'integration' that describe how social care staff have participated in the ICT arrangements. These are:
- Embedded (High level): Newark West Ward
 Aligned (Medium level): Bassetlaw West
 Attached (Low level): Broxtowe
13. These levels were determined by the following factors:
- level of collective knowledge shown by members of the team
 - frequency of joint visits and assessments
 - whether staff can see each other's information on ICT systems
 - whether staff are co-located
 - how often staff meet together in team meetings
 - how secure the funding is
 - the level of trust and respect that team members show for each other
 - the level of understanding shown in the team about integrated working and the benefits of it
 - the level of experience and skills demonstrated by the social care worker in the ICT environment.
14. The level of integration of the social care worker within the ICT had a significant impact on the care outcomes (social care and health) experienced by the service user. In addition, the level of integration was significant when comparing these outcomes to those achieved by the District Team. The higher the level of integration, the higher the success of meeting outcomes, compared with the District Team. When the level of integration was low, the outcomes were worse than those achieved by the District Team.
15. The evaluation found a better outcome for service users, with more supported independently at home, when managed by the ICT than when managed by the relevant District Team. By the end of the period of research or input from the social care staff:

- more people supported by ICTs (21) were at home with a care package, than people supported by District Teams (13)
 - more people were in hospital (4) and in short term care (4) when supported by District Teams and no ICT service users were in hospital or short term care
 - slightly less people were in permanent care when supported by ICTs than when supported by District Teams
 - one person supported by Newark ICT had no ongoing support package compared to no people in this position supported by District teams.
16. The evaluation found that greater embeddedness of the social care role encouraged a more positive, independent approach with service users than might otherwise have been adopted by health colleagues. This supported the results described in **paragraph 14**, which led to cost savings and improved outcomes through:
- a reduction in hospital admissions
 - a reduction in admissions to residential and nursing care
 - greater use of lower level services that helped maintain service users' wellbeing and independence, enabling them to remain at home
 - more service users remaining at home with cheaper care packages.
17. The cost of the overall social care involvement was directly related to the degree of integration present. For this cohort of people, integrated care and support was cheaper to provide and commission than for people supported by a District Team. The most integrated model ('embedded' in Newark) achieved the lowest cost per service user, whilst the Bassetlaw 'aligned' model achieved the greatest difference in cost per service user (i.e. lower cost) when compared to its District Team. The ICT with the lowest degree of integration (Broxtowe) delivered more expensive outcomes than the District Team and both the other integrated teams. But in Bassetlaw and Newark, costs were avoided:
- in Bassetlaw, Integrated Team total social care costs were on average £4,446 less per service user compared to Bassetlaw District. The total 'cost avoidance' for the 10 Bassetlaw cases was therefore £44,460
 - in Newark, Integrated Team total social care costs were on average £2,700 less per service user compared to Newark District Team. The total 'cost avoidance' for the 10 Newark cases was therefore £22,700.
18. The conclusion can be drawn that, providing the model of integration is either 'aligned' or 'embedded', an integrated model of care will deliver cost savings to Adult Social Care and Health in the region of between £2,270 - £4,450 per case (for the cohort identified in **paragraph 9**). The evaluation concluded that costs were avoided because the teams were working more efficiently and making better decisions collectively. People were supported proactively to maintain their health and so needed less care and support on average than people supported by District Teams.
19. Other findings were:
- the ICT service users had more referrals per person to health staff than in the District Teams

- there was a beneficial effect on health outcomes achieved by ICTs compared to District Teams. This is best demonstrated by the impact on avoiding hospital admissions. At the end of the evaluation, 4 of the 30 case study people from District Teams were in hospital but none of the 30 people supported by ICTs were in hospital.
 - the more that the social worker was embedded in the ICT, the more that health and social care staff were able to learn with and from each other about their roles, which helped to improve the quality of their assessments as they were more holistic. Health colleagues in Newark were able to explain low level queries about social care from service users (e.g. to overcome worries about financial assessment) and encourage people to engage with social care. They had also learnt when it was appropriate to refer to social care, which saved time and prevented confusion.
20. The evaluation did not reveal a wider range of ‘health’ outcome benefits for service users or benefits to health staff due to having social care staff working within the integrated teams, because the evaluation team were not asked to explore these angles in the original specification. This is because there is already significant published literature that details health benefits due to integrated team working. The gap in available knowledge concerned the benefits from a social care perspective, which is what this evaluation was intended to do and has delivered, in what is being seen as the first study of its kind.
21. The most effective level of social care and health outcomes for the service user (within the cohort group studied, see **paragraph 9**) was achieved when these conditions were in place:
- social care worker embedded within an integrated team and co-located
 - high frequency of joint assessments between health and social care staff
 - shared access to information systems
 - regular multi-disciplinary team meetings
 - security of funding
 - trust and respect between health and social care workers
 - a good understanding of integration and collective decision making
 - having social care workers who are skilled, experienced and confident in the social care role, responsibilities and duties.

Proposed next steps

22. Further exploration of district team social care cases in Newark Older Adults teams showed that 16 – 19 % of service users (36-43 people in total) being supported actively in December 2017 had equivalent complex health and social care needs to those people being managed within the Integrated Care Teams. If this is representative of all Older Adults teams, there is a significant cohort of people who have a range of needs which would be best met by health and social care staff working in a more integrated way around the focus person. There will also be people with equivalent complex needs being supported by Physical Disability Teams, who report having difficulties finding the relevant health staff to work with.
23. The following actions are proposed for approval by Committee:
- a. To develop a vision and plans with health colleagues so that integrated working across all community teams can deliver the “embedded” level of joint working for all Nottinghamshire residents who have a range of complex health and social care needs.

This model is already in place for people who have a learning disability (i.e. Community Learning Disability Teams) but is not applied generally for people who have a physical disability or older adults, other than through Integrated Care Teams currently in operation.

- b. Give approval for ASCH officers and Nottingham Trent University (NTU) to circulate the evaluation report to national contacts (including the Local Government Association and Chief Social Worker), publish the report on the Council and NTU websites and use the evidence to submit articles for publication in conjunction with the Council, including the International Journal of Social Work, Health Service Journal and Local Government Chronicle. This is in line with the expectations of the LGA grant to share national learning with other councils and health bodies. An application will also be submitted to share the work at the National Children and Adult Services Conference 2018. Please note that the report itself is owned by Nottinghamshire County Council.
24. In order to be able to develop the vision and plan outlined at **paragraph 23a**, a request has been made to the Committee in a separate report to establish a Project Manager post (Band D subject to Job Evaluation), funded from iBCF, for 18 months. This request is contained within the report '2017/18 Progress Update and Approval for the use of the Better Care Fund (BCF) Care Act Allocation and the improved BCF 2018/19'.
25. In order to secure the posts in 2018/19 for the 6 Mid-Nottinghamshire social workers who are embedded within the integrated care teams, a request has been made to the Committee in a separate report to establish 3 Social Worker posts (Band B) funded from iBCF. Funding from Mid-Nottinghamshire CCG is being provided for the other 3 posts for one year (see **paragraph 3**). This request is contained within the report '2017/18 Progress Update and Approval for the use of the Better Care Fund (BCF) Care Act Allocation and the improved BCF 2018/19'.
26. There is no social worker post available to participate in the work of the integrated care teams in Bassetlaw. To ensure equity of provision with the other Districts of the County, a request has been made to the Committee in a separate report to establish 1 Social Worker post (Band B) for 12 months funded from iBCF. This request is contained within the report '2017/18 Progress Update and Approval for the use of the Better Care Fund (BCF) Care Act Allocation and the improved BCF 2018/19'.

Other Options Considered

27. A bid could be submitted to iBCF to fund more social care posts within ICTs across Nottinghamshire. This option is not being suggested because of the pressure on the iBCF for a variety of initiatives and also because the longer term vision is to align health and social care staff more effectively to encourage better partnership working as "business as usual". This is a more sustainable approach which is expected to achieve significant benefits for service users with complex health and social care needs as well as the health and social care system as a whole.
28. If no bid was submitted for iBCF funding of social work posts, there would continue to be a gap in Bassetlaw as there is no direct input into integrated care teams in that District. Three social work posts in Mid-Nottinghamshire would be put at risk from April 2018 as health are only able to fund 50% of the current six staff in post from April. No additional project manager

resource would be available to ensure sustainable transformation into a more integrated community health and social care model. Piecemeal change could be introduced to work towards this vision, led by group managers, but this would be unlikely to achieve the most effective model and would not be consistent or coherent across the County. It would be very difficult to realise the potential benefits outlined by the evaluation.

Reason/s for Recommendation/s

29. The positive impact of integrated team working for people who have complex health and social care needs has been demonstrated by the evaluation carried out by Nottingham Trent University and PeopleToo. In order to ensure that this positive impact benefits all people who have complex health and social care needs, a transformation is needed to embed more integrated working across all community health and social care teams. The vision for this wider approach will need to be developed in partnership with health colleagues. The resulting plan to implement the vision will need to be agreed and then action coordinated to achieve a consistent and effective model of delivery by April 2019.
30. There is national interest in the findings of the evaluation as the Local Government Association expects to receive a copy of the report and intends to circulate it to other local authorities; this was one of the conditions of receiving the grant funding. Other national contacts are keen to receive a copy including Professor John Bolton (who acted as the Council's critical friend during the evaluation on behalf of the LGA) and the Chief Social Worker, Lyn Romeo. There are also opportunities to publish the results of the evaluation in journals such as the International Journal of Social Work, Health Service Journal and the Local Government Chronicle. Another opportunity is to submit an application to present the findings to the National Children and Adults Services Conference 2018 (in November).

Statutory and Policy Implications

31. 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

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

Human Resources Implications

33. There are no HR implications arising from the recommendations made in this report. The vision and implementation plan to be developed by the Project Manager during 2018/19 will outline any HR implications.

Smarter Working Implications

34. Any Smarter Working implications will be reflected and addressed within the plan to implement closer integrated working between health and social care.

Implications for Service Users

35. The vision for more integrated community health and social care team working will ensure that the benefits of integrated working set out in the evaluation by Nottingham Trent University and PeopleToo will be experienced by all service users who have complex health and social care needs.

RECOMMENDATION/S

That Committee gives approval:

- 1) to develop a vision and plans with health colleagues so that integrated working across all the community teams can deliver the 'embedded' level of joint working for all Nottinghamshire residents who have a range of complex health and social care needs. This model is already in place for people who have a learning disability (i.e. Community Learning Disability Teams) but is not applied generally for people who have a physical disability or older adults, other than through Integrated Care Teams currently in operation.
- 2) for Adult Social Care and Health officers and Nottingham Trent University (NTU) to circulate the evaluation report to national contacts (including the Local Government Association and Chief Social Worker), publish the report on the Council's and NTU's websites, use the evidence to submit articles for publication in conjunction with Council (including the International Journal of Social Work, Health Service Journal and Local Government Chronicle) and submit an application to share the work at the National Children and Adult Services Conference 2018.

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Constitutional Comments (LM 27/02/18)

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

Financial Comments (OC 28/02/18)

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

HR Comments (SJJ 19/02/18)

38. Whilst the recommendations contained in the report do not have specific HR Implications, the issue of continued funding of posts beyond 2018/19 and any outcomes and recommendations from the work undertaken by the Project Manager may have HR implications that will need to be addressed.

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.

“Evaluation of the Social Care Role in Integrated Primary Care Teams for Older Adults who have Complex Needs in Nottinghamshire”. Prepared for Nottinghamshire County Council by Professor Di Bailey, Dr Dominic Holland and Dr Gabriella Mutale in collaboration with PeopleToo
December 2017

Electoral Division(s) and Member(s) Affected

All.

ASCPH527

12 March 2018**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
SAFEGUARDING AND ACCESS****PROPOSED INCREASES IN FEES FOR INDEPENDENT SECTOR ADULT
SOCIAL CARE PROVIDERS AND CHARGES FOR MEALS AND
TRANSPORT****Purpose of the Report**

1. To advise Committee of the application of inflationary increases for care and support services purchased from independent sector providers.
2. At Full Council on 28th February 2018, Members approved the allocation of £6.5m to meet provider cost pressures arising from the impact of the National Living Wage for 2018/19. This report now seeks Committee approval for the proposed distribution of the £6.5m of fee increases to independent sector care and support providers across the different adult social care services.
3. To seek Committee approval to increase Older Adults' Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation.
4. To seek Committee approval for the fee increases to be effective from 1st April 2018 to align with the payment cycle for the new financial year.
5. To seek Committee approval to increase the charge for meals and transport from 1st April 2018.

Information**The Care Act 2014**

6. The Care Act, 2014, places statutory duties on councils to ensure there are sufficient care and support services in the local care market to meet the needs of all people in the area who require care and support. This includes services for people who arrange and manage their own care and support services, through the use of Direct Payments, and for people who fund their own care and support.
7. The Care Act also places a duty on councils to ensure provider sustainability and viability. Section 4.31 of the Care Act statutory guidance relates to the role of councils, as part of their market shaping duties, in ensuring that fees paid to providers are sufficient to enable them to meet their employer duties and responsibilities.

“When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages of care and agreed quality of care. This should support and promote the wellbeing of people who receive care and support, and allow for the service provider ability to meet the statutory obligations to pay at least the national minimum wage and provide effective training and development of staff. It should also allow for retention of staff commensurate with delivering services to the agreed quality, and encourage innovation and improvement. Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment.” p48.

Implementation of the National Living Wage from April 2016

8. In response to the announcement by the Chancellor of the Exchequer, in July 2015, of the introduction of the National Living Wage (NLW) from April 2016, the Council completed detailed analysis of the financial implications of this across the range of externally commissioned care and support services. This was in recognition that large proportions of the adult social care workforce are employed at or just above National Minimum Wage levels. The Council's analysis of the cost implications was subject to independent evaluation and validation which was completed by PwC in December 2015.
9. Following the detailed evaluation of the NLW cost pressures, and following approval at Full Council in February 2016, the Council made provisions within its Medium Term Financial Strategy to meet the anticipated cost pressures arising from the NLW, from April 2016 through to 2019/20.

The Budget

10. The Council's net budget for adult social care is £204m for 2018/19, with a gross budget of £365m. The vast majority of this is spent on care and support services that are commissioned externally from both private and voluntary sector providers through contractual arrangements. The Council's gross budget allocations for externally provided care and support services for 2018/19 are broken down as follows:

Area of service	Budget
Care Home placements - Older Adults	£73.9m
Care Home placements - Younger Adults	£43.4m
Home care services	£16.7m
Supported Living services	£42.6m
Direct Payments*	£42.1m

**Direct Payments are used by service users and carers to purchase all types of community based services including home care, supported living, day time activities and carers' breaks. This includes one-off Direct Payments.*

Care and support services in Nottinghamshire

11. The total number of people funded by the Council in long term residential or nursing care placements was 2906 as at the end of January 2018. This includes those individuals who are residents of the County but who have chosen to live in a care home in another part of the country.
12. The Council also commissions a range of care and support services such as home care, supported living and day care services from independent sector providers to help people to remain living independently in their own homes. As at the end of January 2018, there were approximately 6770 people who are receiving community based care and support services, based on their eligible needs, across all service user groups. People accessing care and support services are required to contribute to the cost of these services in accordance with their financial circumstances and based on a financial assessment. Some service users will be meeting the full cost of their care.
13. The Council also commissions a range of carers support services which aim to help carers to continue with their caring duties. These services include information and advice and one-off support or on-going services, including short breaks provision, to approximately 4672 carers. Many of these services are delivered through a Direct Payment.

Application of fee increases in recent years including the increase applied in April 2017 in relation to the National Living Wage

Older Adults' Residential and Nursing Care Home Provision

14. During 2012, the Council completed a comprehensive review of its 'Fair Price for Care' framework and fee levels for independent sector older persons' care homes. Subsequently, a new fee structure and fee levels were approved by Policy Committee in February 2013. At the same time, Members approved the application of an annual inflation-linked fee increase to be applied annually to independent sector older persons' care home fees.
15. In accordance with the above, financial provisions have been built into the Medium Term Financial Strategy for an annual inflation linked increase.
16. In addition, since 2016 additional increases have been approved in line with the cost of the National Living Wage.

Younger adults' residential and nursing care home provision

17. Fee levels for younger adults' residential and nursing care home provision have historically been negotiated with the care home providers on an individual basis based on the specific needs of the service user. In many cases, the fees have previously been determined through the use of the 'Care Funding Calculator' which is a widely recognised tool, used by many health and social care commissioners as it enables value for money considerations and provides a useful means of benchmarking the cost of complex care across the region. The tool also provides a robust framework for

agreeing a fair and transparent price for each placement based on the needs of the individual service user.

18. In 2016/17, the Council developed a Dynamic Purchasing System (DPS) as a means of selecting care home placements for younger adults based on their specific needs. The DPS is a process whereby providers can apply to become accredited so that they are able to deliver services in Nottinghamshire on behalf of the County Council. Successful accreditation onto the DPS does not automatically enable the provider to deliver services for the Council but it is a means by which contracts can subsequently be awarded to them following a tender process. When a new service is required, the Council can inform all the providers on the DPS that they can submit a bid for the delivery of the service. The preferred provider will then be selected following evaluation of their tender submission against a set of criteria relating to quality and price.
19. The DPS is open throughout its duration allowing new providers to apply to join the DPS and bid for contracts thereby allowing new providers to enter the local market and gain a contract with the Council. This offers greater flexibility to the commissioners in the event that existing providers cannot sufficiently meet demand or in the case of concerns about the quality of the care services. The DPS will also permit contracts to be awarded with different start and finish dates. All new care home placements for younger adults are now sought through the DPS and providers are required to submit their fee as part of the competitive bidding process.
20. Due to the financial pressures experienced by the Council in recent years, the specialist care home providers have not been allocated an annual inflationary increase whilst the Care Funding Calculator has been implemented.
21. However, since 2016 additional increases have been approved in line with the cost of the National Living Wage.

Home Care, Extra Care and supported living services

22. Home Care, Extra Care and supported living services are subject to market testing through competitive tender processes on a regular basis, usually every 3 – 5 years. Tendering provides the Council with the opportunity to test the market through an open and transparent competitive process in order to seek best value from providers.
23. Following the completion of the tender for home based care and support services in 2013/14, new contracts were awarded to four core providers for home based care and support services (home care), each covering a large geographical area based on district council boundaries.
24. These contracts, with a revised specification, are out to tender and will be awarded during 2018/19. The outcome of this tender will inform the pricing thereafter.
25. The above contracts do not require the Council to apply an annual inflationary increase.
26. However, since 2016 increases have been approved in line with the cost of the National Living Wage.

Day Care Services

27. The Council has established matrix rates for internal day services, based on the following categories, reflecting their levels of need, as follows:
- Complex needs
 - High level needs
 - Medium level needs
 - Low level needs
 - 1:1 support.
28. The matrix considers both physical disabilities and cognitive impairment and people's ability to engage with the service and the score indicates the level of staff supervision likely to be required. Therefore people with complex needs may need one member of staff to every two service users whereas low needs may be one member of staff to 10 service users depending on the activity being undertaken and size of the service.
29. Since 2016 increases have been approved in line with the cost of the National Living Wage.

Shared Lives Services

30. As the Council has developed and expanded its Shared Lives scheme, the fee rates payable to Shared Lives carers were reviewed during 2013/14 and the new fee structure implemented at this time involved aligning fee levels with individual needs. In April 2016, an increase of 6% was applied to Shared Lives carers to meet NLW cost pressures. Benchmarking data shows that the rate paid to Shared Lives Carers in Nottinghamshire is above the average paid by neighbouring authorities. No uplift was made in 2017/18.

Direct Payments

31. Prior to April 2016, the rates for paying Personal Assistants (PAs) have been in effect since April 2010 and were set at £9.10 per hour from Monday to Saturday and £13.30 on Sundays. This rate includes overhead costs such as National Insurance and pension contributions as well as the hourly rate paid to the PAs.
32. Since 2016 the rates for Direct Payments have been increased in line with National Living Wage.

Sleep-in provision

33. In February 2016, Full Council approved the allocation of £3.8m to enable an increase to be applied to the rate paid for sleep-in provision. This was based on detailed analysis of the numbers of sleep-ins being commissioned during late 2014 and the rates paid for the sleep-in provision. This enabled the Council to increase the flat rate from £35 per night to a rate of £70 per night, which has then been increased for the National Living Wage increases.

Proposals for fee increases from April 2018

34. In April 2018, the NLW will increase from £7.50 per hour to £7.83 per hour for people aged 25 years and over. At the same time the NLW for under 25s will increase from £7.05 to £7.38 per hour. In anticipation of the cost pressures in social care arising from this increase, a further £6.5m has been allocated to the Department's base budget to be applied to adult social care services commissioned from independent sector providers. As the inflationary increase relates directly to the NLW increase, the proposed distribution of this funding has been determined based on the staffing requirements and levels across the respective service area.
35. The proposed uplifts also take into account the increased employer contribution for pension provision from 1% - 2% effective from 1st April 2018.

Older adults' residential and nursing care home provision

36. It is proposed that a 3.00% increase is applied across all older adults' care home provision within Nottinghamshire. This is the combination of the increase relating to the increase in the NLW for staffing and an increase relating to other inflationary cost pressures in accordance with the Fair Price for Care fee framework. The table below outlines the current weekly fee levels and the proposed weekly fee levels to be applied from April 2018:

Care Home Banding	Proposed Fee 2018/19 Care Home (current fee)	Proposed Fee 2018/19 Care Home including DQM Payment** (current fee)	Proposed Fee 2018/19 *Nursing care (current fee)	Proposed Fee 2018/19 *Nursing care including DQM Payment (current fee)
Band 1	£454 (£441)	£467 (£453)	£493 (£479)	£504 (£489)
Band 2	£504 (£489)	£555 (£539)	£565 (£549)	£609 (£591)
Band 3	£535 (£519)	£584 (£567)	£595 (£578)	£640 (£621)
Band 4	£548 (£532)	£596 (£579)	£607 (£589)	£652 (£633)
Band 5	£564 (£548)	£614 (£596)	£624 (£606)	£668 (£649)

**For all care homes with nursing, the above fee levels are net of Funded Nursing Care contribution which was set at £156.25 per person per week in April 2017 and which may be increased for 2018 in line with inflation related costs. The Clinical Commissioning Groups (CCGs) fund and administer this element of the fee.*

*** DQM – Dementia Quality Mark Payment – those homes which provide high quality care and meet the Council's Dementia Quality Mark will receive an enhanced payment for those residents whose primary care requires complex dementia care.*

Younger adults' residential and nursing care home provision

37. It is proposed that a 2.92% increase is applied to all younger adults' care home provision to cover the increase in the National Living Wage and employer pension contributions.

Home Care and Extra Care services

38. It is proposed that a 3.25% increase is applied to all core home care and extra care providers. Any other provider being paid at or below the core provider will also receive an increase up to the core provider rate.

Supported living services

39. It is proposed that a 3.25% increase is applied to all supported living services.

Day services

40. It is proposed that a 3.27% increase is applied to all externally commissioned day services.

Direct Payments

41. It is proposed that a 5.05% increase is applied to Direct Payment personal assistant (PA) packages. This will take the basic rate for 2018/19 to £10.55 per hour.
42. The amount of increase applied for Direct Payments provided through home care agencies or supported living providers may vary depending on the providers' existing hourly rates, so where a home care provider's rate is above the rate of the core provider operating in the same geographical area, the Council will not automatically apply the rate increase. Any increase to be applied will be determined on a case by case basis depending on the needs and circumstances of the individual service user, at point of review.

Shared Lives services

43. It is proposed that a 3.25% increase is applied to all Shared Lives services.

Sleep-in provision

44. In order to ensure that the National Living Wage and overheads can be paid for all hours covered by sleep-in provision, it is proposed to increase the rate to £86.68 per night.

Proposals for increases to charges

Meals

45. To help cover the increasing costs of providing meals it is proposed to set a charge of £4.35 for all hot meals provided by the Council's Meals at Home service and within the Council's own Day Services from 1st April 2018.

Transport

46. In line with Transport policy and to help recover increased costs of providing the service, it is proposed to increase the daily charge for transport services from £8 to £9 per day from 1st April 2018.

Other Options Considered

47. At Full Council in February 2018, Members had approved the allocation of £6.5m to meet provider cost pressures arising from the impact of the NLW for 2018/19 and provisions were made at that time in the Medium Term Financial Strategy to fund this pressure. The purpose of this report is to propose to Members the most appropriate way of allocating this funding based on the fees already allocated across the different services and based on information about provider costs.

Reason/s for Recommendation/s

48. The Council has a statutory duty to have in place a range of care and support services for people who meet national eligibility criteria, either directly through its internal services or through commissioned services from external providers. This statutory duty extends to ensuring that there is a viable and sustainable market of social care providers who are able to deliver the required services.
49. Consideration has been given to the current fee levels paid to care and support providers within the context of the increasing cost pressures arising from the impact of the NLW. The proposed fees increases should help providers to continue to deliver care and support services at a time when they are facing substantial increases in their costs, most of which relate to staff pay and terms and conditions of employment.

Statutory and Policy Implications

50. 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.

Implications for Service Users

51. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. An increase in fees paid by the Council to independent sector care and support providers will help to ensure that there are sufficient and viable services within the local market to meet current and future needs.

Financial Implications

52. £7.7m has been added to the Department's budget for 2018/19 and up to £0.55m is available from contingency, any costs over and above this will need to be met from within the departmental budget.
53. The ongoing cost pressures arising from the impact of the NLW have been built into the Council's Medium Term Financial Strategy as approved by Full Council in February 2018.

Human Resources Implications

54. The information and proposals contained in this report relate to externally provided care and support services and do not have a direct impact on internal staffing. Any increases in staff pay across the social care sector will help to ensure that the Council is able to commission appropriate levels of care and support services from independent sector care and support providers.

Public Sector Equality Duty Implications

55. This allocation of fee increases to meet NLW cost pressures should help to ensure that the services continue to be sustainable and that providers remain financially viable following the further increase in the NLW for over 25's from £7.50 to £7.83 per hour, and for under 25's from £7.05 to £7.38 per hour

RECOMMENDATION/S

That the Committee:

- 1) approves the proposed distribution of £6.5m 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 2018.
- 2) approves the increase in Older Adults' Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation, as detailed in paragraph 36.
- 3) approves that the fee increases be effective from 1 April 2018 to align with the payment cycle for the new financial year.
- 4) approves the increase in charges for meals and transport effective from 1 April 2018.

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Constitutional Comments (LM 27/02/18)

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

Financial Comments (DG 27/02/18)

57. The financial implications are contained within paragraphs 52 and 53 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.

Fair Price for Care – Older Persons' Care Home Fees – report to Policy Committee on 13 February 2013

Annual budget 2017/18 – report to Full Council on 28 February 2018

Electoral Division(s) and Member(s) Affected

All.

ASCPH533

12th March 2018**Agenda Item: 9****REPORT OF THE TRANSFORMATION DIRECTOR, ADULT SOCIAL CARE****ASSESSMENT AND ADVICE PROVIDED BY EXTERNAL SAVINGS PARTNER
NEWTON TO SUPPORT SAVINGS PROGRAMME****Purpose of the Report**

1. To update Committee on the work of external savings partner, Newton, to analyse the potential for future savings in Adult Social Care.
2. To recommend to Committee how the existing Adult Social Care savings programme will be aligned with the Newton diagnostic.
3. To seek Committee approval for the resource plan to deliver on the next phase of savings.

Information

4. The current Adult Social Care (ASC) Transformation Programme is led by the Transformation Team and supported by other corporate resources such as Programmes and Projects Team, Performance and Improvement Team and Finance. The Adult Social Care and Health (ASCH) department has already delivered savings of £80m over the period 2011/12 to 2016/17. During the course of 2017/18 a further £13.979m of social care savings were identified up to 2020/21. These additional savings have been brought to the Committee in various reports throughout the 2017/18 financial year. This puts the combined total of existing and new savings to be achieved between 2018/19 and 2020/21 at £17.9m. The financial contents of this report are consistent with the Budget Report considered at the Finance and Major Contract Management Committee meeting on 26th February 2018.
5. The level of savings achieved to date is significant and has been accomplished by undertaking a broad range of approaches, initially in 2011/12 this included:
 - bringing down costs and prices of services
 - reducing the number of managers and frontline staff: middle managers were reduced from 65 FTE (full-time equivalent) managers to 14 FTE, a reduction of 78% and frontline staff were reduced by 51 FTE.
 - day services transformation
 - preventative service reductions
 - alternatives to residential care

- reablement, raising eligibility and review.
6. By 2014, it was recognised that a more strategic approach to delivering savings was required in order to respond to the growing size and scale of the challenge and to make the required high level of sustainable savings over future years. In response to this, in 2014 the Council developed the Adult Social Care Strategy that allowed the Council to deliver good outcomes while managing demand and cost. This was achieved by embedding three key principles:
- promoting independence and wellbeing
 - ensuring value for money
 - promoting choice and control.
7. This has included work to:
- connect people with support and information they can access in their local communities and helping them make best use of their existing networks
 - working with people in a timely way and supporting them to make their own decisions about short term support to promote their independence
 - maximising potential for independence for service users through reviews and the expansion of assistive technology.
8. As Members are aware, the Council continues to have an on-going budget gap in the Medium Term Financial Strategy (MTFS) projection. Therefore, it was decided by Members that Adult Social Care would benefit from the support of an external savings partner, given the continued scale, complexity and critical nature of the required change to identify future savings plans.
9. The external partner selected was Newton. The scope of Newton's diagnostic study included a validation of existing savings to improve confidence and to identify new savings opportunities. The diagnostic was conducted over a six week period in November 2017. Newton took a meticulous approach to gathering and analysing a wide range of data sources to provide a detailed picture of savings opportunities. This included:
- spending several days with employees on the frontline to understand Nottinghamshire's ways of working and the challenges faced
 - case review workshops – real cases were reviewed with a multidisciplinary panel to understand how the Council could better meet service user needs with services that promote independence
 - best practice benchmarking – to understand the potential effectiveness of Nottinghamshire's services compared to other similar local authorities
 - technical data analysis – the key data sources on long term services, short term services, assessments and reviews were combined to create a picture of the service user flow
 - 1:1 interviews with staff – Newton met with a broad range of staff, from many different professions, and from all tiers of the hierarchy to collect views and ideas.

10. Newton used all of the above information to make an assessment of future savings opportunities based on different decision making that would have the same or better outcomes for people, as well as reducing costs.
11. Key messages that Newton fed back to the Council following the assessment included:
 - the Council has a good grip on the service, understand the demands and current practice very well
 - the Council has a passionate and enthusiastic workforce and a leadership team who were keen to engage and open to new opportunities to improve
 - the Council has made significant progress in transformation. As a result Newton had to look deeper and harder to find further saving opportunities.
12. In summary Newton describe Nottinghamshire as a good local authority that is achieving well across a number of areas. This should be the context and backdrop for the remainder of this report.
13. Newton found that two thirds of people could have been on a different pathway that could have resulted in a different outcome and a reduced cost. The diagnostic identified four key shifts to ensure sustainable transformational change. These four key shifts are recognised by the Council and add further impetus to the work already in train. These are:

Enablement:

How can Enablement be embedded in the Council's processes to ensure that every opportunity is taken to teach new skills and develop confidence?

In Nottinghamshire, the Council's approach is to support people to restore, maintain or enhance people's independence. For people with long term support needs, the Council will work with people to be more independent and achieve their personal goals. To achieve this, the Council has invested in a range of services to promote independence. One example of this is the Notts Enabling Service, which offers periods of enablement to younger adults with learning disabilities or physical disabilities to increase their skills and reduce their needs.

Practice and Process:

How can day-to-day work and culture within teams and with partners empower social workers to promote independence?

In Nottinghamshire, the Developing Excellent Practice programme, led by the Principal Social Worker and Principal Occupational Therapist, has been set up to ensure that the workforce has the right support available to encourage best practice in promoting independence.

Market:

How can work with the market meet requirements at a strategic and placement level, including working with providers to promote independence?

In Nottinghamshire, the Strategic Commissioning team works closely with operational teams with a view to ensuring the market can respond to demand and meet the requirements to deliver on better outcomes and reduced costs. An example of this is the

increased investment in START (Short Term Assessment and Reablement Team) to allow more people to be offered a period of reablement, to avoid admission into hospital or institutional care and enable recovery from a crisis or period of ill health.

Voice:

How can the Council build relationships with service users and families to understand what independence means to them?

In Nottinghamshire, at a strategic level, the Council has engaged with families and carers with the development of the Adult Social Care Strategy. The next step is to co-produce a public leaflet with families and carers based on the principles contained within the Adult Social Care Strategy.

At a practice level, it is recognised that families and carers play a big part in the success or failure of maintaining and increasing people's independence. As part of the Developing Excellent Practice Programme the Council is supporting frontline staff to engage with families and carers in programmes of enablement. In particular, it is considering how to best equip frontline staff to have even more sensitive conversations around topics such as balancing risks and building greater levels of independence.

14. Newton recommended that £7.445m of savings out of the planned £17.9m savings should proceed as originally decided by the Council. The remaining £10.536m savings plans have a significant overlap with the new savings proposals produced by Newton as a result of their diagnostic assessment. The Newton savings proposals suggest some of the adults social care savings plans could go further with a different emphasis. The Newton review also identified a further £6.2m in savings. These additional savings are profiled from 2021/2022 onwards and is a longer period than is currently covered by the department's existing and new proposals. The reason for this is that Newton's analysis suggests savings will take longer to be realised than the Council's savings options.
15. The Newton's savings proposals have been scrutinised and validated by the department's Senior Leadership Team (SLT) and finance partners, as well as by the Corporate Leadership Team. As a result the approach and analysis has been agreed as sound in principle. There was one area of savings proposed by Newton where it was agreed further work is required. This relates to a proposal to support more people to live independently.
16. Below is a summary of the savings profiles for the Council's savings between 2018/19 – 2020/21 and Newton's savings proposals over a longer period. Column A are Council proposals that Newton agreed should continue. Column B are Council proposals that overlap with Newton proposals. Column C are new Newton savings from 1 April 2018, some of which continue beyond 2020/21. The majority of Newton savings overlap with savings areas already identified by the Council.

Figure 1: savings profile

	Column A: Council savings proposals Out of Scope of Newton analysis and can continue	Column B: Council savings proposals In Scope of Newton analysis - existing profile	Column C: New Newton savings proposals Starting 1/4/18
p.a	£'000	£'000	£'000
2018/19	6,804	5,379	712
2019/20	588	3,461	5,414
2020/21	53	1,696	7,878
Future years			6,219
Totals	7,445	10,536	20,223

17. The key points concerning the difference in savings profiles between the Council and Newton are:

- the combined total of the Council's savings (both those that overlap with Newton and those that do not overlap) for the next three years is £17,981m. Newton's proposals for the same period is £14,004m.
- Newton have proposed £6,219m of further savings which are outside of the current MTFS.
- Newton's total savings of £20,083m includes £3.3m savings which requires further exploration.
- Newton identified both risks to current Council savings and further opportunities to increase savings targets in some areas.
- a large portion of the difference between the Council's savings and Newton's is the differing amounts for 2018/19. Council savings outline £5.379m for the year with Newton outlining £0.712 for the same year. This is a difference of £4.667m. This savings difference for 2018/19 is the biggest risk to the Council achieving savings that Newton identified.

18. To mitigate this potential risk two main actions are proposed:

- A. that £1.0m in the Council's savings proposed in 2018/19 is slipped to 2020/21. This keeps the overall Council's savings figure the same, but takes Newton's advice on board about how long this will take to achieve. (This proposal is contained within the Budget Report considered at the Finance and Major Contract Management Committee meeting on 26th February 2018)

B. bringing forward some new savings proposals. For example, Newton's advice is that more savings can be achieved in Reablement by increasing the number of people offered reablement. (Reablement is specialist support provided to help people regain independent living skills).

19. Accordingly, whilst Newton have identified significant risk against savings in 2018/19, the Council is continuing with the original programme to deliver savings from 2018/19 to 2020/21, but are proposing a blended approach in implementing Newton's advice and adjusting adult social care savings profiling going forward.
20. Newton's savings profiles refer to what they describe as the 'confident' savings. They do not relate to the savings that Newton refer to as 'stretch' targets. Newton have identified a potential further £3.6m between 2018/19 - 2024/25 as part of their stretch target, but there is less confidence that these are achievable and, again, a proportion of this sits outside of the current MTFS.
21. In order to deliver a programme of transformation that delivers both Newton's proposals and continues to deliver the planned Council options for change, an aligned change programme is being designed. The new aligned change programme would have a combined savings total of £17.981m and would span three main programmes of work. These areas of work blend together current activity with additional areas of opportunity that the Newton diagnostic identified.
22. These three main programmes are summarised below and **Appendix A** provides more detail on how the current and new projects are aligned:
 - A. Early Resolution activity, which will generate savings of £1.317m over 2018/19 to 2020/21.
 - B. Promoting Independence Interventions, which will generate savings of £12.751m over 2018/19 to 2020/21. This programme will focus on:
 - short term interventions, such as reablement and better use of short term care provision.
 - Older Adult interventions, which will include promoting best practice in support planning, and ensuring consistency across Older Adults operational teams.
 - Younger Adult interventions, such as reviewing the cost of Younger Adults residential care packages; ensuring consistency in best practice; moving suitable individuals out of residential care and into supported living; and in turn moving appropriate individuals out of supported living into other suitable alternatives.
 - cross cutting interventions, such as targeted reviews, reducing the cost of direct payments, better use of Assistive Technology.
 - C. Commissioning activity, including better use of Direct Services, which will generate savings of £3.838m over 2018/19 to 2020/21.

23. The proposed structure is informed by the Council's recently published Planning and Performance Management Framework, which seeks to: better integrate the performance and budget planning cycles; encourage service and financial planning over a longer time frame; and strategic planning of commissioning activity. This new approach focusses on transforming services to deliver better outcomes, and supports a cycle of continuous improvement and cost saving. This approach is supported by Newton on the basis of their experience of working with other local authorities. This greater emphasis on performance management and continuous improvement across all levels of the department means managers and frontline workers are held to account for their contribution to the achievement of savings by agreeing a set of measures based on strategic objectives. This means that services are expected at team, Team Manager and Group Manager level to regularly monitor performance and take effective action where targets are not being met. High level reports on performance will be available to Service Directors and mitigating action initiated where required. This is what is meant by an improvement cycle.
24. In order to support this greater emphasis on performance management and continuous improvement at all levels of the department, it is proposed that a new way to monitor savings is agreed. The current approach to monitoring savings is focused at project level with individual savings targets set against each approved option for change. While this has been successful to date, a new approach is proposed in response to the complexity of the challenge ahead. The key reason is that as savings become more challenging to achieve there is an increased number of areas of interdependencies between projects. This increases the risk of double counting savings. The current approach is also quite resource intensive, which for some projects with smaller savings targets it is disproportionate to the effort required. As an example, an increase in the number of people who receive reablement and achieve higher levels of independence may result in a reduction in the savings by reviewing the same cohort of people. Consequently, by undertaking both areas of work the savings achieved will be the same but people will have received a better outcome at an earlier point.
25. Newton advised that to deliver the proposed transformation programme, a dedicated resource is set up. Specifically, they advised that a dedicated resource should implement the programme across all Assessing and Reviewing teams within Adult Social Care to better develop and refocus an improvement cycle around Promoting Independence. To further develop a culture of improvement, resources would be deployed to work alongside operational staff to co-produce outcome measures at a local level, and use a feedback loop to help social workers, team and senior managers to understand where and how future improvement could take place. Within the transformation resource, there would be a need for an increase in project management skills, change management and business intelligence skills (based on data analysis and producing outcomes dashboards for operational staff to understand their performance).
26. The scale of this work is that it spreads across all of the teams who reable, assess and/or review service users in Adult Social Care. This will mean potentially working with 38 teams and over 600 staff.
27. A detailed options appraisal has been completed to deliver the transformation programme. This has been shared with the senior leaders of the Council who have given consideration to who should deliver the programme and it has been decided that the programme should be delivered by a dedicated internal transformation resource. There are a number of

reasons for this. It allows the Council to have a sustainable way to continue to deliver this approach, and it is significantly less expensive than engaging an external partner.

28. Many of the skills required to understand and develop a transformation programme already exist within the Council, although not at the scale needed. The transformation resource will be put together by reconfiguring resources within the Transformation Team, Projects and Programmes Team and the Corporate Data Analytics Team. As some staff required for the project team are not available in the numbers required, additional resources will be required. The additional resources needed has been assessed and outlined below with costings for a two year design and implementation period across Adult Social Care.
29. It is proposed that the following 14.4 FTE temporary posts are established at a cost of £684,402 per year for two years from 1st April 2018 - a total two year cost of £1.37 million to complement existing transformation resources:

Post title	FTE	Grade	Cost p.a.	2 year cost
Reablement Service Manager*	1	E	£63,664	£127,328
Senior Business Change Analyst	1	D	£57,195	£114,390
Business Change Analyst	1	C	£53,318	£106,636
Performance Business Partner	1	A	£40,776	£81,551
Transformation Business Partner*	4.4	C	£234,598	£469,196
Commissioning Assistant*	2	A	£80,835	£161,670
Mosaic Technical Specialist	1	C	£53,318	£106,636
Community Care Officer	3	5	£100,698	£201,396
Totals	14.4		£684,402	£1,368,804

* Grade is pending job evaluation.

Other Options Considered

30. It would be an option to continue with the already agreed savings programme without accepting Newton advice. However, given that Newton's professional advice is that the savings targets may be too ambitious or unlikely to make the required savings in the MTFS, this would present a risk to savings going forward.

Reason/s for Recommendation/s

31. Aligning both the Council's existing savings and Newton's suggested opportunities into one programme gives the Council the best opportunity to maximise the savings that can be achieved over the MTFS.
32. The key area of focus is on best practice and good decision making at an operational level to promote independence. Hence a new way to monitor savings is being proposed as a more suitable way to drive and monitor change going forward and this allows this accountability at all levels.

33. An additional resource request has been made having accepted Newton's advice that a dedicated project team should be established to deliver a change programme across the department that supports better outcomes for service users at lower cost.

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. Funding for the following posts can be met from departmental reserves:

Post title	FTE	Grade	Cost p.a.	2 year cost
Reablement Service Manager*	1	E	£63,664	£127,328
Senior Business Change Analyst	1	D	£57,195	£114,390
Business Change Analyst	1	C	£53,318	£106,636
Performance Business Partner	1	A	£40,776	£81,551
Transformation Business Partner*	4.4	C	£234,598	£469,196
Commissioning Assistant*	2	A	£81,551	£163,102
Mosaic Technical Specialist	1	C	£53,318	£106,636
Community Care Officer	3	5	£100,698	£201,396
Totals	14.4		£685,120	£1,370,240

* Grade is pending job evaluation.

Human Resources Implications

36. 14.4 FTE new posts are to be established. The table in paragraph 35 shows that 7.4 FTE of these posts are awaiting job evaluation and the grades set against them are pending.

Safeguarding of Children and Adults at Risk Implications

37. The department will continue to deliver services that are compliant with the Care Act and includes robust procedures for safeguarding.

Implications for Service Users

38. The change programme is designed to help operational social care staff make the best decisions on behalf of service users in a way that promotes their independence and ability to have outcomes that support this independence. Whilst this will mean that the overall

spend on care packages should reduce, this is based on sound social work practices of promoting independence and well-being.

RECOMMENDATION/S

That Committee:

- 1) considers whether there are any further actions they require in relation to the findings from the diagnostic of Newton in addition to what has been proposed in this report.
- 2) approves delivery of the new change programme
- 3) approves the principles of the approach to continuous improvement and the new approach to the monitoring of savings from 1st April 2018
- 4) approves the establishment of the additional 14.4 FTE temporary posts to deliver the transformation programme as detailed in paragraph 29.

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Constitutional Comments (LM 15/02/18)

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

Financial Comments (OC 16/02/18)

40. The financial comments are contained within paragraphs 29 and 35 of the report.

HR Comments (SJJ 23/02/18)

41. The HR comments are contained within paragraph 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.

- Annual Budget Report 2015/16 – report to Full Council on 26 February 2015
- Annual Budget 2016/17 – report to Full Council on 25 February 2016

- Smarter Working Programme – report to Policy Committee on 18 May 2016
- Better Care Fund – Proposed Allocation of Care Act Funding – report to Adult Social Care & Health Committee on 12 September 2016
- Proposal to Maximise the Income Available to the Council's Directly Provided Adult Social Care Services - report to Adult Social Care & Health Committee on 10 October 2016
- Proposals for the use of the Improved Better Care Fund 2017/18 - report to Adult Social Care & Public Health Committee on 10 July 2017
- Update on Transitions Process for Children and Adults with Disabilities – report to Adult Social Care & Public Health Committee on 11 September 2017
- Supporting the Delivery and Expansion of Assessments and Reviews - report to Adult Social Care & Public Health Committee on 11 September 2017
- Supporting Best Practice in Care and Support Planning for Adult Care Services - report to Adult Social Care & Public Health Committee on 9 October 2017
- Planning for Discharge from Hospital – existing STC project - report to Adult Social Care & Public Health Committee on 9 October 2017
- Progress Report on Savings and Efficiencies - report to Adult Social Care & Public Health Committee on 11 December 2017
- Adult Social Care and Health Consultation - report to Adult Social Care & Public Health Committee on 8 January 2018
- Adult Social Care and Commercial Development - report to Adult Social Care & Public Health Committee on 5 February 2018
- Budget report – report to Finance and Major Contract Management Committee on 26 February 2018.

Electoral Division(s) and Member(s) Affected

All.

ASCPH531

Programme
Early Resolution £1.317m over 2018/19 to 2020/21
Work within the Programme
<p><i>Early Resolution</i></p> <p>This project extends the existing Early Resolution project through the adoption of the 3 Tier Model to engage with people who approach the Council for care and support:</p> <ul style="list-style-type: none"> • Tier 1 connects people to local resources • Tier 2 helps people whose problems have not been wholly addressed at Tier 1, with a focus on offering swift and appropriate support to help people regain their independence or develop new skills. This may include access to short term support. • Tier 3 helps those people who, after Tier 2, have ongoing care and support needs. <p>This approach applies equally to Service Users and Carers.</p> <p>In addition, it involves minimising variation between district teams and within the Adult Access Service in resolution of queries.</p> <p>Examples of what would be monitored include:</p> <ul style="list-style-type: none"> • The effective use of alternative provision. • % cases resolved at each Tier. • Number of cases progressing to assessment.
Impact / Benefits of the Programme
<ul style="list-style-type: none"> • A reduction of 15% or 637 people assessed for care and support and subsequent long term support by providing an alternative way of meeting their needs. • Less people will be formally assessed, but short term support will be provided to more people to help maintain or increase their levels of independence. • The approach will change where work takes place within current pathways. In practice, it should mean less people will be referred to district social care teams so capacity can be freed up to deal with the most complex cases. • More people will be on the best pathway possible and receive a timelier and proportionate response to their queries. • Reduced demand for long-term care solutions.
Resource Requirements of the Programme
Resources to deliver this work are outlined and contained in the main body of the report.

Programme
Promoting Independence Interventions £12.751m over 2018/19 to 2020/21
Work within the Programme
<p>This programme of work will look at changes across 3 main areas that can be summarised as:</p> <ol style="list-style-type: none"> 1. Older Adults Interventions

2. Younger Adults Interventions
3. Cross Cutting Interventions

More detail on what this includes is set out below:

Older Adults Interventions

This work builds upon projects approved at previous committees. It brings together 3 projects:

- Improve best practice and decision making in support planning
- Increase capacity in reablement
- Ensure short term provision is used to maximise independence

Improve best practice and decision making in support planning

This will look to improve the consistency of support planning to minimise any variations in practice across teams and ensure best practice is shared and supported. Specifically, in hospital settings, better decision making will be supported by ensuring easier access to community and prevention service as part of discharge arrangements.

This activity has already been approved at 9 October 2017 ASCH Committee.

Increase capacity in reablement

In reablement the aim is to increase the capacity of the START reablement service by 709 people.

The current position is as follows: the total number of people entering the service in 2017/18 will be 2,043 (predicated), which is a rise of 109 people or 8.2% on 2016/17 figures. The reablement service also delivers excellent outcomes with 94% of people still at home after 91 days following reablement. The percentage of people 2017/18 (to end December) requiring no homecare package following reablement was 75% or 885 people.

The increase in capacity will be achieved through the following action to improve its effectiveness and efficiency:

- Increased therapy oversight (through more frequent reviewing, effective support planning and supervision and improved goal setting)
- Improving the speed at which people are able to leave the service
- Working with social care and health teams to build a better understanding of START to ensure the service is being used to its full potential, and correct referrals are received.
- Expanding the service to further needs, such as low-level dementia, to help people who still have the potential for more independence.

This approach builds on project activity already approved at 9 October 2017 ASCH Committee. Specifically:

- Extending scheduling to the START team, to help release capacity to release staff time for face to face reablement work.
- Implementing a charging policy for homecare, at the point the reablement work is completed, for any people who remain in START.

Ensure short term provision is used to maximise independence

This project will improve access to short term provision to ensure the right interventions to maximise independence. This will be achieved by:

- Reviewing the current availability of settings (short and medium term) and designing the required level of settings.
- Redefining the acceptance criteria for each setting.
- Exploring the potential to commission on a more outcomes-focussed basis.

2.Younger Adults Interventions

This work will focus across three areas in younger adults and they are summarised below. The overall aim of this work is to ensure service users are supported to live as independently as possible with a good quality of life.

Promoting independence in current settings

This work seeks to ensure that service users in their current accommodation are supported to have skills to be as independent as possible. This means working with individuals to set goals to help them learn or relearn everyday independent living skills directly. It also involves more regular reviews to ensure goals are met. Once the need for support diminishes, the social care worker can work with the person and their family to safely reduce support.

Supporting service users to live as independently as possible

This work involves working with a person to move from institutional settings to more independent settings over time. This project builds on existing work to move younger people from residential care into supported living (which is a form of independent living where some element of staff support is available on-site). Work will also be undertaken to understand the potential for people in supported living to move to general needs housing. In both cases this work involves understanding which service users might be interested or suitable to move to more independent accommodation and the factors that need to be in place to facilitate this (for example available housing to move into).

This activity has already been approved at 9th October Adult Social Care and Health Committee.

Preparing for Adulthood – Improving Transitions between Children’s and Adult’s Services

This work seeks to explore and implement further options for greater working together across Children and Adult services, with the aim of:

- sharing information at an earlier stage on individuals requiring support into adulthood, especially those with complex needs
- ensuring a smooth transition for the individual
- maximising young people’s independence and life chances through inspiring a culture of enablement and progression
- prioritising support to service users where it will have most impact.

This activity has already been approved at 11th September 2017 Adult Social Care and Health Committee.

3. Cross cutting interventions- This work refers to intervention that apply to service users in both older and younger adults and includes work across:

Reviewing

This existing approved project refocuses and extends priority areas for review by the Central Reviewing Teams. More detail on these are included in the report approved at 11th September ASCH Committee (Supporting the Delivery and Expansion of Assessments and Reviews).

As with the older adults and younger adults' interventions, the project will also seek to reduce variation in reviewing activity across district teams (volumes and average size of packages). Best practice will be shared between the Central Reviewing Teams and district teams. It will also look to encourage better use of preventative services such the Notts. Enablement Service.

Direct Payments

This existing approved project aims to develop the use of direct payments to ensure it is as cost effective as possible. This will be done through activity such as increase the availability and use of Personal Assistants (PAs) by service users and increased the use of pre-paid debit cards (PPCs) by service users.

This activity has already been approved at 25th February 2016 Full Council meeting.

Further Investment in Assistive Technology (AT) to Promote Independence

This approved project targets further investment in AT equipment and services to enable people to be more independent for longer and reduce the demand for community care and residential care where possible.

This activity has already been approved at 11th December 2017 Adult Social Care and Health Committee.

Income Generating Projects

The main focus of this work is improving the collection of Continuing Health Care (CHC) funding from Health partners for packages of care that are jointly funded with them and which have been commissioned by the Council on the behalf of Health. It also involves sharing learning with social workers on what is appropriate for Health to fund (and why), joint work with Health to improve processes and systems and cease case management of fully funded Health cases.

This activity has already been approved at 11th December 2017 Adult Social Care and Health Committee.

Impact / Benefits of the Programme

Older adults' interventions

- More service users will have benefitted from appropriate short term intervention, to support them to greater levels of independence
- Increased number of people receiving START Reablement (709 more people)
- Increased numbers of service users will be on the optimal pathway to maximise their independence
- Greater sharing of best practice will allow for improved consistency in support planning across teams leading to improved outcomes for service users

Younger adults: Promoting independence in current settings

- Service users' eligible needs may be met through community services, so reducing the reliance on paid support and promoting individual independence.
- Service users will be helped to gain skills to become more independent and as a result, support to access social activities can be reduced or withdrawn
- Providers will be required to develop links with community/voluntary organisations to provide resources.
- Providers will be commissioned for smaller care packages.

Younger adults: Supporting service users to live as independently as possible

- Potentially, a large number of service users will be supported to move to more independent accommodation.
- Providers will need to work with the authority to deliver a new support and accommodation strategy. This will mean a potential change in the market, with some providers exiting and new providers coming in.
- Service users will have greater independence and better quality of life in supported living services.
- Increased participation by service users in community based activities and day services.

Preparing for Adulthood – Improving Transitions between Children's and Adult's Services

- Young people will experience a more joined up and seamless transition into adults services.
- Some service users may have earlier engagement than they might otherwise have done from the Transitions Team.
- Some service users may no longer require support or be eligible for support (and signposted to external universal services), or may only be eligible for short-term support and, for those who are eligible, the level and type of support may vary.
- Increased independence for some service users & families, where progression is possible.

Cross Cutting Interventions

Reviewing

- More service users will be reviewed earlier or more frequently than previously, maximising the opportunity to increase or maintain their independence and reduce reliance on formal support.
- Increased use of community and voluntary support options for existing service users to maximise their independence
- Reduced use of homecare, day services and transport services as more service users are offered support that is a mixture of both formal and informal support to meet their needs.
- Increased consistency in support planning between the district teams and Central Reviewing Teams.

Direct Payments

- Improved choice of service options for service users.
- Increased use of Personal Assistants and Pre Paid Cards
- Reduced cost of Direct Payment packages.

Further Investment in Assistive Technology (AT) to Promote Independence

- Increased ability of service users to self-care and remain independent for longer.
- Increased opportunities to and prevent of falls and reduce hospital admissions.

Income Generation

- Increased income from collection of Continuing Health Care (CHC)

Resource Requirements of the Programme

The detail of this is contained within the separate Resource Plan.

Programme
Commissioning £3.838m over 2018/19 and 2020/21
Projects within the Programme
<p>The main focus of this programme is considering options around the use of some of the Department's Direct Services. In County Horticulture and the Work Training Service the Council are optimising opportunities to reduce running costs and increase income through commercial development, working with the Council's Commercial Development Unit.</p> <p>Relevant Direct Services under the scope of this work include:</p> <ul style="list-style-type: none"> • The County Horticulture and Work Training Service: at 5th February 2018 ASCH Committee approval was given to commence formal consultation with staff, service users and carers on a proposal to reduce the annual running costs of the service, and to report back to Committee on the consultation. • Care and Support Centres (CSCs): to make best use of the remaining CSCs for the period they remain open, with a view to reducing the numbers of long term residents and extending the provision of more short term and reablement services, such as respite, assessment beds, fall & fracture, transfer to assess, or any other short term provision. This will support the phased closure of the CSCs to coincide with the opening of Extra Care facilities across the County. <p>This activity has already been approved at 26th February 2015 Full Council meeting</p> <ul style="list-style-type: none"> • Shared Lives: increasing productivity within the service by investing in a new skill mix. This activity has already been approved at 25th February 2016 Full Council meeting
Impact / Benefits of the Programme
<p>The overall aim of this work is to:</p> <ul style="list-style-type: none"> • Make best use of the services and maximise productivity. • For some, support services to work in a more commercially focused way. • Promote greater community use of the services and their assets. • For some, explore and develop a range of new business opportunities in order to generate additional income to support the longer term viability of services.
Resource Requirements of the Programme
<p>Delivery of the programme is supported by existing approved resource. More detail on the resource requirements of the County Horticulture and Work Training Service are contained within the report taken to 5th February 2018 ASCH Committee (Adult Social Care and Commercial Development).</p>

12 March 2018

Agenda Item: 10

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

EXTENSION OF CONTRACTS FOR SUPPORT TO THE EAST MIDLANDS IMPROVEMENT PROGRAMME IN ADULT SOCIAL CARE

Purpose of the Report

1. The purpose of the report is to request a twelve months extension for the two fixed term posts of East Midlands Improvement Programme Manager (Care and Health) (Band F, 22 hours per week) and Business Support Administrator (Grade 4, 37 hours per week), until 31st March 2019.

Information

2. Nottinghamshire County Council hosts the regional Improvement Programme for Care and Health in the East Midlands, with funding primarily from the Department of Health. The Corporate Director oversees this work on behalf of the East Midlands Second Tier Councils.
3. The regional Improvement Programme Manager post provides coordination and oversight of regional improvement programmes such as the Sector-Led Improvement Programme, Workforce Development, and the Learning Disability and Transforming Care Programme.
4. The past year has been characterised by a Sector Led Improvement programme with a strong analysis and challenge process combined with peer reviews and focus on priorities for action. This has been combined with bespoke activity to support individual authorities that had particular challenges, for example Delayed Transfers of Care, Use of Resources, or the Better Care Fund.
5. As such, regional resources have been significantly directed to support these two approaches and improve collective understanding of risk and, where possible, how to mitigate that risk. This approach is considered to have considerable merit with tangible benefits in consequence.
6. Priority was given to implementing the regional workforce strategy with a strengthened focus on delivering an agreed work programme focused on developing resources and learning opportunities that individual councils can then adapt and apply to meet their own individual needs.

7. Managing market failure is an issue that cuts across two regional networks, Workforce and Market Shaping and Commissioning. Building on previous work with providers a further workshop is being held in March 2018 bringing together individual councils, NHS commissioners and homecare providers to explore how closer working between homecare providers and health colleagues can both enhance the capacity of frontline carers to support people in their own homes more effectively and generate more interesting jobs and opportunities for career progression thereby improving recruitment and retention.
8. The approach to learning from each other has also added considerable value with respect to Transforming Care for People with Learning Disabilities and a very successful workshop was held focusing on how health and social care can work together more effectively with housing providers.
9. Safeguarding is another priority area and the East Midlands Safeguarding Adults Network continues to provide a valuable focus for councils to come together, explore common issues and provide opportunities to learn from each other.
10. Finally, but by no means least in terms of significance, the Principal Social Workers Network held an excellent workshop for frontline social workers with around 120 attending to consider how social workers can make a significant and unique contribution to how councils and health professionals work together for the benefit of the most frail and vulnerable in our communities.

Other Options Considered

11. This essential cross-regional improvement and development work continues to be needed to put local authorities in a strong position to respond to the challenges facing Adult Social Care. The regional work provides significant opportunities for learning and the sharing of best practice as well as efficiencies in service delivery.
12. Nationally the Local Government Association working closely with the Association of Directors of Adult Social Services and the Department of Health has continued to work very effectively with the regions in delivering a Care and Health Improvement Programme. It recognises and values the importance of regional structures in delivering national programmes and priorities e.g. Delayed Transfers of Care.
13. If the posts are to be discontinued then this work would come to an end together with the loss of regional expertise and regional networks. The benefit to the posts being based at Nottinghamshire County Council is that the Council is alerted early on to any national and regional developments as well as enabling Nottinghamshire's good practice to be more readily showcased across the region. If the current arrangement is ended then another local authority would need to be identified to host these posts and the current post holders transferred to another authority.

Reason/s for Recommendation/s

14. The Care and Health Improvement Programme, which includes Sector-Led Improvement, Transforming Care, and the Delayed Transfers of Care Improvement Programmes, represent major challenges for local authorities. The work undertaken

by these regional posts is essential in order to assist with the successful implementation of change across the East Midlands based on sharing of good practice and scope for efficiencies in delivery.

Statutory and Policy Implications

15. 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

16. These posts are externally funded from the remains of legacy funding from the Joint Improvement Programme, together with Care and Health Improvement Programme funding via the Local Government Association and Department of Health. The region was allocated £45,000 for 2017/18 to support learning networks and other regional activity. A further £45,000 has been promised for 2018/19. However if this additional funding is not forthcoming there are still sufficient funds to resource the regional programme for 2018/19.

Human Resources Implications

17. It is proposed that Nottinghamshire County Council continues to host these posts, and that the Corporate Director, Adult Social Care, Health and Public Protection, together with Branch Chair of the Association of Directors of Adult Social Services, will provide oversight of the work of the post-holders.

RECOMMENDATION

- 1) That the posts of the East Midlands Improvement Programme Manager (Care and Health) (Band F, 22 hours per week) and Business Support Administrator (Grade 4, 37 hours per week) be extended until 31st March 2019.

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection

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Constitutional Comments (LM 07/02/18)

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

Financial Comments (DG 07/02/18)

19. The financial implications are contained within paragraph 16 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.

Extension of Contracts for Support to the East Midlands Improvement Programme in Adult Social Care – report to Adult Social Care and Health Committee on 13th March 2017.

Electoral Division(s) and Member(s) Affected

All.

ASCPH526



12 March 2018

Agenda Item: 11

**REPORT OF THE SERVICE DIRECTOR – STRATEGIC COMMISSIONING,
SAFEGUARDING AND ACCESS**

UPDATE ON TENDER FOR HOME BASED CARE AND SUPPORT SERVICES

Purpose of the Report

1. This report provides an update for Members on the progress of the procurement of the home based care and support services, as agreed at previous meetings of the Committee in June and November 2017. This includes reference to the pilot projects that have been undertaken with the current core providers.
2. This report advises Members of the implementation of the Rapid Response and Hospital Discharge Service.

Information

Background

3. A number of reports have already been presented to this Committee over the past eighteen months in preparation for the launch of the new tender for home based care and support services. The report to Committee in November 2017 detailed the considerable work that had been undertaken to understand the complexities and challenges of the home care market and the measures being put in place to address these. The report also referred to the proposed model for the future services which offers fair financial remuneration and greater security to providers, whilst in return expecting better quality services that provide person-centred care to service users and their carers.
4. The service will deliver home based care and support services for a period of five years with the option to extend up to a maximum of ten years in total. It will be part of and contribute to a system of services to keep people living at home including reablement, rapid response, hospital discharge, carers' support, assistive technology and extra care.

Update on the procurement of the new Home Based Care Services

5. The tender for the new home based care and support services was published in February 2018. There are two elements to the tender. The first is to procure 'Lead Providers' for each of the six areas or 'lots'. The second is to procure 'Additional Providers' also for each lot. These Additional Providers will deliver extra capacity and ensure that new referrals will be responded to quickly and positively.

6. The lot areas are:
- Bassetlaw
 - Broxtowe
 - Gedling
 - Mansfield and Ashfield
 - Newark and Sherwood
 - Rushcliffe.
7. The proposed model for home based care is different from existing services in a number of ways. The new approach will focus on the delivery of person-centred care which will mean better outcomes for service users and carers. Providers will be paid differently as the Council moves away from paying by the minute of actual care delivered, to paying on commissioned hours. The Council will also be setting an indicative rate of £17.00 per hour in the tender. These changes will allow the providers to be more flexible and responsive in the service they provide to service users and carers.
8. Payment for services will be based on commissioned services and achievement of defined outcomes. Service providers will be paid 95% of the commissioned hours from the start of the new contract with an additional 5% available on the achievement of two high level outcomes. The providers will be monitored on these outcomes and will need to meet the thresholds before they can be paid the additional 5%. Service providers will only ever be paid a maximum of 100%; this means that if they deliver more than 95% of commissioned hours *and* meet the outcome thresholds they will still only receive 100%.
9. The lead provider will be required to provide home based care and support services to the majority of the service users in their designated area. This includes care and support services to all nominated service users in the Extra Care schemes. They will be expected to accept a minimum of 75% of referrals for the general service and 100% for the service in the Extra Care schemes. Any referrals not picked up by the lead providers will go to the Additional Providers, of which there will be between five and ten per lot area.

Trial of new model

10. The model of support is personalised and outcome focused to meet people's individual assessed needs. Following extensive engagement the Council has trialled a model of home care which has seen the care provider being involved with the recipient of the service and their families much earlier than usual in developing their plan of care. This follows the needs assessment that will have been undertaken by the Council.
11. All of the people that trialled the new service were existing recipients of the traditional home care service. One service user has had a managed service since 2009 and has had to have periods of short term care. He used to be unhappy about the care workers attending and did not go out. He now goes out with the care worker to collect his newspaper and has a look around the shop. Care workers report he is much happier in himself and his mobility has improved. He feels more able to negotiate what support he would like plus when and how he receives it.
12. Sixty service users have benefitted from the pilot with forty care staff involved. Overall feedback has been very positive with multiple reports that service users feel more confident

and have regained skills they had previously lost. In some cases this has meant a reduction in the size of care packages as service users have become more confident and independent. It has been reported that in some instances the service has led to fewer admissions to hospital as support is more flexible and can respond to the temporary changes in needs. Care workers have also been able to liaise with local health partners and families regarding individuals' support needs and discuss any issues or changes and also link people in to local groups and support networks. A summary report of case studies is available as a Background Paper.

13. Care staff have worked in small teams with a group of individuals that have home care support in a specific geographic location. The teams have provided a flexible model of support that has meant them visiting at different times of the day and evening dependent on individual need and also enabling people to be more independent and have more control over the care they receive.
14. The Council has also paid the provider for the hours commissioned for each person, which has meant that providers have greater stability regarding income and therefore can offer better terms and conditions to the care workers. Staff have also reported greater job satisfaction and that attendance has improved.

Timeline and Transition period

15. To allow sufficient preparation and transition time for the new services the contract with the current providers has been extended to the end of September 2018. The new contract is planned to commence in July 2018 followed by an implementation and transition phase until October 2018.

Key Milestones:

- Publish Invitation to Tender (ITT) 28 February 2018
- Bidder Presentations 23 April – 4 May 2018
- Preferred Bidders Identified 14 May 2018
- Contract Award Confirmation 22 June 2018
- Contract Commences/Mobilisation 1 July 2018.

Hospital Discharge and Rapid Response Service

16. The contract for the new Rapid Response & Hospital Discharge Service was awarded to **Carers Trust East Midlands** for an initial period of two years with an option to extend for a further two years.
17. The countywide service has been named as the 'Home First Response Service' and started on 11th December 2017.
18. Initial feedback is positive. In the first month they offered support to 137 people. In January they increased this to 210.
19. They are now fully staffed and have increased the available capacity, particularly in mid-Nottinghamshire and Bassetlaw.

20. There is now a rapid response preventative service in the south of the County in addition to the hospital discharge.
21. The Council's Emergency Duty Team has access to this service and has reported instances of using it in place of short term care.
22. The service is also available to social care staff who are on duty at weekend and bank holidays in the hospitals. This has improved discharge arrangements and reduced delayed transfers of care.

Communications, Engagement and Co-production

23. The Council continues to work with the 'Experts by Experience' engagement group, providers, health partners and staff. The Council will continue to inform and involve service users, carers, staff, stakeholders and the public on the ongoing work and implementation of the new services.

Other Options Considered

24. Other options considered were described in the report to Committee in November 2017; these are detailed below and were discounted:
 - continuing with current model which is paying on actual minutes delivered. This approach has been shown to be ineffective in that it does not offer providers the degree of financial surety required for them to be able to offer their staff better terms and conditions
 - adopting a fixed rate which would not allow for variations in the homecare market and workforce across the County
 - introducing an upper or lower bid price, generally known as floor and ceiling rates, could limit the market for the same reasons as above.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

26. 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

27. As outlined in the report to Committee in November 2017, the overall possible impact of the increase in the home based care rate could be £3.7m.

Public Sector Equality Duty Implications

28. The nature of the services to be commissioned mean they will affect older adults and people with disabilities, including people who have multiple and complex health and social care needs. The Council has completed an Equalities Impact Assessment to consider the implications of the tender process on people with protected characteristics and to identify and put in place mitigating action to ensure that these groups of people are not disadvantaged as a result of the tender process.

Implications for Service Users

29. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. The aim of the tender process is to enable the Council to commission sufficient volumes of home care services and to ensure these services are sustainable and are able to meet current and future needs.
30. The new model will encourage a more reliable and consistent workforce as providers will be able to offer staff improved terms and conditions, which in turn will improve the quality of services being delivered.
31. The re-tendering of home care and support services may impact on some people who currently receive home care from the core providers if those core providers choose not to tender for the services or if they do not meet the quality thresholds. If and where this is the case, the Council will work with the providers to ensure that the transition is managed carefully so that any disruption in services is minimised through appropriate mitigating action.

Implications for Sustainability and the Environment

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

RECOMMENDATION/S

- 1) That the Committee comments on the progress of the procurement of the home based care and support services.

Paul Johnson

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Constitutional Comments (CEH 23/02/18)

33. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. Members should consider whether there are any actions they require in relation to the issues contained within the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (DG 19/02/18)

34. The financial implications are contained with paragraph 27 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.

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

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

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

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

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

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

Tender for older people's home based care and support services - report to Adult Social Care and Public Health Committee on 13 November 2017

Equality Impact Assessment

New ways of working for Home Based Care Services – review of case studies: February 2018

Electoral Division(s) and Member(s) Affected

All.

ASCPH528

12 March 2018**Agenda Item: 12****REPORT OF THE SERVICE DIRECTOR – STRATEGIC COMMISSIONING,
SAFEGUARDING AND ACCESS****RE-COMMISSIONING OF PREVENTATIVE MENTAL HEALTH SUPPORT AND
SUPPORTED ACCOMMODATION SERVICES****Purpose of the Report**

1. To set out a proposal to re-commission a number of prevention and promoting independence focussed support services delivered in both supported accommodation and community settings.
2. To seek approval for processes for re-commissioning of supported accommodation services and a mental health support service to each proceed to tenders.
3. Approval is also sought for the award of contracts for supported accommodation services and a mental health support service following compliant tender processes.

Information

4. This proposal relates to a range of services. These provide prevention and promoting independence focussed support to adults who are on the cusp of needing more formal social care interventions, such as care co-ordination or assessment under the Mental Health Act. Alternatively they assist adults who are assessed as able to move away from a more intensive level of service. Each of the services is commissioned from an external provider and is delivered on behalf of the Council in accordance with the Council's service specification. In providing early, just enough support and promoting skills for independence, the providers play a key role in the delivery of the Adult Care Strategy and meeting the Council's prevention duties under the Care Act 2014.
5. There are a number of commissioned services that fall under this proposal:

a) Moving Forward (Mental Health Support Service)

Provided by : Framework Housing Association (with Nottingham Community Housing Association sub-contracted to provide support within Mental Health supported accommodation under this contract)

Current Contract : £1,458,000
Value

The contract includes a number of service elements:

i) Supported Accommodation (approximately £283,000)

Support staff are provided to the residents of 42 accommodation units across four sites at Forest Road (Ashfield) - 9 units (no current vacant flats); Crowther House (Mansfield) – 12 units (no vacant flats); Watson Road (Worksop) – 16 units (2 vacant flats as at 4/2/18); and Victoria Street (Newark) - 5 units (no vacant flats). This supported accommodation offer has been narrowed down from around 150 units in 2012 and now just comprises sites where a core weekday support service is block purchased, with weekend on-call support.

All accommodation costs are met through the rent and service charges and the Council does not meet the cost of voids.

Access to the accommodation is approved by local Community Mental Health Teams to ensure that best use is made of this resource. Although not priced separately in the current contract, this accommodation based support costs around £283,000.

The accommodation at Forest Road and Watson Road are poorer quality, shared housing that regularly carry voids (vacant flats). Work carried out to try to address this void issue shows that there is a steady stream of referrals. Two or three are received per month for Forest Road from a mixture of sources including the local Community Mental Health Team, Community Psychiatric Nurses, AMHP (Approved Mental Health Professional) Team, Millbrook Unit at King's Mill Hospital and the Forensic Team. This indicates that the voids are more to do with the suitability of the accommodation than demand for short term supported accommodation. Commissioners therefore wish to retain the same number of units of accommodation but identify more suitable properties.

ii) Countywide, Community-Based Support (approximately £975,000)

Provides short-term, community-based support for around 230 people at any one time (772 in total during 2016/17). All referrals are currently triaged by Community Mental Health Teams and the service provides expert support on housing, debt and money management and dealing with the Department for Work & Pensions, whilst also supporting people to access their community, manage better their mental and physical health, and access substance misuse services and assistive technology.

iii) Crisis Workers (£200,000)

Seven Framework Housing Association staff are co-located within the Nottinghamshire Healthcare Trust's Crisis Resolution & Home Treatment (CRHT) teams based at Bassetlaw, Millbrook Unit at King's Mill and Highbury hospitals. They work alongside CRHT clinical staff to address co-existing social needs (such as no/unsuitable housing, debt and money issues, which often contribute to mental ill-health) for around 500 people/year.

The combined service is currently funded from a number of sources:

Source	Annual Adult Social Care & Health Core Budget	Annual Better Care Fund (Care Act)	Annual Improved Better Care Fund	Total Budget
Value	£458,000	£200,000	£800,000	£1,458,000

b) Chatsworth House, Sutton-in-Ashfield

Provided by : Framework Housing Association within accommodation owned by East Midlands Housing Association

Current Contract : £65,000 (core budget)

Value

This service provides a safe and secure environment for 23 adults with a range of needs. As with the Moving Forward accommodation, this contract meets the cost of the weekday support staff. All accommodation costs are met through the rent and service charges and the Council does not meet the cost of voids.

Referrals are made from a range of sources. When reviewed in 2017 it was identified that 15 people had mental health needs either as a primary need or combined with a learning disability; two people had a physical disability; four people had a learning disability; and two people had Asperger's.

The block commissioned service provides a core level of support that can be added to with use of direct payments. This happens in the case for four of the current service users, adding a further £26,820 to the total cost of the service (£91,820). This service model was transformed in August 2011 having previously had an annual contract value of £268,000. No cost of living increases have been added to the contract value since this time.

Without an accommodation based service like Chatsworth House, 10 of the current 23 service users would require supported living or residential care at a cost of around £400,000 p.a., thereby delivering cost avoidance of over £300,000 a year.

The following case studies demonstrate how this environment can deliver more positive outcomes for people in less costly provision:

- a 49 year old man who moved to Chatsworth House having spent 10 years in residential care due to an acquired brain injury: affected by extreme short term memory loss, he lacked daily living skills. Support staff provide regular prompting and are working with him to develop his skills and confidence and improve his quality of life. As a result, this service user is now able, with contingency plans, to travel unaccompanied to watch Nottingham Forest home games.
- a 30 year old man with paranoid schizophrenia, a history of drug and alcohol abuse and aggressive behaviour: he moved to Chatsworth House from a 24 hour supported living scheme where the shared housing environment caused him to be easily influenced by others, open to exploitation and often feeling frightened and unsafe. Since moving to Chatsworth House, this man's mental health has been much more stable and he has

been drug-free. He is developing his budgeting and daily living skills and also his social skills. He now attends a number of evening classes.

c) Portland Street, Mansfield Woodhouse

Provided by : Metropolitan

Current Contract : £71,618 (core budget)
Value

Portland Street provides single site accommodation for 10 people with low to moderate learning disabilities, autism or Asperger's, plus support for up to four people in dispersed accommodation in the area. Similar to the other services, the contract funds support staff to provide a weekday service with out of hours on call. All accommodation costs are met through the rent and service charges and the Council does not meet the cost of voids. The outreach element is often used to support people who move on from the units at Portland Street.

Referrals predominantly come from Community Learning Disability Teams and the Asperger's Team but with increasing referrals of people with complex needs.

At 31st March 2017, five people in the service received additional hours of outreach support from a Care, Support and Enablement provider at a total annual cost of £35,539 and one person was in receipt of a direct payment costing £3,398 p.a. This brings the total cost of services to those service users to £110,555.

Service user case study:

- Mr C, who has a learning disability, moved into Portland Street needing support with his daily living skills, managing a tenancy and budgeting. When he first moved in he was struggling with inclusion into the wider community and personal hygiene issues were identified as a barrier to him achieving his goals around this. He was supported by support staff in all these areas, including doing his own laundry, keeping up to date with his bills and becoming more engaged within the community. He has since been successful in obtaining his motorcycle licence, gaining paid employment, and in moving on to an independent tenancy.

Proposal One – Remodelling Countywide Supported Accommodation

6. Supported accommodation that block contracts for a basic level of hours onto which additional support can be added on a personalised basis prevents people (who do not need 24 hour supported living) from being over-provided for and offers a flexible, good value and independence-focussed accommodation option. It is therefore proposed that the Council develops, promotes and embeds its offer around preventative and promoting independence-focussed supported accommodation to:
 - a. have a less than 24 hour support option for people needing supported accommodation for the first time, including people moving away from their carers with few independence skills

- b. enable people to step down from 24 hour supported living when they no longer need this
 - c. focus on development of skills and confidence
 - d. enable people's needs to be met, safeguarding and other risks to be managed, whilst avoiding more restrictive, intensive and costly alternatives.
7. It is proposed that the 42 units of supported accommodation of the Moving Forward service is combined with Chatsworth House and Portland Street and that a procurement process is used to seek one or more providers for a generic package of accommodation services. This will end the current separation of mental health and learning disability services, reflecting what works successfully at Chatsworth House. Through this process the Council will maintain the number of units of accommodation at current levels and thereby maximise the impact. Commissioners will seek to procure alternatives to the current provision at Forest Road and Watson Road and bring availability in the south of the County.
8. For existing service users at Forest Road and Watson Road, a period of transition will be planned in which each service user's needs and wishes will be considered. Plans will be put in place to identify, and support a move to, suitable alternative accommodation with the required support. This is a process that has already been successfully used to reduce the number of accommodation units and thereby deliver savings against the current contract value.
9. A combined budget of £420,000 linked to current provision will be used for the purpose of contracting for the proposed accommodation services for an initial contract period of five years with two additional extension options of three years and two years, giving a contract potential of ten years in total.

Proposal Two – Countywide Mental Health Support

10. The remaining elements of the Moving Forward service - community-based support and crisis support - provide vital components of the mental health support pathway and are key to meeting the Council's prevention duties under the Care Act. Alongside Mental Health Reablement (which is more focussed on supporting daily activity), Moving Forward's community-based support bridges the gap between GPs, the voluntary sector offer and social care referral/health crisis routes such as emergency department and Crisis Resolution and Home Treatment services. It enables expert and timely interventions for people on the cusp of secondary mental health services, without which there would be a combination of:
- a. higher rates of assessment and low level commissioned packages/ personal budgets. This would provide an inappropriate response for the presenting needs
 - b. higher rates of mental health crisis referral and emergency department presentations.
- The crisis workers deliver good integrated working with health partners to avoid hospital admission/reduce length of stay by collaboratively meeting both social and clinical needs.
11. It is therefore further proposed that a second tender process is used to procure a service focussed on delivering support interventions that address non-clinical needs to:
- a. contribute to the de-escalation of mental health crises

- b. provide community-based early interventions to address social factors that contribute to deterioration in mental health and well-being
 - c. promote good mental health and resilience among people with, in contact with, or at risk of tipping into social care services, secondary mental health services or emergency healthcare.
12. Further work will be completed to engage users and other stakeholders in a service review and design process before going out to tender.
13. The £1.174m Moving Forward budget will be used to contract for this provision for an initial contract period of three years with two additional extension options of two years and one year, giving a contract potential of six years in total.

Other Options Considered

14. Retaining the Moving Forward package of services as at present (i.e. including supported accommodation) was considered, however it is felt that the current contract with the distinct elements detracts from the potential for efficiency in support delivery across these two aspects of the service.

Reason/s for Recommendation/s

15. This set of services avoid the need for more costly, and sometime inappropriate, service solutions. They will redress current inequity of provision across the County.

Statutory and Policy Implications

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

Data Protection and Information Governance

17. The procurement process will comply with relevant statutory requirements.

Financial Implications

18. These services will continue to enable the Council to avoid costs elsewhere in terms of assessment, commissioned services (including supported living) and direct payments. The combined budget for these services will be £1,594,618, made up of from the combined current contract budgets for Moving Forward (£1,458,000), Chatsworth House (£65,000) and Portland Street (£71,618).

Human Rights Implications

19. The rights of the current service user/tenants will be respected.

Implications for Service Users

20. Through the review and commissioning process, further service improvements will be sought in order to deliver better outcomes for service users, with less recourse to expensive crisis interventions.

RECOMMENDATION/S

That Committee:

- 1) gives approval for the re-commissioning process for supported accommodation services to proceed to tender on the basis set out in this report in paragraphs 6-9
- 2) gives approval for the re-commissioning process for a mental health support service to proceed to tender on the basis set out in this report in paragraphs 10-13
- 3) gives approval for the award of contracts with the regard to the above, following compliant tender processes.

Paul Johnson

Service Director, Strategic Commissioning, Safeguarding and Access

For any enquiries about this report please contact:

Lyn Farrow

Commissioning Manager, Adult Social Care and Health

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Constitutional Comments (SLB 12/02/18)

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

Financial Comments (DG 07/02/18)

22. The financial implications are contained within paragraph 18 of this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH525

12 March 2018**Agenda Item: 13****REPORT OF THE SERVICE DIRECTOR, DIRECT SERVICES AND NORTH
NOTTINGHAMSHIRE****ESTABLISHMENT OF TEMPORARY DAY SERVICE SUPPORT ASSISTANT
POSTS AT BROXTOWE DAY SERVICE****Purpose of the Report**

1. To seek approval to establish two temporary (35 hours) Day Service Support Assistant (Grade 3) posts at Broxtowe Day Service for a period of two years.

Information and Advice

2. An external support provider has given notice on the two 'one to one' support workers currently supporting a service user with complex needs and challenging behaviour to attend Broxtowe Day Service.
3. The present provider of one to one support has been unable to deliver the consistency in support required for this service user. Support staff have changed frequently with additional use of agency staff which has resulted in a breakdown in provision.
4. Committee approval is sought to appoint two temporary (35 hours) Day Service Support Assistants, initially for two years, to ensure that the posts can be recruited to and the service can be maintained by offering a consistent team of support to this service user. If after two years the service is to be continued a further report will be brought to Committee to request continuation of these posts.
5. The cost of two temporary Day Service Support Assistants will be £48,856 per year. This cost will be funded by the Rushcliffe Learning Disability Community Care Budget. This package of care is 50% funded by Health and therefore the cost to the Council is £24,428.

Other Options Considered

6. To continue to support this service user with current external support provider utilising relief and agency staff is unsatisfactory.
7. The Team has explored alternative providers without any success. This service user requires consistency and familiarity in order to reduce his anxiety levels and thus reduce behaviours.

Reason/s for Recommendation/s

8. The temporary appointment of two Day Service Support Assistants will ensure that the one to one support is delivered from a consistent well-trained workforce and provide a better outcome for the service user.

Statutory and Policy Implications

9. 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

10. The cost of two temporary Day Service Support Assistant posts will be £48,856 per year. This cost will be funded by the Rushcliffe Learning Disability Community Care Budget.
11. The funding for the package of care and support for the service user is 50% funded by Health and therefore the cost to the Council is £24,428.

Human Resources Implications

12. Should the one to one service cease within the two year period it is proposed that temporary posts be utilised within the establishment at Broxtowe Day Service to assist in holiday and absence cover reducing the use of agency staffing within this service.

Safeguarding of Children and Vulnerable Adults Implications

13. The recruitment of this “one to one” support team at Broxtowe Day Service ensures that there is skilled and consistency of care for a vulnerable adult.

Implications for Service Users

14. The service user will have continuity of care and support from a regular staff team.

RECOMMENDATION/S

- 1) That the establishment of two temporary (35 hours) Day Service Support Assistant (Grade 3) posts at Broxtowe Day Service, for a period of two years, be approved.

Ainsley MacDonnell
Service Director, Direct Services and North Nottinghamshire

For any enquiries about this report please contact:

Jane McKay
Group Manager, Day and Employment Services
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Constitutional Comments (LM 21/02/18)

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

Financial Comments (AGW 23/02/18)

16. The financial implications of these recommendations are contained in paragraphs 10 and 11 of this report.

HR Comments (SJJ 16/02/2018)

17. These posts will be recruited to on a fixed term basis.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH535

12 March 2018

Agenda Item: 14

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

ADULT SOCIAL CARE AND PUBLIC HEALTH - EVENTS, ACTIVITIES AND COMMUNICATIONS

Purpose of the Report

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

Information

2. Over the course of the year, the range of public events, publicity and promotional activities that may be undertaken by adult social care and public health are wide ranging and there are a variety of reasons for doing so, for example:
 - promotion of services to give information to people in need of social care and public health services and their carers
 - encouraging interest in recruitment campaigns for staff, carers and volunteers
 - engagement of communities with services in their locality
 - generation of income through public events.
3. Over the next quarter and beyond, adult social care and public health would like to undertake the events and activities detailed in paragraphs 4 to 10.

Public mental health population awareness campaigns and events

Mental Health Week: 16 - 22 May 2018

4. This is a UK wide event supported by the Mental Health Foundation. The aim of the week is to educate the public about mental health issues and to promote better mental health. Public Health are the local leads, working with Workforce Wellbeing champions and Nottinghamshire County Council and clinical commissioning group (CCG) communications teams. The campaign will consist of distribution of the Mental Health Foundation's guide *How to look after your mental health*¹, promotion of *Five ways to wellbeing* and information

¹ <https://www.mentalhealth.org.uk/publications/how-to-mental-health>

on where to access support via workforce health links and the Council's intranet and social media.

Dementia Action Week: 21 – 27 May 2018

5. This is a national campaign. Dementia Action Week (previously known as Dementia Awareness Week) is supported by the Alzheimer's Society. There are about 800,000 people with dementia in the UK; it is prevalent in the over 65s but younger, working age, people can also be affected. An estimated 400,000 people in the UK have dementia but do not know it. By raising awareness it is hoped that more people will be diagnosed earlier, giving more time for them to come to terms with future symptoms. *Remember The Person* is the recurring theme for Dementia Action Week. People are encouraged to 'remember the person' behind the dementia; the person is more than the dementia.
6. Public Health are the local leads, working with Workforce Wellbeing champions and the Council's and CCG's communications teams. The campaign will consist of distribution of flyers and information from the Alzheimer website² (pending publication) to raise awareness about dementia, and also Public Health England's leaflet *Dementia - helping your brain to stay healthy*³ leaflet. Internal distribution will be via workforce health links and the Council's communications, intranet and social media, with wider circulation of information to partner organisations e.g. CCGs/GPs, community health and mental health services, third sector organisations.

Antimicrobial Resistance Campaign

7. Antimicrobial resistance (AMR) arises when the micro-organisms that cause infection survive exposure to a medicine that would normally kill them or stop their growth. The Chief Medical Officer has described AMR as a catastrophic threat. It is difficult to achieve a balance between using antimicrobials when they are really needed and reducing use when they are not indicated, but to preserve antimicrobial effectiveness they must be used appropriately.
8. A proposal for supporting the marketing of key local AMR messages to the public and to health and care organisations regarding use of antibiotics was approved by Adult Social Care and Public Health Committee on 11 December 2017 within the report *Use of Public Health General Reserves to March 2019*.
9. Advice on the best approach to a local awareness raising campaign has been sought from the Nottinghamshire Antimicrobial Resistance Stewardship Group, a multi-agency forum comprising representatives from Public Health, general practice, clinical commissioning groups, community and acute health trusts, pharmacy and dentistry. The group has recommended that two types of pre-existing resource should be widely distributed: a) an antibiotic information leaflet developed by the Shared Medicines Management Team on behalf of Nottinghamshire CCGs to raise awareness of AMR; and b) a toolkit⁴ produced by the Royal College of General Practitioners that provides advice on illness duration, self-care, prevention and when to re-consult the GP or dentist. These would be disseminated to

² https://www.alzheimers.org.uk/info/20167/dementia_awareness_week

³ <https://www.healthcheck.nhs.uk/document.php?o=1230>

⁴ <http://www.rcgp.org.uk/clinical-and-research/toolkits/target-antibiotic-toolkit.aspx>

appropriate audiences across the county and may be augmented with digital screen adverts for GP and dental surgeries, pharmacies and libraries.

10. Work has begun to scope the project and it is anticipated that the campaign would commence in the autumn of 2018, when public demand for (inappropriate) use of antibiotics tends to build due to onset of common viruses, such as seasonal influenza.

Other Options Considered

11. 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

12. To ensure that people in need of social care and public health services and their carers are aware of the range of services on offer and to encourage engagement with local communities.
13. To enable the Council to contribute to the overarching aims and outcomes of the AMR and public mental health population awareness campaigns and events described above.

Statutory and Policy Implications

14. 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

15. There are no financial implications for the Public Mental Health promotion events described in **paragraphs 4 to 6** above. Costs for the AMR campaign (**paragraphs 7 to 10**) will be covered by the Public Health General Reserve as approved by Adult Social Care and Public Health Committee on 11 December 2017.

Implications in relation to the NHS Constitution

16. The Public Mental Health and AMR communications outlined above support the ethos of the NHS constitution to “...*improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives*”.

Public Sector Equality Duty implications

17. The aim of the campaigns described above is to educate the population around AMR, mental health, dementia and suicide prevention supports the principles of reducing stigma and discrimination.

RECOMMENDATION/S

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

Paul McKay

Deputy Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LM 15/02/18)

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

Financial Comments (DG 19/02/18)

19. The financial implications are contained within paragraph 15 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.

Use of Public Health General Reserves to March 2019 – report to Adult Social Care and Public Health Committee on 11 December 2017.

Electoral Division(s) and Member(s) Affected

All.

ASCPH529

12 March 2018**Agenda Item: 15****REPORT OF CORPORATE DIRECTOR, RESOURCES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme.

Information

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

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME

16th April 2018			
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department.	Programme Director, Transformation	Ellie Davies
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health, including update on DoLS assessments and reviews.	Deputy Director	Celia Morris/ Matthew Garrard/ Sue Batty
Adult Social Care and commercial development – outcome of consultation		Service Director, North Notts and Direct Services	Jennifer Allen
Direct Payments Policy		Service Director, Strategic Commissioning, Access and Safeguarding	Laura Chambers
Progress with prevention services	Report including evaluation of Defence Medical Welfare Service - Aged Veterans Services in Nottinghamshire project, outcomes from the Connect Services and the Age Friendly Nottinghamshire pilot.	Service Director, Mid-Nottinghamshire	Lyn Farrow
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 3, 2017/18)	Consultant in Public Health	Nathalie Birkett
Progress with Public Health commissioned services: Obesity Prevention and Weight	Report on progress with and uptake of these services commissioned by the Council.	Consultant in Public Health	John Wilcox

Management services.			
Notts Enabling Service		Service Director, North Nottinghamshire and Direct Services and Service Director, Mid-Nottinghamshire	Bronwen Grieves
Health and Social Care Integration in Bassetlaw	Report on progress with integration in Bassetlaw.	Service Director, North Nottinghamshire and Direct Services	Steve Jennings-Hough
Progress with Deprivation of Liberty Safeguards work and future plans		Service Director, Mid-Notts	Daniel Prisk
14th May 2018			
Outcome of the Social Care Assistants pilot	Report on outcomes and evaluation of the Social Care Assistants pilot approved at committee in Nov 2017.	Programme Director, Transformation	Ian Haines
Progress with the development of the transitions service for children and young adults with disabilities		Service Director, North Nottinghamshire and Direct Services and Service Director, Mid-Nottinghamshire	Progress with the development of the transitions service for children and young adults with disabilities
Update on the development of an integrated health and social care partnership in South Nottinghamshire & Nottingham	Report on progress with development of an integrated health and social care partnership	Deputy Director	Louise Hemment
Outcomes of work with Nottingham University on Modern Day Slavery		Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Carers Strategy and proposals for carers' services developments	Proposals for future services for carers, further to outcome of consultation in December 2017.	Service Director, Mid-Nottinghamshire	Maggie Pape

11th June 2018			
Review of Rapid Response and Hospital Discharge Service	Report on progress and outcomes of Rapid Response and Hospital Discharge Service after 6 months of service implementation.	Service Director, Mid-Nottinghamshire	Jane Cashmore
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Deputy Director	Celia Morris/ Matthew Garrard
Progress update from falls prevention project		Service Director, Mid-Nottinghamshire	Richard Allen
Progress with Public Health commissioned service: Healthy Families Programme	Report on progress with and uptake of this service commissioned by the Council.	Consultant in Public Health	Kerrie Adams
9th July 2018			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 4, 2017/18)	Consultant in Public Health	Nathalie Birkett
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Progress on tender for older people's home based care and support services	Progress report on the tender for these services.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/Jane Cashmore

