

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

**Monday, 14 November 2016 at 10:30**

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

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### **AGENDA**

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the last meeting held on 10 October 2016  | 3 - 6   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Commissioning Plan for Short Term Independence Services for Older Adults 2017-19   | 7 - 16  |
| 5 | Providing Adult Social Care Assessments and Reviews  | 17 - 26 |
| 6 | Commissioning for Better Outcomes Peer Review 2015 - Summary of Actions to Date and Future Plans   | 27 - 40 |
| 7 | Progress with Outcomes from Sector Led Peer Review in March 2016   | 41 - 50 |
| 8 | Update on Work of Health and Wellbeing Board   | 51 - 60 |
| 9 | Work Programme   | 61 - 66 |

### **Notes**

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 10 October 2016 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Muriel Weisz (Chair)

Steve Calvert  
Alice Grice  
Francis Purdue-Horan  
David Martin  
Mike Pringle

Pam Skelding  
Stuart Wallace  
Jacky Williams  
Yvonne Woodhead  
Liz Yates

**OFFICERS IN ATTENDANCE**

Caroline Baria, Service Director, ASCH&PP  
Sue Batty, Service Director, ASCH&PP  
Paul Davies, Advanced Democratic Services Officer, Resources  
Jennie Kennington, Senior Executive Officer, ASCH&PP  
Ainsley MacDonnell, Service Director, ASCH&PP  
Paul McKay, Service Director, ASCH&PP  
Jane North, Transformation Programme Director, ASCH&PP  
Sorriya Richeux, Team Manager, Corporate and Environmental Law, Resources

**MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 12 September 2016 were confirmed and signed by the Chair.

**MEMBERSHIP**

It was reported that Councillors Steve Calvert and Alice Grice had replaced Councillors Alan Bell and Sybil Fielding, for this meeting only.

**DECLARATION OF INTERESTS BY MEMBERS AND OFFICERS**

None

**UPDATE ON PROGRESS WITH ARRANGEMENTS TO INTEGRATE HEALTH  
AND SOCIAL CARE IN MID-NOTTINGHAMSHIRE**

**RESOLVED 2016/073**

- (1) That the update on the development of integrated health and social care arrangements in Mid-Nottinghamshire be noted.
- (2) That one full-time temporary Social Worker post (Band B) be established in Newark and Sherwood until 31 March 2017, as detailed in paragraph 17 of the report, and the post be allocated authorised car user status.
- (3) That the reconfiguration of existing posts to create Short Term Independence Services in Mid-Nottinghamshire and Bassetlaw be approved, as detailed in paragraphs 28-30 of the report.
- (4) That consultation be approved with staff, partners and service users about the following savings options as proposed in paragraph 31 of the report:
  - a) A health team which organises discharges for hospital patients
  - b) Pharmacy expertise into care homes
  - c) A voluntary scheme to support people from hospital

#### **CARE DELIVERY GROUP EXPANSION – NOTTINGHAM NORTH AND EAST AND RUSHCLIFFE CLINICAL COMMISSIONING GROUPS**

##### **RESOLVED 2016/074**

- (1) That the progress made so far by Integrated Care Teams (Care Delivery Groups) in South Nottinghamshire be noted.
- (2) That 4 fte temporary Community Care Officer posts (Grade 5) be established to the end of March 2018, funded by Nottingham North and East and Rushcliffe Clinical Commissioning Groups.
- (3) That the current integrated care staff team of 2 fte temporary Social Worker posts (Band B) and 2 fte temporary Community Care Officer posts (Grade 5) be extended to the end of March 2018, funded by Nottingham North and East and Rushcliffe Clinical Commissioning Groups.

#### **DEVELOPMENT OF KEYRING SERVICES**

Members asked for a progress report on the development of KeyRing services in nine months' time.

##### **RESOLVED 2016/075**

- (1) That the proposal to develop KeyRing networks in Nottinghamshire be noted.
- (2) That an additional temporary post of 1 fte Community Care Officer (Grade 5) be established to support the work for a period of 18 months from October 2017, and the post be allocated authorised car user status.
- (3) That a progress report be presented in nine months' time.

## **SAVINGS AND EFFICIENCIES UPDATE AND PROPOSAL TO MAXIMISE THE INCOME AVAILABLE TO THE COUNCIL'S DIRECTLY PROVIDED ADULT SOCIAL CARE SERVICES**

While introducing the report, Jane North indicated that the temporary Quality Development Officer post due to be disestablished was currently designated Quality Monitoring Officer.

### **RESOLVED 2016/076**

- (1) That the progress with budget saving projects being delivered by the Adult Social Care, Health and Public Protection Department over the period 2016/17 to 2019/20 be noted, as detailed in Appendices 1 and 2 of the report.
- (2) That the key achievements of the Adults Portfolio of Redefining Your Council be noted, as outlined in Appendix 3 of the report.
- (3) That approval be given to the establishment of a full-time temporary Development Officer post for an initial period of one year, and for potential extension for a further year, subject to a review after the first year from the date of recruitment, to support the Adult Social Care, Health and Public Protection Department to maximise the income available to its directly provided social care services.
- (4) That a temporary Quality Monitoring Officer post (Band A) be disestablished, and a post of Business Support Administrator (Grade 4) be established for 18 months.

## **UPDATE REGARDING NEW EXTRA CARE SCHEMES IN BASSETLAW**

### **RESOLVED: 2016/077**

- (1) That approval be given for analysis by the Council of revised plans by Bassetlaw District Council regarding a proposed new Worksop Extra Care scheme, with a report to be brought to Committee in early 2017; the report to include confirmation of the Homes and Community Agency grant funding decision and also detailed plans and financial implications for consideration regarding approval to allocate Extra Care capital funding.
- (2) That approval be given for analysis by the Council of the developer's current proposal for Retford Extra Care, with a report to be brought to Committee in early 2017; the report to include confirmation of the Homes and Community Agency grant funding decision and also detailed plans and financial implications for consideration.

## **CARE HOME PROVIDER CONTRACT SUSPENSIONS**

The Chair indicated that she would discuss with officers how to involve more councillors in quality monitoring.

**RESOLVED: 2016/078**

That the update on the current contract suspensions with care home providers and brief overview of quality auditing and monitoring activity undertaken by the Quality and Market Management Team in care homes across the county be noted.

**WORK PROGRAMME**

**RESOLVED: 2016/079**

That the work programme be noted, with the addition of an update on the development of KeyRing Services in nine months' time.

**EXCLUSION OF THE PUBLIC**

**RESOLVED: 2016/080**

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

**EXEMPT APPENDIX TO REPORT ON UPDATE ON NEW EXTRA CARE SCHEMES IN BASSETLAW**

**RESOLVED: 2016/081**

That the report be noted.

**EXEMPT APPENDIX TO REPORT ON CARE HOME PROVIDER CONTRACT SUSPENSIONS**

**RESOLVED: 2016/082**

That the report be noted.

The meeting closed at 12.20 pm.

**CHAIR**

**14<sup>th</sup> November 2016****Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR FOR MID-NOTTINGHAMSHIRE****COMMISSIONING PLAN FOR SHORT TERM INDEPENDENCE SERVICES  
FOR OLDER ADULTS 2017-19****Purpose of the Report**

1. To seek approval of the proposed future model for Short Term Social Care Assessment Beds utilising the £1.365m Better Care Fund (BCF) funding allocated for this from 2017 to 2019.
2. To seek approval for the associated temporary assessment posts to be made permanent and to establish additional posts that are required to enable the delivery of the schemes.
3. To seek approval to bring a further report to the Committee in February 2017 on the evaluation of the Poppy Fields Short Term Social Care Assessment Beds pilot.

**Information and Advice****Policy and Performance**

4. Short Term Social Care Assessment Beds are part of the Council's Short Term Independence Services. On 10<sup>th</sup> October 2016, Adult Social Care and Health (ASCH) Committee approved the reconfiguration of existing social care posts to create two Short Term Independence Services: one for Mid Nottinghamshire and one for Bassetlaw, which will include the following services:
  - a) Short Term Independence Social Care Assessors and Occupational Therapists (OTs)
  - b) Short Term Assessment and Reablement Team (START)
  - c) Short Term Assessment Beds/Apartments
5. The services are provided on a time limited basis to enable older people to live as independently as possible. The main objective is to re-able people and maximise their potential for recovery of confidence, skills and well-being. Key to achieving this is the ability to provide the right care, at the right time, in the right place. This reports builds on the previous one and specifically seeks approval for the future model for Short Term Social Care Assessment Beds/Apartments and associated posts.
6. The Council's Strategic Plan sets out the Council's intention to develop individual and community resources to prevent, delay and reduce the need for care and support. One of the guiding principles of this priority is the need to reduce demand for institutional care, such as long term residential care. Preventing the need for social care services also has

the benefit of reducing costs in the longer term. The Council is also committed to avoiding unnecessary admissions into residential care and hospital.

7. In 2014 the requirement for local authorities to report on their short term services was introduced in the Short and Long Term Return (SALT)<sup>1</sup>. This is the return required by the Government from social care authorities. The indicator connected to this return is the “percentage of people at home 91 days after discharge from hospital” and for the Council this includes intermediate care and reablement services. The current performance is 84% which benchmarks well nationally, even with the recent inclusion of the people with higher needs who use the Council’s Residential Short Term Assessment Beds, in addition to people using the high performing community based START service.

### **Short Term Independence Assessors**

8. As agreed at ASCH Committee in October 2016, the reconfiguration will mean that staff will come under a single line management in each locality, enabling team managers to deploy resources flexibly across the various health bed and community based Intermediate Care services, as well as the Council’s short term social care Assessment Beds and START services. It will enable common goals and objectives to be embedded, as well as enabling the Council’s services to align with the emerging models of intensive, short term community health teams, establishing ‘virtual teams’ in local areas.
9. In May 2016, ASCH Committee approved the temporary extension up to March 2017 of the following posts, pending a detailed review of the Council’s Short Term Services and how this would align with health:
  - 0.8 full-time equivalent (fte) Community Care Officer – CCO (Grade 5), Broxtowe, Gedling & Rushcliffe (BGR) Intermediate Care Team
  - 4 fte Social Workers (Band B) (1 in Ashfield and Mansfield, 2 in BGR Intermediate Care Teams and 1 in Bassetlaw Intermediate Care)
  - 1 fte Community Care Officer CCO (Grade 5), Bassetlaw Intermediate Care.
10. Historically these posts have been funded through various temporary grants and budgets, however, the review has confirmed that these posts are required on a permanent basis.
11. In order to implement the line management changes required for the Short Term Independence Service across Mid Nottinghamshire and Bassetlaw it will be necessary to convert 1 fte Social Worker post at Band B to a 1 fte Senior Practitioner post at Band C within the Mansfield Community Hospital structure. If approved, the Senior Practitioner post established would enable the line management of the Newark Hospital team to be moved to the King’s Mill Hospital team and provide sufficient line management for the split of Newark & Bassetlaw resources to be equitable. This has an additional cost attached of approximately £5,000.
12. The review has also evidenced that therapeutic input into the Council’s Short Term Assessment Beds is crucial to maintain good outcomes for people. Current informal arrangements to deliver this input will cease in March 2017. Ideally 2 fte Physiotherapist

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<sup>1</sup>[http://www.hscic.gov.uk/media/12020/Guidance-supporting-SALT-collection/pdf/SALT\\_Guidance\\_v1\\_5.pdf](http://www.hscic.gov.uk/media/12020/Guidance-supporting-SALT-collection/pdf/SALT_Guidance_v1_5.pdf)



(Band B) posts and 2 fte Occupational Therapist (Band B) posts are required to cover the planned 54 places. Due to a national shortage of physiotherapists, historically, it has not been possible to recruit to these posts, so it is recommended that 4 fte Occupational Therapist (Band B) posts are permanently established to support the developing model.

13. 1 fte temporary Project Manager (Band D) post is required for 12 months to develop the partnerships, procure the Short Term Independence Services beds/apartments, re-configure staff into the new service and complete work on START efficiencies. Two current temporary posts supporting this area of work end in December 2016 and March 2017.

### **START – Short Term Assessment and Reablement service**

14. The START service is a key contributor to realising the Council's intention to provide services that promote independence and it is critical in ensuring people are discharged from hospital promptly. It continues to deliver excellent outcomes for people; 65% of clients were fully reabled and a further 19% needed a reduced package of care on leaving the service in 2015/16. The implementation of the Total Mobile rostering and monitoring system will improve the accessibility to the service, use of capacity and will provide up to date monitoring and business information, reducing the need for manual processes.
15. There is ongoing work with health partners to create seamless pathways into the service and to identify and reduce any duplication. Initial indications from this work show significant improved cross organisation working relationships and greater understanding of roles and decision making processes, both of which are critical in ensuring that people are on the right care pathway<sup>2</sup>.

### **Accommodation Based Short Term Assessment Beds and Apartments/Flats**

#### **Demand**

16. The Short Term Assessment Beds in the Care and Support centres have become a very useful resource. They are successful in facilitating discharges from hospital and diverting people from long term residential care. For example, at James Hince Court, 52% of people return to their home after a period of assessment there, with only 10% entering Long Term Care from there.
17. Occupancy and demand analysis of the current model has been completed to predict the number of assessment beds or flats that will be required to meet current and increasing demand as 'Transfer to Assess' and 'Discharge to Assess' care models are embedded. This shows that 54 units of Short Term Assessment Apartments/Beds are needed across the County.

#### **Model**

18. There are three main options for procuring short term assessment units:

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<sup>2</sup> LGA – Efficiency opportunities through health and social care integration

1. creating assessment apartments/flats within current sheltered accommodation
  2. utilising Extra Care schemes so people have their own unit/apartment
  3. using bed based care in independent sector residential care homes.
19. Options A and B are preferable over residential care home beds as it enables individuals to regain their skills and confidence and be assessed in an ordinary domestic and homely environment. For example, everyone has their own or access to kitchen areas and can make drinks and meals, which is not possible in residential care. This helps people to retain and regain their skills and mobility more quickly and provides a clearer understanding of people's on-going care needs, thereby helping to avoid any unnecessary admissions into long term residential care.
  20. Initial analysis indicates that using apartments/flats within Extra Care and sheltered housing accommodation has the potential to deliver better outcomes and also be a more cost effective option compared with using residential care homes. Purchasing places in independent sector residential care would cost the Council approximately £533 per bed per week compared with an estimated £460 per bed per week of utilising Extra Care apartments at Poppy Fields in Mansfield and Ashfield.
  21. The Council is currently undertaking soft market testing to explore the position of providers' ability, ideas and appetite to deliver Short Term Assessment Beds and apartments/flats across the County. A flexible framework enabling the procurement of these services will be in place by March 2017. A brief description of developing models for each area is provided below.
  22. In Mid Nottinghamshire, assessment units are being trialled at the Poppy Fields Extra Care scheme in Mansfield and Ashfield. Early work using two ASSIST sheltered housing scheme flats has shown that they are a viable alternative to using residential care, indicating that most needs can be met through this model. The Poppy Fields pilot will test and refine this new model of partnership working, inform future capacity needs and provide learning for all the short term assessment unit models across the County.
  23. In Newark and Sherwood consideration is being given to the use of units within the Bowbridge Extra care scheme when it becomes available in 2018. Moorfields Court has also been identified as a possible site to provide additional capacity, with the benefit of these units having lower associated costs due to current rental arrangements.
  24. Bassetlaw Clinical Commissioning Group (CCG) has offered, in principle, the use of a small number of residential beds within a new purpose built Intermediate Care facility on the Bassetlaw hospital site from autumn 2017. Residential beds may be required in Bassetlaw as there are no local community hospital beds. Dependent on viability of costs, this option would see a continuation of the excellent partnership working with health seen at James Hince Court and make best use of assessment and therapy resources due to co-location. Bassetlaw CCG has been asked for costs to compare with the results of the soft market testing.
  25. Currently there are no assessment apartments/flats being developed in South Nottinghamshire. The soft market testing aims to stimulate interest in this and provide more options as to how Short Term Assessment Units could be delivered in this area including considering new Extra Cares schemes as they become available.

## Finance

26. There are three proposed funding sources for the development of the Short Term Independence Assessment team and Assessment Units. The following table indicates modelled service and staffing costs against the available amounts by year:

**Short Term Independence Services Budget Information 2017-2020**

		2017/18	2018/19	2019/20
Service Costs	Staffing - Permanent	1,228,000	1,228,000	1,228,000
	Staffing - Temporary	55,000		
	Assessment Beds	315,149	934,769	934,769
<b>Total Cost</b>		1,598,149	2,162,769	2,162,769

Available Budgets	Intermediate Care Budget	879,000	879,000	879,000
	Better Care Fund	744,013	621,769	
	Care and Support Centre Reprovision		779,000	779,000
<b>Total Budget</b>		1,623,013	2,279,769	1,658,000
<b>Balance</b>		24,863	117,000	- 504,769

27. **Intermediate Care Budgets** - In 2013/14 the Council's intermediate care budget (excluding Community Hospital Budgets) was £3,521,000. Phase 1 & 2 options for change will have delivered £2,680,000 savings. The recurrent remaining budget will be £879,000 from March 2017 and this was retained to pay for the social care and assessment staff required for both health intermediate care services as well as the Council's own Short Term Assessment Beds. In order to fund adequate staff capacity to facilitate assessments and therapists across all of these services will require £1,283,000 which is a shortfall of £404,000 in 2017/18.
28. The posts and temporary Project Manager post can be funded from the temporary BCF funding in 2017/18 and then permanent staff from the recurrent funding when it becomes available through the closures of the Care and Support Centres from 2018/19 onwards.
29. The remaining BCF funding identified for the development of Short Term Assessment units will pay for the replacement services as they come on line from January 2017 and in 2018/19. Due to the dynamic nature of and changing budget sources for the proposed model a full service review will be required in 2019.
30. **Paragraphs 26 to 29** and the table at para 26 detail the available budget sources and service requirements. In summary:
- The cost of the service in 2017/18 will be £1,598,149. This will be funded from recurrent Intermediate care budgets of £879,000 and temporary BCF of £744,013.

- In 2018/19 the service will cost £2,162,769. This will be funded from remaining Intermediate Care budgets as above, temporary BCF of £621,769 and the Care and Support Centre re-provisioning budget of £779,000.
- The estimated under-spends identified in 2018/19 and 2019/20 will be from Better Care Fund. A recommendation will be made to the Better Care Fund Board to carry forward any underspend from 17/18 and 18/19 into 19/20 in order to reduce the predicted shortfall of £504,769.
- In 2019/20 the service will cost £2,162,769 and will be funded by the remaining £879,000 Intermediate Care budget and the Care and Support Centre re-provisioning budget of £779,000. The potential £504,769 shortfall in 2019/20 arises from uncertainty about the future of the Better Care Fund. If this funding is not available, further savings will need to be identified during development of the model, or provision will need to be scaled back, with the potential risk of increasing residential care costs.

### **Other Options Considered**

31. The proposed model for Short Term Assessment Beds allows for flexibility across three different options according to local need and value for money. Through soft market testing the Council will work with providers to develop innovative and cost effective services.
32. Sufficient social care assessor and Occupational Therapy staff are required to support the co-ordination, assessment and support planning for individuals in these services to ensure throughput of people and achieve the best outcomes for them returning home. There is not sufficient capacity within the current permanent staffing structure to undertake this work.

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

33. There is evidence that using Short Term Assessment Beds helps the Council to enable people to return to their homes and contributes to savings and efficiencies. This report sets out the rationale for the benefits of using Short Term Assessment apartments as opposed to residential care beds.
34. The individual planning areas require tailored approaches due to the emerging care models.
35. Therapy input is critical for people to achieve good outcomes. The current temporary assessment staff are required to support both the Assessment Beds and remaining intermediate care services and support emerging care models to ensure effective throughput of clients.

### **Statutory and Policy Implications**

36. 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**

37. The financial implications are contained in **paragraphs 26 – 30.**

## **Human Resources Implications**

38. Paragraphs 28 to 30 in the “Update on progress with arrangements to Integrate Health and Social Care in Mid Nottinghamshire” report to Adult Social Care and Health Committee on 10 October 2016 details HR implications of the agreed proposal to create the Short Term Independence Service (STIS).
39. In summary, the frontline staff already work in the different localities, so other than a potential change of line manager for some staff, there would be minimal change and Human Resources have advised that creating the new service would be a re-configuring of staff and not a restructure.
40. Trade Unions have been consulted with through the Joint Consultative and Negotiating Panel and a workshop will be held for staff with Trade Union representatives in attendance on 4<sup>th</sup> November. The workshop will be an opportunity to identify any issues arising and provide staff with re-assurance regarding training needs.

## **Implications for Service Users**

41. This paper recommends that the current capacity is maintained to enable similar volumes of people to return to their home. The continued aim of the service is to provide people with the best opportunity to remain at home for longer, and the models being considered are those which most replicate a homely environment allowing a more accurate assessment of their needs and will therefore provide better outcomes.

## **RECOMMENDATION/S**

That:

- 1) the proposed future model for Short Term Assessment Beds, utilising the £1.365m Better Care Fund funding allocated for this purpose from 2017 to 2019, is approved
- 2) the permanent establishment of 4 fte Occupational Therapy (Band B) posts is approved.
- 3) the 1 fte Social Worker post at Band B within the Mansfield Community Hospital structure is converted to a 1 fte Senior Practitioner post at Band C.
- 4) the following current temporary posts are made permanent:
  - 0.8 fte Community Care Officers – CCO (Grade 5), Broxtowe, Gedling & Rushcliffe Intermediate Care Team

- 4 fte Social Workers (Band B) (1 in Ashfield and Mansfield, 2 in Broxtowe, Gedling & Rushcliffe Intermediate Care Teams and 1 in Bassetlaw Intermediate Care)
  - 1 fte Community Care Officer CCO (Grade 5), Bassetlaw Intermediate Care.
- 5) a twelve month extension up to 31<sup>st</sup> March 2018 of 1 fte Project Manager (Band D) post is approved
- 6) the Committee receives a further report in February 2017 on the evaluation of the Poppy Fields pilot.

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

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

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 Project Manager, START Reablement  
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 E: karen.peters@nottscg.gov.uk

### **Constitutional Comments (SLB 18/10/16)**

42. Adult Social Care and Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require all reports regarding staffing structure changes to include HR advice, and for consultation to be undertaken with the recognised trade unions.

### **Financial Comments (KAS 19/10/16)**

43. The financial implications are contained within paragraphs 26-30 and 37 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.

Extension of Better Care Fund and Intermediate Care posts – report to Adult Social Care and Health Committee on 16 May 2016

Update on progress with arrangements to Integrate Health and Social Care in Mid Nottinghamshire – report to Adult Social Care and Health Committee on 10 October 2016

Lease for Older Adults Short Term Independence Assessment Accommodation, Poppy Fields, Mansfield - report to Finance and Property Committee on 19 September 2016.

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

All.

ASCH433





14 November 2016

Agenda Item: 5

## **REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND PUBLIC PROTECTION**

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

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

1. To inform Members of the current position in relation to the number of assessments and reviews completed within Adult Social Care, Health and Public Protection (ASCH&PP) department.
2. To seek approval for the establishment of temporary posts to help manage assessments and reviews, and to realise efficiency savings.
3. To inform Members of future proposals to further improve performance in relation to assessments and reviews.
4. To seek approval to extend the scope of the existing Targeted Reviews project to include activities identified as part of the proposals mentioned in **paragraph 3**.

#### **Information and Advice**

##### **Background**

5. People whose social care needs cannot be met through the provision of information and advice, or by signposting to other agencies at the Customer Service Centre, will be referred for an assessment of their social care needs. These assessments are usually completed by social work or occupational therapy staff and may result in the person being deemed eligible for support from the County Council, resulting in the creation of a Care and Support Plan to meet their agreed outcomes.
6. There is no national timescale to complete new assessments within 28 days of initial contact, but the Council has a local target to achieve this in 80% of cases. In some cases there is a legitimate reason why an assessment may take longer than 28 days, due to rapidly changing circumstances or an extended period of rehabilitation or reablement. The performance of the Council, as reported regularly to previous Adult Social Care and Health (ASCH) Committee meetings, stands at 70% for the period from April to August 2016 up from 60%. It is worth noting that Nottinghamshire remains a high performing Council in most areas and has been for a number of years.

7. Given that the needs of service users change over time and that resources are finite, workers will need to ensure whether the support from the Council is still needed. If social care support is required, workers will need to ensure it is provided in the most cost effective way possible. To achieve this, workers will need to regularly review people's support needs and their Support Plan. This is in line with the Adult Social Care Strategy.
8. There is also an expectation within the Care Act 2014 that authorities should conduct a review of a service user's care plan no later than every 12 months. In reality a high proportion of reviews are often completed earlier where Services Users have short term goals which can increase their independence.
9. In addition the Council is also responsible for assessing and reviewing the needs of those who act as carers to those with social care needs.
10. As a result of increased demand for social care support, demographic changes and finite resources, the waiting lists for assessments and reviews have increased, as is the case for a number of councils.
11. The department has also had to prioritise work requiring an urgent response such as safeguarding, carer breakdown and Mental Health Act assessments above more routine and less urgent assessments and reviews. This situation has been exacerbated by increased demand on social care arising from the Care Act 2014.
12. In order to address this, the department established a project under the direction of the Service Director, South Nottinghamshire and Public Protection, to look at ways of addressing the issue outside of the usual day to day operating procedures.
13. The project's aim has been to analyse and understand the causes and significantly reduce the number of unallocated social care and occupational therapy assessments and reviews across the department. The project has sought to ensure that the department undertakes both short term action to reduce the waiting list and, based on evidence at a team level, will look to make a number of recommendations to form a future approach that avoids the future build-up of backlogs. The future approach will be in line with the Adult Social Care Strategy and support new ways of working.

## **Current Situation**

14. The report to ASCH Committee in April detailed the number of unallocated cases. The table overleaf demonstrates significant improvement in all areas.

**Table: Progress in allocating cases within timescale**

	Number in February 2016	Number in September 2016
Unallocated Social Care Assessments outside of the 28 day timescale	443	1
Unallocated Occupational Therapy Assessments outside of the 28 day timescale	16	3
Unallocated Carers' Assessments outside of the 28 day timescale	152	10

15. In the period from April to September 2016, staff in the Council have completed 6,406 social care and occupational therapy (OT) assessments and 11,034 reviews. In the same period, staff have undertaken 2,103 carers' assessments and 2,224 carers' reviews.
16. As at 28<sup>th</sup> September 2016, the number of unallocated assessments awaiting progression outside of the Council's 28 day timescale was one care and support assessment and three OT assessments.
17. The table shows that the additional funding previously agreed by Committee, to deal with the increasing demand in Adult Social Care stemming from the Care Act reforms, has successfully increased the Council's capacity for this work.
18. In addition to the above, the Council would be on target to undertake 50% more reviews during 2016-17 than were undertaken in 2015-16. The number of carers' assessments undertaken would rise by 54% and carers' reviews would double.
19. Credit is also due to colleagues in the department who have adapted to new ways of working and improved the Council's performance in this area in a short period of time.
20. However, despite these sizeable increases in these areas, there remains a small backlog, and, to meet increasing levels of demand, measures are now being put in place to ensure that this improved level of activity can consistently across services.

### **Steps being taken to address situation**

21. There remains an issue with data quality within the Council's case management system. This means that the figures for unallocated work included individuals who appear more than once or who no longer require input from the Council. By undertaking in-depth work to identify these errors and rectify them, the Council will have a better idea of the work it needs to undertake and be better able to prioritise services to those most in need.
22. A number of these errors arise from the complex commissioning processes with the case management system. In April 2016, ASCH Committee recognised the need for a resource to address this and permanently established a Data Input Team (DIT). This team had existed in a temporary form since 2013 and the staffing levels were based on activity from 2013-2015. However, in line with the upward trend in departmental activity referenced above, the number of packages being commissioned by this team since April 2016 has doubled.

23. It is felt that the addition of some additional staff, on a temporary basis, will enable this team to both address the existing data quality problems and meet the increase in demand. Four full-time equivalent Grade 3 Business Support Administrator (DIT) posts, for 12 months, at a cost of £109,316, are needed to address this issue.
24. Data cleansing work undertaken in one locality has reduced the number of reviews outstanding by 25% demonstrating the high levels of error currently contained within Framework and the requirement for increased temporary resource to support the cleansing.
25. A focused period of activity to address the data errors will enable the Council to report accurately on the outstanding and overdue levels of work, ensuring these can be tackled by both the internally resourced reviewing teams and the additionally established agency capacity.
26. A number of remedial and developmental activities have been included within the newly proposed scope of work which will prevent the errors currently found within Framework from reoccurring; ensuring this resource intensive and costly activity of cleansing the data will not be required in the future.
27. Through formal procurement mechanisms external contracted agencies have been utilised to assist both Social Work and Occupational Therapy to maintain the unallocated waiting lists, to keep all cases within the 28 day target timescale. During the last nine months this intervention has also assisted the ASCH&PP department to introduce and embed new ways of working, for example, the formal scheduling of new work from a central point (Adult Access team). The new ways of working and assistance of the external agencies working alongside the in-house staff group has significantly reduced the unallocated waiting lists across the County.
28. Part of the increase in numbers of reviews relates to the Council's focused work to support carers, but it should also be noted that the online Carers' Assessment and Review forms went live in late March 2016. These have allowed carers to answer the review questions in their own homes, at a time suitable for them.
29. The number of assessments and reviews for carers completed on-line is as follows:

	<b>1<sup>st</sup> May – 4<sup>th</sup> October 2016</b>
<b>Carers' assessment episodes completed on-line</b>	299
<b>Percentage of assessments completed on-line</b>	3%
<b>Carers' review episodes completed on-line</b>	15
<b>Percentage of reviews completed on-line</b>	30%

30. It is worth noting that 74 (32%) of the carers' assessments were completed in September.

### **Longer Term Changes**

31. Given the increase in the number of people in Nottinghamshire who will need social care to help manage long term conditions and disability, part of the response is to continue rolling out new ways of working and the principles of the Adult Social Care Strategy. This includes utilising clinics and hubs to keep up with future demand. There will also be strong performance monitoring of teams in relation to this work, to ensure that good practice can be shared across the County.
32. Following triage by the Adult Access Service, appointments are automatically scheduled into fieldworkers' diaries. In advance, fieldworkers block out a pre-agreed number of slots in their diary and forward these to the Adult Access Service for work to be scheduled into. This has been piloted in a number of teams across the County, and the evidence from the pilot has shown that this has been very successful in increasing the number of assessments undertaken within the 28 day timescale – in one team this increased from only 25% of assessments being completed in a timely manner to over 65%. In the same team, service users, who had previously been waiting an average of 51.5 days for their assessment, were now receiving a completed assessment in, on average, 25.1 days. Whilst there were improvements in relation to this indicator across the department during this time period, the increases in performance from the teams taking part in the pilot outstripped the average figure.
33. A significant number of pilots have been taking place across the department to reduce waiting times by using staff time more effectively. These have included use of clinics to assess and review and increased mobilisation of the social care workforce. For example, staff are using tablet devices to complete assessments. Early indications are that throughput of work is increasing as a result of these innovations, further reducing waiting times for citizens.
34. The current organisational strategy for reviewing social care cases is being reconsidered. The revised strategy will make available a wide range of review types, including on-line, telephone based, clinic based. This will provide greater choice and will facilitate more proportionate timely reviews, significantly improving the organisation's ability to undertake the significant number of reviews required annually and providing appropriate and proportionate methods of review for the variety of care packages provided.
35. These changes will enable the organisation to achieve the target of 80% of reviews completed within timescale, a target currently proposed by the end of March 2017. Along with the revised strategy, a number of system changes will be required within the Council's case management system (Mosaic) to enable this.
36. It is recommended that a 1 full-time equivalent (fte) Commissioning Officer post is established for a six month period, commencing once the data cleansing is complete, to support the design and implementation of the Council's revised Reviewing Strategy and to provide operational guidance to clearing the backlog of reviews. A job description is

currently being developed and if required job evaluation will be undertaken supported by the services HR Business Partner.

37. The role will be funded from the existing budget previously approved to deliver the Targeted Reviews project. The cost of this post would be £22,360 including on-costs, at indicative Grade C.
38. The current Targeted Reviews project prioritises the undertaking of reviews where service users are most likely to have decreasing care needs and therefore reviewing these packages of care as a priority is likely to enable the department to release significant savings.
39. This project builds on previous savings projects which aim to maximise people's independence, and thus reduce the cost of community care in younger and older adults, by reviewing packages of care, ensuring they remain sufficient to meet the needs of individuals in the most cost effective way. The project is delivering savings by focussing the work of the Central Review Team on reviewing packages of care falling into the categories detailed below:
  - a) Direct Payment packages - where surplus amounts have been identified, linking with the recoup project underway within Direct Payments
  - b) new packages that have been set up, particularly following hospital discharge, including individuals who have not received reablement and may only need a time limited service
  - c) people who have two carers where, through the use of equipment, this can be reduced to one carer
  - d) packages of care which have not yet received an annual review.
40. To date this year this activity has achieved a saving of £697,000 with the potential for £894,000 full year effect (dependent on package reductions being maintained for the full year). As such the project has already exceeded the savings target of £480,000 for 2016/17.
41. The currently capacity provided by the Central Review Team and the agencies now approved will enable the undertaking of outstanding reviews to be achieved and support the Council to meet the challenging savings targets for 2017/18 of £1.01m and 2018/19 of £1.01m.
42. The Reviews Savings Board is now seeking approval to extend the scope of the work in order to ensure the accuracy of data about performance, design a system and implement the necessary changes to ensure more cost effective and timely methods of assessments and reviews.
43. In order to support the delivery of this extended scope, agreement from the Programme and Projects team has been given to extend the allocation of 1fte Project Manager and 0.5fte Programme Officer from the existing staffing within the Programmes and Projects team from the initial six month allocation until December 2017. These are existing roles within the current staffing structure of the Programme and Projects team.



## **Other Options Considered**

- 44. Maintaining the Data Input Team at its current levels was discounted as it would not give sufficient capacity to deal with the increase in assessments and reviews.
- 45. Not establishing these additional temporary posts will increase pressures on all ASCH&PP operational teams, delaying reviews and preventing new support packages from being commissioned in a timely and efficient manner. Inaccurate financial information would increase, making it difficult to accurately forecast the Council's financial commitments.
- 46. Not increasing the scope of the existing Reviews project to include the developmental actions identified. This would not have provided the necessary developments to ensure data accuracy and accurate reporting of outstanding reviews.
- 47. Not developing the alternative methods of review defined within the additional scope would impact on the Council's ability to meet its target of undertaking all assessments and reviews within the target of 80% within timescale.

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

- 48. The temporary increase in staff recommended will ensure the Council is able to deal with increased demand for social care and to meet its targets for achieving 80% of assessments and reviews within timescale.
- 49. The additional temporary resource will support the removal of the current backlog of reviews and ensure the data cleansing activity required can be resourced, enabling accurate reporting of reviews in the future.
- 50. Increasing the scope of the Reviews project will ensure the Council has systems and processes which enable reviews to be undertaken in a timely manner, ensuring packages of care are suitable and reviewed at the earliest suitable opportunity to maximise the potential for promoting independence.

## **Statutory and Policy Implications**

- 51. 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**

- 52. Funding for the additional temporary posts will be met from the £600,000 previously agreed. No additional funding is required. The total cost of additional temporary staff requested is £142,056.

## **Safeguarding of Children and Adults at Risk Implications**

53. Service users will receive a timely assessment and review of their care and support needs, reducing the potential of identification of potential safeguarding issues being missed.

## **Implications for Service Users**

54. Service users will receive a timely assessment and review of their care and support needs.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the current position in relation to the number of assessments and reviews completed within the Adult Social Care, Health and Public Protection department.
- 2) approves the establishment of the following additional temporary posts to help manage assessments and reviews, and to realise efficiency savings:
  - Four full-time equivalent Business Support Administrators (DIT), Grade 3 SCP 14 – 18 (£16,481 - £17,891) for 12 months, at a cost of £109,316 to commence December 2016.
  - One full-time equivalent Commissioning Officer post, for a 6 month period, indicative Grade C, at a cost of £22,360 including on-costs.
- 3) notes the future proposals to further improve performance in relations to assessments and reviews.
- 4) approves the extension of the scope of the existing Targeted Reviews project to include the proposals identified in paragraph 42 of this report.

**Paul McKay**

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## **Constitutional Comments (SMG 27/10/16)**

55. The proposals outlined in this report fall within the remit of this Committee.



56. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

#### **Financial Comments (KAS 01/11/16)**

57. The financial implications are contained within paragraph 52 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.

Providing Adult Social Care Assessments and Reviews – report to Adult Social Care and Health Committee on 18 April 2016

Savings and Efficiencies Update and Proposal to Maximise the Income Available to the Council's Directly Provided – report to Adult Social Care and Health Committee on 10<sup>th</sup> October 2016.

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

All.

ASCH432



14 November 2016

Agenda Item: 6

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

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

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

1. To provide an update on activity undertaken within the Council on the 2015 Commissioning for Better Outcomes Peer Review recommendations, relating to the fourth key line of enquiry, 'Are people's individual outcomes enhanced through stakeholder involvement in the commissioning and delivery of services?'
2. To inform the Committee of the co-production principles contained within the Statement of Intent (**Appendix 1**), to be applied throughout the commissioning process in partnership with service users, carers and stakeholders organisations.

#### **Information and Advice**

3. A report, presented to the Adult Social Care and Health (ASCH) Committee in May 2016, detailed the findings of the Commissioning for Better Outcomes Peer Review 2015<sup>1</sup> and the Care Act 2014 recommendations to use co-production to improve people's individual outcomes. It also summarised the actions taken from April 2015 to March 2016 to address this need.
4. A co-production forum was held at County Hall in April 2016 where the principles underpinning co-production were developed. Subsequently, a Statement of Intent was written (**Appendix 1**) and a draft version is shortly to be circulated to forum members for comment. This will provide a framework for embedding co-production in all aspects of Adult Social Care, Health & Public Protection (ASCH&PP) business as usual.

#### **Update of activities resulting from the Co-production Forum April 2016**

5. Every opportunity to explain and promote 'Working Together, Learning Together' with stakeholders has been taken.
6. The co-production forum meetings that have been held since April 2016, have been effective in communicating to partners the 'new approach' to commissioning and the Council's intention to work closely with experts by experience and other stakeholders with

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<sup>1</sup> Notts County Council Commissioning Better Outcomes Peer Challenge Report LGA March 2015

regard to all areas of ASCH&PP business as usual, to fully embed working together and learning together as a key principle underpinning all future work.

7. Established links with a number of community and voluntary sector partners have been utilised to identify and invite stakeholders with a particular interest in specific work streams to become more involved.
8. The Nottinghamshire Help Yourself website is being used to extend the Council's reach and to communicate with a larger number and broader range of stakeholders. This is in addition to the established engagement group meetings such as Ageing Well, DIAG (Disability Information and Advisory Group) and CIG (Carers Implementation Group). These all continue to be supported by officers from Strategic Commissioning and principles of co-production are being introduced in all these existing groups.
9. New pieces of work are routinely involving stakeholders from the start. Recently an initial scoping meeting took place to review the use of Direct Payments and Personal Assistants and to find people who would like to work with the Council on this piece of work. Of the 29 people who attended, which included Members, people who use services, officers and service providers, 17 were keen to be involved on an on-going basis. These individuals identified three pieces of work that they would initially co-produce. They were:
  - Developing Direct Payment training and guidance for Council staff
  - Developing Direct Payment information and advice for the public
  - Creating an effective model for support with Direct Payments (incorporating managed bank accounts and employment advice).

#### **Additional co-production activities**

10. A co-production/engagement calendar has been developed to capture collaborative activities and to help monitor the progress the Council makes in routinely working together with stakeholders. Since May 2016 there have been over 35 separate occurrences involving a wide selection of stakeholders and relating to a wide range of work streams (see **Appendix 2**). This points to the on-going dialogue that is occurring with stakeholders and the progress made.
11. Consideration has been given to ensuring service users' and carers' views are central to all discussions and decisions associated with the home based care service which is shortly due to be reviewed and re-tendered. Proposals include experts by experience helping to identify appropriate tender questions, being involved in the marking of tender applications and participating in ongoing quality monitoring of the service for the life of the contract.
12. The home based care example above will be replicated across all services in the future. Co-production with stakeholders is embedded in the work of the Council. This is part of the whole cycle of commissioning, delivery and evaluating service provision.
13. Other practical examples of co-production activity taking place include officers working with the residents of the Poppy Fields Extra Care facility in Mansfield to develop an

innovative time banking initiative. Time banking is a way for people to come together to help others and help themselves at the same time. For example, credit can be earned by helping a neighbour with their housework for an hour. This counts as credit to spend on one hour of someone else's time to help with another task such as gardening without money being involved. Discussions are at an early stage with residents currently choosing what types of activities and skills are going to be included.

14. Experts by experience have also been involved in the interviews for a replacement operational Group Manager in the ASCH&PP department, sitting on the interview panel and guiding the selection of the successful candidate.

### **Time banking and Community Navigator Services**

15. Time banking with the Community Navigator Services (CNS) is continuing, with CNS providing on-going support to the Council as a 'critical friend' to support the embedding of co-production in the Council's day to day work. Community Navigator Services provides expert advice on implementing co-production with service users. In return, the Council's Person Centred Training and Development Managers have worked closely with CNS to deliver facilitation skills training.
16. CNS and the Council's Person Centred Training and Development Managers will be running a joint workshop at the National Commissioning Conference in November 2016, thus providing reciprocal support and the sharing of specialist skills. CNS is a community interest company consisting of social care service users. It helps people to help themselves and to support organisations to become more accessible.

### **Officer training**

17. The Person Centred Training and Development Managers are attending an externally run course in co-production over a nine month period. This will further equip them with the techniques to facilitate co-production activities within the Council. They will develop techniques to connect with individuals and organisations both within ASCH&PP and the wider community of Nottinghamshire. Skilled facilitation is essential to ensure that the true principles of co-production are adhered to. This includes an acknowledgement by all stakeholders that working in this way brings communal responsibility for the outcomes delivered.
18. The above update details the ambition held for embedding a different way of working with stakeholders to all work together and learn together in the pursuit of improved service provision. It highlights the preparatory steps taken to share the vision with wider stakeholders; secure expertise from colleagues already delivering services in this way; and the efforts taken to date to skill up key members of the work force to lead the change by sharing good practice by example. The update also provides examples to evidence where changes have already begun being made to embed co-production into business as usual.

### **Other Options Considered**

19. The Council recognises that co-production is evidenced good practice, which empowers stakeholders to identify and influence which commissioned services will deliver better

outcomes based on their experience. The Council has given a firm commitment to the co-production of adult care and support services.

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

20. Ensuring that the co-production principles are embedded in the Council's core business activity will result in better outcomes for individuals and respond to the Commissioning for Better Outcomes Peer Review recommendations and Care Act 2014 requirements.

### **Statutory and Policy Implications**

21. 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**

22. Volunteers' expenses will be paid from the Strategic Commissioning budget.

### **Implications for Service Users**

23. Service users will have a growing opportunity to influence the development of new services and have their opinions and ideas taken into account at earlier stages in commissioning processes.

## **RECOMMENDATION/S**

That the Committee:

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

**Caroline Baria**

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### **Constitutional Comments**

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

### **Financial Comments (KAS 01/11/16)**

25. The financial implications are contained within paragraph 22 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.

Commissioning for Better Outcomes Peer Review 2015 – Progress on Actions: report to Adult Social Care and Health Committee on 16 May 2016.

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

All.

ASCH435





## **Working Together – Learning Together**

### **What we will do**

**Nottinghamshire County Council’s Adult Social Care, Health and Public Protection (NCC ASCH&PP) Department will put into practice co-production, known as Working Together – Learning Together when we are planning, developing and reviewing services, because of the benefits that are achieved when all stakeholders are included in making decisions.**

The term ‘**stakeholders**’ includes the following groups of people:

- People who currently use care and support services; have done in the past; or may do in the future; and their family/unpaid carers. These people are also described as ‘experts by experience’.
- The Council’s staff.
- Representatives of provider and partner organisations.

Working together and learning together is not an activity with a clear start and end point. It is an approach that celebrates and promotes stakeholders working together as equals, every day, all valued members of a single team. There is the shared goal of developing and reviewing services, to ensure that we succeed in effectively meeting the current and future needs of the residents of Nottinghamshire.

### **Principles**

We will work together with stakeholders to develop policies and services while being open and honest about what is possible given our statutory duties and responsibilities.

To achieve this we will:

- Value and draw upon stakeholders' skills, knowledge, experience and interests to improve and enhance services.
- Work together with stakeholders to ensure they can be involved in all stages of the development of services and share all relevant information whenever possible.
- Take positive action to ensure that any person or group of people that wants to be involved is included.
- Make language, meetings and information accessible to all.
- Promote mutual respect amongst stakeholders by respecting people's views and wishes and value everyone's contribution equally.
- Create a work environment where stakeholders' input is central to all service developments and reviews.
- Work in accordance with national best practice principles [Think Local Act Personal Coproduction Toolkit](#).
- Make time to respond to feedback on how well we are doing, by reviewing and changing our approach where necessary.
- Create an environment where the spirit of Working Together, Learning Together can be fully embraced through honesty, mutual respect, trust and providing clear objectives.

### **Mutual commitments and expectations**

- To have a clear understanding of what needs to be achieved and if it is not clear, ask for clarification.
- To share responsibility for what is achieved.
- To prepare for and attend meetings and to participate whenever possible.
- If stakeholders are representing an organisation, to keep work colleagues up to date and give them opportunities to contribute their views and ideas.
- Stakeholders will participate in and be involved with, every area of ASCH&PP work.
- Sometimes information cannot be shared. This is unusual, but if this happens an explanation will be shared.
- All stakeholders are valued members of the work team and will contribute to all projects at every stage.

- Where decisions have to be made quickly due to deadlines, this will be made clear to those involved.
- Where a piece of work results in a requirement for a committee decision, the outcome will be shared with all stakeholders promptly.
- If a piece of work is delayed, all stakeholders will be notified as soon as possible.
- Meetings will be arranged at times and in venues which support the needs of experts by experience.

## **Staff Guidance:**

### **Working Together, Learning Together - The Co-production toolkit**

#### **7 things to consider to help your co-production activities be a success**

##### **1. Asking people to be involved?**

Have you thought about how you are inviting people? (For example, if you are planning a meeting, is just an email sufficient or would it be better to send hard copy invitations, or to phone someone? Have you asked experts by experience what they would prefer?)

If you are having a meeting or workshop, have you encouraged everybody to tell you about any additional requirements they may have, that need to be met in order to help them be involved? To ensure meeting members' additional requirements are met, it is helpful to state on meeting invitations: *'Please contact (meeting organiser) with any additional requirements you may have prior to the meeting in order for necessary arrangements to be made'*.

##### **2. Venue choice**

Always hold meetings in venues that are accessible for attendees. This will mean different things for different groups but things that are useful to consider include:

- Is the room large enough for wheelchair users?
- Are the toilets accessible?
- Are door frames wide enough for a wheelchair to comfortably move through?
- Have emergency plans been thought through (e.g. evacuation in the event of a fire/ allocation of identified buddies)?
- Can people find the room/venue easily – do you need to put up signs? Have you sent out a map with clear directions?
- Is there enough parking?
- Is the venue at a central location and on a bus route?

### **3. Time of meetings**

Is the time of the meeting suitable for people who have caring responsibilities or use public transport with a bus pass (consider the associated time restrictions)? Where possible try to schedule meetings between 10am and 3pm. Try to avoid school holidays and religious holidays. If you are inviting parents, then make sure your meeting is scheduled around school pick-up and drop-off times, or have childcare/crèche facilities available on-site.

### **4. Information**

If you are sending out paperwork, is this presented in an accessible format for everybody?

Does your information need to be presented in Easy Read, Braille or large print?

Does it need to be printed on coloured paper?

Do you need to use pictorial or other formats?

Do you need to organise someone appropriately skilled to interpret for your meeting (including British Sign Language)?

Have you sent it out in enough time for additional support to be given?

### **5. Creating the right environment**

Make the environment welcoming and inclusive; first Impressions are important.

Consider whether the room is laid out in a way that will encourage conversation.

Make sure you have refreshments and adequate breaks.

Remember you want everybody people to feel equal. Where possible try to avoid things that indicate someone has a higher status than someone else i.e. identity badges or use of titles such as Councillor or Chair.

### **6. Expenses**

Remember volunteers will need to be reimbursed for their expenses.

Have you checked the policy on who can and cannot claim expenses and what can be claimed?

You can usually claim expenses if you are **not** being paid to attend a meeting.

Have you checked whether you need to provide forms for volunteers to claim expenses at the meeting?

**7. Follow up**

Have you checked to identify whether a follow up / debrief session after the meeting is required?

## Appendix 2

### Engagement/Co-production events May to September 2016

Event	Location	Date
Transforming Care Workstream 6	Teleconference	11.5.16
Notts Safeguarding Adults Board Partnership event	The Towers Mansfield	17.5.16
Learning Disability Advocacy Group	Rainworth Village Hall	20.5.16
DIAG	Ladybrook Community Centre	26.5.16
Learning Disability Carers Group	Ollerton	31.5.16
LDAPB – Service User Forum	Ashfield Day Service	3.6.16
Open Space Stakeholder Event – Carers Services	Pleasley Landmark Centre	8.6.16
LD Partnership Board	Newark Everyday Champions Centre	9.6.16
Carers Implementation Group	Mansfield	14.6.16
Homecare Tender	County Hall	22.6.16
Ageing Well/OPAG	Carlton	23.6.16
Homecare Tender	Mansfield Friends Meeting House	28.6.16
DIAG	Carlton	5.7.16
Newark and Sherwood Carers Partnership Board	Newark	12.7.16
Learning Disability Carers	Ollerton	21.7.16
LDPB Service User Forum	Sutton in Ashfield	22.7.16
LD Partnership Board	Newark	28.7.16
Learning Disability Carers	Ollerton	13.9.16
Carers Implementation Group	Stapleford	20.9.16
Learning Disability Partnership Board	Newark	22.9.16
Co-production Forum (DP and PAs)	County Hall	29.9.16
Newark and Sherwood Starting a Business event	Aura Business Centre	30.9.16





**14<sup>th</sup> November 2016****Agenda Item: 7****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION****PROGRESS WITH THE OUTCOMES FROM THE SECTOR LED  
IMPROVEMENT PEER REVIEW IN MARCH 2016****Purpose of the Report**

1. The report provides an update on progress in response to the areas of development identified in the Sector Led Improvement Peer Review that took place in March 2016.

**Information and Advice**

2. Peer reviews are part of the East Midlands sector led improvement process, whereby councils across the region assess and review their own progress in relation to the national Adult Social Care Outcomes Framework and invite colleagues from other local councils to come and undertake a more detailed review of self-selected key areas. Peer reviews take place every two years.
3. In May 2016, the Committee received a report on the outcomes of the Peer Review that took place between 2<sup>nd</sup> and 4<sup>th</sup> March 2016. The review focused on two key lines of enquiry:

**Front End & Access:** In line with the Care Act the Council has continued to develop its access and initial intervention services in adult social care, including the route to full assessment and safeguarding. Are we dealing effectively with people at this stage and are there ways we could improve outcomes and efficiency?

**Deprivation of Liberty Safeguards (DoLS):** In June 2015, the Council developed a corporate strategy and project plan to address the increasing demand for DoLS assessments. Do we have the right strategy, approach and capacity in place to do this?

4. The report in May highlighted the very positive feedback the Council had received overall, and the areas of strength that had been recognised by the Peer Review team in relation to both of the key lines of enquiry. The team also made a number of recommendations for areas of improvement in relation to the two specific lines of enquiry and some more general recommendations.
5. The report provides a brief update on the work undertaken since the Review to respond to these areas.

**Areas for development – Front End and Access**

## **Access to services and advice**

6. The Review team advised consideration of the way the access model is developing to ensure that the customer journey is efficient and fit for purpose. There was some concern that there might be a number of different access points for people to social care services, especially via Health. The various health pathways have now been mapped out across the three health planning areas and the varying specialisms. Recommendations for improvements in relation to this are to be presented to the department's Transformation Board.
7. As reported at Committee last month, the Council successfully bid for £20,000 from the Local Government Association Care and Health Improvement Programme to fund a robust external evaluation of the cost-effectiveness and impact for social care of the multi-disciplinary team (MDT) approach across the County. This will also provide more information about access to services via MDTs.
8. The Review team also highlighted the need to ensure those who 'exit the pathway' early are having their needs met effectively. A pilot exercise took place over July and August where the Customer Service Centre (CSC) followed up with people who, two weeks earlier, had been provided with advice and information on the support and equipment needed to meet their needs and where they could find it. Out of 24 people contacted, 18 had their needs met and were able to get the equipment and support they required.

## **Use of clinics**

9. Although it is not possible to contact all the people who have been in touch with the CSC, this work continues and to date the outcomes have been largely positive, with the follow-up contact allowing the staff to deal with any needs that are still unresolved. A similar process is planned with the Adult Access Service, which also signposts people to sources of information and support in their communities.
10. The Peer Review report commended the Council's use of clinics to undertake assessments and reviews wherever appropriate and supported the continued extension of this way of working. Plans for introducing new ways of working have been developed on a locality basis with all Group Managers to include the use of clinics and consolidation of learning in this area.
11. As a result clinics are now being run across all teams in Older Adults and Learning Disability services. There are slight variations in how clinics are being used across services in response to local and service-specific needs, but for older adults teams the clinics are proving effective for undertaking both assessments and reviews. A service user profile indicating presenting needs and complexities has been developed to help staff to identify who might be suitable for an appointment within a clinic setting. Teams are adopting this profile and have been set targets by their Group Managers for work that can be undertaken within the clinic setting. Alongside this some early adopting teams are now beginning to develop their clinics into a more community feel and working alongside the Carers Hub and the Connect Service. There are plans to progress links with local GPs in the Ashfield Health and Wellbeing Centre where the Council has just started to run clinics.

12. Over half of the Council's Community Learning Disability Teams have now started to run review clinics, where they can review service user and carer needs in either day service or residential care settings. For example, Gedling Community Learning Disability Team reviewed 21 service users across two days. The Adults with Asperger's team has recently undertaken clinics and this has had a very positive effect on the service users that were seen and has helped them to effectively manage their assessment workload.

### **Support for carers**

13. The Peer Review team highlighted the need for the Council to ensure there is a consistent level of support across the carer population, following concerns expressed by some of the carers that were interviewed. At the time of the Peer Review some of the Carers' Support Workers posts in the Adult Access Service had been vacant. This situation was resolved soon after the Review, which meant the team was in a position to undertake assessments in a timely way, but the Council regularly reviews resources and capacity for carers' support.
14. Members will recall that there was an update report on the Integrated Carers Strategy in September. The Integrated Commissioning Carers Strategy 2015-2018 is the overarching strategy agreed by the Council and the six Clinical Commissioning Groups (CCGs). It has been developed in partnership with carers, health commissioners and providers, as well as the voluntary and community sector. The associated implementation plan is refreshed as required, and this was also presented to Committee. It was also agreed that progress reports would be presented to the Committee every six months.

### **Retention of staff in the Multi-Agency Safeguarding Hub (MASH)**

15. In the Review team's report they acknowledged that the Multi-Agency Safeguarding Hub (MASH) provided 'clear access and the triage/risk assessment they undertake is reducing the amount of inappropriate work the district teams have to deal with'. However the Review team did highlight the issue of ensuring that the Council can attract and retain staff within the MASH. In responding to this the Council has found it useful to combine this work with similar issues relating to the Deprivation of Liberty Safeguards Team. These are specialist areas of work and some practitioners have concerns about lack of variety and opportunity in the work they undertake.
16. A survey has been undertaken with social work staff to better understand any concerns about taking up posts in these two teams, and to identify what measures might be required to increase their appeals. Based on this work recommendations have been made to the Senior Leadership Team and it is intended to progress a plan to rotate posts between teams within the department and to consider the possibility of a peripatetic worker scheme.

### **Engagement of staff in service improvement and changes**

17. The Review team was very impressed with the 'entrepreneurial spirit amongst the staff group that they interviewed, and advised the Council to 'expand and harness (the) engagement of entrepreneurial staff group in service improvement'.

18. The department has a variety of forums through which staff have been suggesting new and different ways to deliver services. Staff working groups are currently designing a core training offer for social care staff to ensure that all staff are working towards the same goal of delivering the Adult Social Care Strategy, as well as emphasising the value placed on the social care profession and developing a clear career pathway within social care. The most developed work stream to date is support planning with service users, where groups of staff and service users have already redesigned the existing form to improve the process and the outcomes. A training programme focusing on good quality support planning skills is planned for January 2017.
19. In addition to this a targeted development programme has been designed with the input of Team Managers called 'New Ways to Better Outcomes for All'. This programme is designed to support managers with implementation of the aims of the Adult Social Care Strategy in times of change. The programme was designed in consultation with 14 managers and has been tailored to meet the needs they highlighted in order to drive through service improvement and change. It consists of seven days over a period of six months from September 2016 to February 2017. Team Manager engagement with the design of this programme has been crucial to ensuring delivery of a valuable and supportive development programme and, whilst it is still early in the delivery of the programme, roll out to Advanced Social Work Practitioners has been requested.
20. In order to work more effectively with operational teams, locality meetings have been established across older and younger adults services with a focus on driving forward new ways of working that allow for greater efficiencies and offer a better and more responsive offer to service users. Each group is chaired by the local Group Manager and includes staff from across the relevant area. Each area has agreed targets for different elements of new ways of working based on what they feel will work best for the service users in that area, such as the percentage of telephone assessments to be undertaken compared to assessments completed in clinics. The meetings are also used as a forum for sharing best practice across the teams.
21. The Adult Social Care Transformation Team produces a weekly news e-bulletin which works as a two way communication tool for staff to feedback on issues of service transformation. A number of ideas that have been put forward are now being progressed. An example of this, as suggested by a Hospital Social Worker, is a leaflet specifically created for people in hospital to outline the variety of options and solutions available should they need support on discharge. Discussions are taking place with Health colleagues about how this should look and where it will be made available.
22. The Smart Ideas scheme was launched in May 2016. Staff are able to submit ideas through an online SurveyMonkey, and via email. To date, 15 suggestions have been received through the scheme. From these, 11 have been taken forward either in full or in part for further development. The ideas submitted cover a range of topics including ideas relating to service improvements, as well as advocating the use of technology to support more efficient ways of working.
23. A series of one to one meetings are currently taking place between all the Group Managers and the Corporate Director. These are setting out expectations for the Group

Manager role and also allowing an exchange of ideas about the operation and quality of all the department's services and how these could be improved.

### **Areas for development - Deprivation of Liberty Safeguards (DoLS)**

24. The Committee will be aware that there are regular reports on progress with the strategy to meet the steep increase in demand for DoLS assessments arising from the Supreme Court Cheshire West judgement in 2014. The last report was presented to the Committee meeting in September, so this report will include only a brief summary.
25. In relation to DoLS, feedback from the Peer Review focused on three main areas for improvement. The first two recommendations were to undertake an in-depth analysis of the Council's exposure to risk and prioritisation, as well as to ensure pragmatic decision-making at all levels of operation. This work is being progressed through a refresh of the Corporate DoLS Strategy and the development of a plan for local implementation of the interim guidance for managing and processing DoLS work which was issued to all local authorities in June 2016, by the Association of Directors of Adult Social Services (ADASS).
26. ADASS continues to advise local authorities that they have a duty to meet their statutory responsibilities and develop plans to resource the increased demand for DoLS assessments. However, whilst advising local authorities to continue to make every effort to meet these requirements as soon as practically possible, the guidance recognises the difficult position that local authorities are currently in, given the shortage of financial resources and suitably qualified Best Interest Assessors (BIA). The guidance therefore advises on how to currently best prioritise the needs of service users, based on principles of meeting legal requirements as far as possible and protecting those facing the greatest risk.
27. The advice focuses on requests for renewals for people who are well settled in long term residential accommodation and those people who are a low priority on the waiting list and who otherwise may never be assessed. It incorporates a risk based approach to using methods such as desk top assessment, phone contacts and non-qualified staff supporting the gathering of information to progress the assessment to a point where the BIA can make a decision. Local staff guidance is being developed with the key underpinning principle being that oversight and decision-making always rests with the BIA, who can always change the method of assessment should they feel it is required.
28. Data is being analysed to identify the cases most suited to using the new methods. BIAs are involved in the development of the new guidance and processes in order to capture and address any professional concerns.
29. The Review team also felt that improvements in organisational communication could be made, particularly with operational district teams and providers. A number of steps have been taken to improve communication with regards to internal communication between front line colleagues, support services and managers, as well as communication with external partners. A communications strategy is now in place which shapes the overall approach and sets out key development and decision-making milestones.

30. Best Interest Assessors and Business Support colleagues now receive a monthly bulletin which contains information on key performance indicators and strategic developments within the DoLS service. Colleagues are encouraged to share their views and ideas as to how the service can meet the challenges it faces. Regular meetings with the Council's service provider for agency BIA staff are also established.

## **General recommendations**

### **Communication of social care and health integration**

31. In addition to the recommendations on the two key lines of enquiry the Review team made a few general recommendations for the Council to consider. The first of these was in relation to more clear communication of the social care and health integration narrative both within the department and externally.
32. There is considerable work underway with health partners and teams to share and promote a culture for integrated working. A range of information and resources have been produced for hospital-based staff in particular to utilise in practice. Letters have now been sent to all GPs with information on the Strategy and the social care offer in Nottinghamshire. A summarised version of this is to be published in the newsletter that all GPs receive through the CCGs. Presentations by Service Directors have been undertaken at CCG governing body meetings on the importance of social care within the integration narrative.
33. Members will recall that Committee approved consultation in October 2016 with social care staff on working more closely with health colleagues from intermediate care service provision in relation to the development of a Short Term Independence Service across Mid-Nottinghamshire, to bring diverse staff together into one service. This will allow clear communication and alignment with new health provision, a common purpose for the team and more flexible use of available resources across the localities.
34. Also in Mid-Nottinghamshire, district social care team managers and Local Integrated Care Team (LICT) managers are meeting every 6-8 weeks to discuss operational working and ensure that there is clear understanding of each other's responsibilities and remit. The social workers in the LICTs are managed by the district social care team managers so this discussion forum enables the relevant managers to share ideas and discuss problems in a practical way.
35. Within the Council, presentations have been given to colleagues about the integration agenda countywide to raise their awareness and key messages are regularly included in existing bulletins to staff.

### **Working with the voluntary and community sector**

36. The Review team also recommended further consideration of the Council's voluntary and community sector strategy and approach. The Council has a Community Empowerment and Resilience Programme which is now well underway. Within this programme, the Committee will recall that at September's meeting funding was approved from the Better Care Fund for a project called Age Friendly Nottinghamshire. The Council, alongside its partners, needs to support local communities to reach out to people who could be at risk



of entering social care and health services. This project will be located in communities taking proactive action to find people who would benefit from community support and building on local resources.

37. The Council's programme is supported by recruitment to three Neighbourhood Co-ordinator posts across the County.
38. A multi-agency and voluntary sector steering group has been established to oversee the five work-streams of the programme: community organisation and social action; volunteering; sector voice; increasing early stage participation and commissioning.

### **Commissioning plans**

39. Finally the Review team suggested further consideration of commissioning plans and strategies to reflect place-based priorities. There are already examples of this such as the Short Term Independence Service; the Transforming Care partnership; Better Together in Mid-Nottinghamshire, and the Council's involvement in the Nottinghamshire Sustainability and Transformation Plan. An overarching commissioning strategy is being considered to take effect from April 2017. A report is being drafted for discussion by the Senior Leadership Team to determine and agree the purpose, scope and format of any future commissioning strategies and plans.

### **Other Options Considered**

40. There are no other options proposed as the report is an update on the response to the Peer Review earlier this year.

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

41. The report is for noting only.

### **Statutory and Policy Implications**

42. 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**

43. There are no financial implications highlighted in the report.

### **Ways of Working Implications**

44. The report highlights work taking place to attract and retain staff in specialist teams and to make this an attractive option for them. The report also highlights the range of activities taking place to ensure that staff are informed and engaged in the development of services and the operation of the department. It also highlights the training and

development opportunities being offered to staff and managers, which they have been involved in designing.

### **Safeguarding of Children and Adults at Risk Implications**

45. The work taking place in relation to the Deprivation of Liberty Safeguards is aimed at managing the referrals and reviews more efficiently, and ultimately responding to service users' needs as quickly as possible.

### **Implications for Service Users**

46. In relation to the focus on access to social care services, the report highlights the work taking place to improve the initial contact with the Council and ensuring that people receive a timely and proportionate response to their needs. The Age Friendly Nottinghamshire project, and more broadly the Council's Empowerment and Resilience Programme, will focus on people in the community at risk of social isolation and help to avoid people reaching a situation where they require social care and health services.

## **RECOMMENDATION/S**

- 1) That the Committee notes the progress in response to the areas of development highlighted by the Sector Led Improvement Peer Review that took place in March 2016.

**David Pearson**

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

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### **Constitutional Comments**

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

### **Financial Comments (KAS 19/10/16)**

48. The financial implications are contained within paragraph 43 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.



Outcome of the Sector Led Improvement Peer Review March 2016 – report to Adult Social Care and Health Committee on 16 May 2016

Integrated Carers Strategy update – report to Adult Social Care and Health Committee on 12 September 2016

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

Better Care Fund – proposed allocation of Care Act funding – report to Adult Social Care and Health Committee on 12 September 2016

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

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

All.

ASCH431



**14<sup>th</sup> November 2016****Agenda Item: 8****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION****UPDATE ON THE WORK OF THE HEALTH AND WELLBEING BOARD****Purpose of the Report**

1. The report updates the Committee on the key issues covered by the Health and Wellbeing Board over the last six months.

**Information and Advice**

2. The Health and Wellbeing Board is the vehicle by which councils are expected to exercise their lead role in integrating the commissioning of health, social care and public health services to better meet the needs of individuals and families using the services. Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategies are key to this process. The Board is chaired by Councillor Joyce Bosnjak.
3. The Committee last received an update report in April 2016 on the work and priorities of the Board over the previous six months. This update covers the period from April 2016 to September 2016. During that period there have been five meetings. A further Health and Wellbeing Stakeholder network event – Caring for Carers - took place on 12<sup>th</sup> October.

**April 2016**

4. At the Board meeting in April there were presentations on the strategic service plans and establishment of an Accountable Care Partnership in Bassetlaw, as well as an update on developments with the Sherwood Forest Hospitals Trust.
5. There was a report on the production of a Strategic Public Health framework for the Nottinghamshire Healthcare Trust. This is intended to demonstrate and champion how a public health approach can benefit patients and communities. The areas of focus for the framework included: early intervention and prevention; supporting Trust staff to be Public Health practitioners with all patients and considering the responsibility of the Trust as an employer to promote and support the health of its staff.
6. There was a report requesting approval of a countywide pathway for the prevention and management of falls. In Bassetlaw a pathway had been developed through the collaboration of key providers: Nottinghamshire Healthcare Trust, Nottinghamshire County Council, Doncaster & Bassetlaw Hospitals, East Midlands Ambulance Service and the Bassetlaw Action Centre. The purpose of the pathway is to prevent and manage

people who are at risk of a fall or who have fallen. Working groups representing Mid-Nottinghamshire and South Nottinghamshire had agreed to adopt the new pathway to ensure one overarching model for Nottinghamshire. A 'visual' version of the pathway for use by staff across all organisations was presented with the report, and the recommendations were approved.

7. There was also a report setting out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and updating the Board on the impact of recent policy changes. The Health and Wellbeing Board approved the 2016/17 BCF Plan for submission to NHS England, with a deadline of 25<sup>th</sup> April 2016.

## **May 2016**

8. At the Board meeting in May, Councillor Bosnjak welcomed new members - Oliver Newbould from NHS England, Gavin Lunn from Mansfield and Ashfield Clinical Commissioning Group (CCG), Phil Mettam from Bassetlaw CCG and Barbara Brady as Interim Director of Public Health.
9. The Nottinghamshire Framework for Action on dementia was presented to the Board. The Board heard that more than 10,000 people in Nottinghamshire have dementia with numbers set to increase. The Prime Minister's Challenge on Dementia sets out ambitions including raising awareness of dementia, more dementia friendly organisations and communities and improving care for people after diagnosis. The Board heard that the Nottinghamshire Framework had been developed around these national ambitions as well as the views of local people, carers and health and care professionals.
10. The Board welcomed the Framework which includes work to reduce the risk of developing dementia running alongside the Public Health England One You campaign, which includes ways to help reduce risk by being physically active, stopping smoking and eating well. There was recognition for where services have been working well, such as the Compass Workers who provide emotional and practical support to people with dementia and their carers. Dementia diagnosis rates in Nottinghamshire have improved, exceeding the national target, but the need for services to continue to work together to improve the lives of people affected by dementia was stressed.
11. A report was presented on plans to tender for integrated public health nursing services for 0 – 19 year olds in Nottinghamshire. The contract for the service is to be in place by 1<sup>st</sup> April 2017 and will bring together health visiting, school nursing and the family nurse partnership to give families a single point of contact for help and advice. The service will also link to children's social care. Board members stressed the importance of having an integrated approach to avoid any confusion for families. They were assured that the contract would have clear outcomes-based performance measures. Members raised concerns about transitions from children's to adults services, ensuring that the frontline staff were appropriately trained and that the level of service was increased in areas of greatest need.
12. With regard to planning healthier environments, the Board heard about a document that will make sure that good health is part of the planning process across the County. The Board heard about the impact that the environment has on health, including access to takeaway foods, green spaces and cycling and walking routes. Work is already underway

locally in partnership with local takeaway businesses to improve the availability of healthier options, provide smaller portions and use less fat.

13. The planning document included five healthy planning goals: to avoid adverse health impacts from the development of living environments; providing a healthy living environment; promoting and facilitating healthy lifestyles as the norm; providing good access to health facilities and services; and responding to global environmental issues.
14. Board members acknowledged that it would be a big challenge to create and shape existing local communities but all partners supported the ambition and agreed that this would be a long term initiative. A local kite mark for developers to voluntarily sign up to is also being considered.
15. David Pearson, Corporate Director for Adult Social Care, Health and Public Protection, gave the Board an update on the development of the Nottinghamshire Sustainability and Transformation Plan (STP). The STP will be a plan for health and care systems in Nottinghamshire, including Nottingham City. It will be place based rather than organisational and while it will focus on health services it will include better integration with local authority services including prevention and social care. David confirmed he would be the lead for the STP in Nottinghamshire. He stressed that transformation was already underway in Nottinghamshire through the Vanguard, Integration Pioneers and the Better Care Fund and the STP would build on this.
16. Members also noted that Bassetlaw is not part of the Nottinghamshire STP as it is part of the South Yorkshire STP but there is representation in both STP planning groups.

## **June 2016**

17. Councillor Peter Duncan from Newark and Sherwood District Council and Michelle Livingstone, the new chair for Nottinghamshire Healthwatch, were welcomed as new members of the Board.
18. Following on from the last meeting, David Pearson gave a presentation to update the Board on the work and preparation required for the Sustainability and Transformation Plan (STP). David explained that the STP will focus on addressing gaps in areas such as health and wellbeing, care and quality, and finance and efficiency. A draft plan was required by 30<sup>th</sup> June.
19. David stressed to members that building energy around relationships, collaborative leadership, trust and ownership are crucial for the implementation of the STP. David explained the management structure of the STP which includes provider and commissioner Chief Executive Officers, Local Authorities and District Councils, Healthwatch and Clinical Commissioning Groups all supporting different work streams. David explained to members that these work streams focus on emerging areas of innovation including: prevention, self-care and promoting independence; primary and community services; and urgent and emergency care. Phil Mettam, Bassetlaw CCG, added that Bassetlaw was an active participant in both the Nottinghamshire and South Yorkshire plans depending on the relevance of a particular work stream to Bassetlaw residents.

20. Andy Evans, Programme Director, Connected Nottinghamshire, gave a presentation on the progress of the Nottinghamshire Digital Roadmap. Andy explained that the Roadmap would support the STP in the delivery of the digital technology agenda with closing the gaps featured in David's presentation. The Roadmap would be submitted alongside the draft STP by 30<sup>th</sup> June. Andy explained the digital maturity assessment requirements, which help to identify areas in the Roadmap requiring improvement. These key areas are: universal digital capabilities of all partners in health and care organisations to share information; achieving 'paperless at the point of care' by 2020; and citizens' access to health and care records. Andy told members that Nottingham and Nottinghamshire are well placed to achieve in these key areas.
21. The Board received a report on progress against the Nottinghamshire housing and health commissioning group delivery plan. The group had been set up to drive forward a joined agenda in line with the health and wellbeing strategy and the housing delivery plan. Recent achievements include 'warm homes on prescription' and links to the STP where housing and health is one of the work streams led by Bev Smith, Chief Executive Officer at Mansfield District Council. Over the next 12 months a Health and Social Care Memorandum of Understanding will be developed to ensure commitment to joint working and once funding is agreed, via the Better Care Fund or Pioneer development fund, there will be a designated officer role to co-ordinate health, housing and social care activity across the County.
22. John Tomlinson, Consultant in Public Health, updated the Board on progress with the Tobacco Control Declaration. 22 organisations have now signed up to this and the focus now will be on the development and implementation of their action plans. John explained that the next steps will be to extend the Declaration to schools, universities and other public organisations. The Chair encouraged Board members who are school governors to urge schools to adopt the Declaration. Board members asked John for further updates to be given on an annual basis.
23. A progress report on introducing breast-feeding friendly places was presented. This was started in Gedling District Council and has now been extended across the County with Nottinghamshire Healthcare Trust supporting the roll-out. Accreditation has been developed to acknowledge places that have applied to become breast-feeding friendly places and that meet the required standard of having a positive friendly approach, providing a clean and comfortable environment for breast-feeding mothers. District members on the Board were asked to follow the good practice example set by Gedling District Council, which has six venues accredited as breast-feeding friendly with further places scheduled for accreditation visits.
24. Councillor Jim Aspinall, Ashfield District Council, tabled a report on a series of visits to secondary schools in Ashfield which he had undertaken as the Board's Young People's Champion. He had met the head teachers of seven schools, and common themes had been expressed by the head teachers and school staff, including access to Child and Adolescent Mental Health Services (CAMHS), School Nursing services and Police attendance at schools. John Crone gave a head teacher's perspective. He pointed out that representatives of primary and secondary schools in the area did meet to discuss problems and take action. The Board agreed that more work could be done with primary schools to address problems at an early stage. Councillor Aspinall agreed to share the

findings with primary schools and arrange visits with primary school head teachers in Ashfield.

25. Joanna Cooper, Better Care Fund Programme Manager, presented the performance to date in relation to the Better Care Fund (quarter 4 2015/16) and Board members acknowledged the work undertaken and the recent achievements.

## **July 2016**

26. The meeting took place at the Civic Centre in Mansfield and opened with a demonstration of the Nottinghamshire Help Yourself website. The website is a partnership between the Council, health and the voluntary sector to enable people to get access to the information and advice they need in one place.
27. David Pearson, Sam Walters, Chief Officer of Nottingham North and East CCG, Guy Mansford, Chief Clinical Officer, Nottingham West CCG and Dawn Atkinson, Head of Business Change and Implementation, Mid-Notts Better Together, gave the Board an update on the Sustainability and Transformation Plan (STP) and work underway to transform services in Nottinghamshire. Lisa Bromley, Service Transformation Lead at Bassetlaw CCG, gave an update on the South Yorkshire and Bassetlaw STP. Both plans have been submitted to the Department of Health and initial meetings with senior health and local government leaders were due to take place during July as the first step in getting the plans approved. Final plans were due in October 2016. In the meantime work to transform services across the County carries on and at a faster pace than before.
28. Nationally three gaps have been identified and both local plans include proposals to close them. The gaps are health and wellbeing, care and quality, and finance and sustainability. These three gaps are common to all of the STPs across the country. In Nottinghamshire culture and behaviour has also been identified, recognising the importance of preventing illness and self-care.
29. Plans to transform care in Greater Nottinghamshire were presented with an example involving gastroenterology. Transformation plans would mean that referrals would be more consistent, patients would have pre-assessment closer to their hospital appointment to ensure that any necessary tests were completed and they would be given direct access to the appropriate team for follow up if they had problems after discharge.
30. Dawn Atkinson outlined the Better Together Strategy in Mid-Nottinghamshire which has a number of overlaps with the priorities in the developing Nottinghamshire STP. An Alliance has been developed which includes a wide range of commissioner and provider organisations working together to deliver the Better Together Strategy.
31. Lisa Bromley explained that the South Yorkshire and Bassetlaw STP included five priorities to transform services for urgent and emergency care, elective care and diagnosis, children's and maternity services, cancer services and mental health and learning disabilities services. Bassetlaw is also aiming to improve preventative services to reduce the need for people to require care in areas such as smoking, diabetes and falls. It also includes wider services like supporting young people to achieve their aspirations, housing and isolation for people in rural areas which also impact on health and wellbeing.



32. The Board was updated on the findings of the joint County and City summit in April in relation to collaboration with the Fire and Rescue Services. The summit had identified a number of ways that the Fire Service could help improve health and wellbeing, particularly being able to support people through early intervention and preventing them needing more support. Themes from the summit included weight management and physical activity, smoking, alcohol, mental health and housing. The Board agreed that a project group should develop an action plan on the opportunities presented and report back in the autumn.
33. A new pathway and protocol for young people with disabilities moving from children's to adult services was presented to the Board. The pathway involved a number of different agencies which will help young people and there are different choices so that it can be tailored to each individual. The key to the new pathway is working with young people from an early stage and having regular reviews. It also includes parents and local communities offering each young person the best outcomes, particularly in employment.
34. The Board was informed that there would be more consultation on the effectiveness of the pathway and protocol during the summer, which would involve providers from the voluntary sector. The Board was informed that the pathway made the best use of local resources and also supported the aims in the STP to promote people's independence. The Board asked about links to local schools and were told about Wikis, which are personal websites where young people can store their own plans securely and allow access to people they know and trust. They also link through to other resources like counselling. The Board supported the new protocol and pathway which will be adopted by all its partners.
35. Barbara Brady, Interim Director of Public Health, and Kay Massingham, Executive Officer, presented a summary of the work of the Public Health Committee during 2015/16. The Committee looks at three broad areas – health protection, health improvement and preventing people from dying prematurely. It makes decisions about the Council's public health responsibilities. There are areas which are common to the Committee and the Health and Wellbeing Board, particularly some areas of the Health and Wellbeing Strategy.
36. In her Chair's report, Councillor Bosnjak highlighted the article on the benefit of gardening on health and wellbeing which prompted members to ask about social prescribing, which is already offered in Bassetlaw. The Board asked for some more information about what this means and how widely it is available.

## **September 2016**

37. The Board meeting in September received further updates from David Pearson and Phil Mettam, Chief Officer of Bassetlaw CCG, on the Sustainability and Transformation Plan progress in Nottinghamshire and Bassetlaw. David reported that checkpoint feedback was received from senior regional and national health and local government leaders in response to the submission of the first version of the plan. Recognition was given to the work done locally on the Digital Road Map technology enabled care, which is now regarded nationally as an example of best practice. David explained that support has been put in place to strengthen the governance structure to develop the STP plans with



the appointment of Diane Prescott as Interim STP Programme Director and Shirley Clarke as her deputy.

38. Next steps will involve developing detailed business cases to close the gaps within the high impact areas for change, some of which are already underway, for example workforce and estates, and the work done across the five local Vanguard sites. David explained that he continues to work closely with Bassetlaw as a member of the South Yorkshire and Bassetlaw STP group.
39. Dr Jeremy Griffiths, Vice-Chairman of the Health and Wellbeing Board, and Kamaljeet Pentreath, Chair of the Patient Active Group, gave a presentation that covered the Principia Multi-speciality Community Providers (MCP) Vanguard work in Rushcliffe. Jeremy explained the purpose of the MCP Vanguard and its aim to move care closer to home by joining up services between general practice, community services and the third sector to reduce avoidable admissions to hospital. Kamaljeet cited examples of duplication between social care and health and where communication between the two areas needed improving.
40. Through the MCP Vanguard work the aim is to deliver future care via a single point of access to community care services for South Nottinghamshire. Jeremy stressed that this presented a real opportunity for health and social care to test the proposed new care model. Jeremy requested the support of a councillor representative and County Council input to work on a business case to support and test the new model. It was agreed that further discussion would take place to clarify the Council's role and how the learning from implementation of the new model could be shared across the Nottinghamshire STP.
41. Lyn Bacon, Chief Executive Officer of Nottingham CityCare and Chair of Nottinghamshire Local Workforce Action Board (formerly the Local Education & Training Council), updated the Board members on progress on the integrated workforce development strategy and plan. Lyn explained some of the changes in the organisation of the work to address four key objectives, which includes a comprehensive baseline of the NHS and social care workforce. Lyn reaffirmed the commitment to deliver a fully costed workforce plan over the next five years. This will involve organisational development leads from across the county to examine the culture, and reflect on any gaps in leadership and the required skills.
42. Kate Allen, Public Health Consultant, presented a report on the children and young people's mental health and wellbeing transformation plan, which is a five-year plan. Key achievements were highlighted including the integration of the previous Tier 2 and 3 Child and Adolescent Mental Health Services (CAMHS) to form one community CAMHS. Access to the service is now through a single point of access which has streamlined the process. 64% of young people are being treated within eight weeks of referral. Kate explained that the multi-disciplinary Community Eating Disorder Service has been made permanent. A Crisis Team has been set up on a pilot basis to provide home treatment and meal support at weekends. Board members were pleased with the progress being made, and asked about waiting lists and working with schools.
43. Joanna Cooper, Better Care Fund Programme Manager, presented the progress to date for the Better Care Fund (BCF) in four areas: quarter 1 performance against the plan; amendments made to the 2016/17 plan; use of Disabled Facilities Grant funding in

2016/17; and a refresh of the terms of reference for the BCF programme steering group. The Board members approved the recommendations and acknowledged the work involved.

### **Other Options Considered**

44. This report is for noting only, so no other options have been considered.

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

45. The summary report is presented to update the Committee.

### **Statutory and Policy Implications**

46. 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**

47. There are no financial implications that require consideration by this Committee. The report summarises the work undertaken by the Health and Wellbeing Board.

### **RECOMMENDATION/S**

1) That the Committee notes the update on the key issues covered by the Health and Wellbeing Board over the last six months.

**David Pearson**

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

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

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### **Constitutional Comments**

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

### **Financial Comments (KAS 19/10/16)**

49. The financial implications are contained within paragraph 47 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.

Update on the work of the Health and Wellbeing Board – report to Adult Social Care and Health Committee on 18 April 2016

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

All.

ASCH430



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

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

**Information and Advice**

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

**Other Options Considered**

5. None.

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

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

## **RECOMMENDATION**

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

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

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

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

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

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

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

### **Background Papers**

None.

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

All.

## ADULT SOCIAL CARE AND HEALTH COMMITTEE – WORK PROGRAMME

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
<b>12<sup>th</sup> December 2016</b>			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Celia Morris/ Matthew Garrard
Outcome of consultation on changes to brokerage arrangements for self-funders		Programme Director, Transformation	Nick Parker
Update on transitions work for young people moving from children's to adults' services	Report on the recent inspection, work of the team, resources and the transitions protocol.	Service Director, North Nottinghamshire and Direct Services	Paul Johnson
Deprivation of Liberty Safeguards	Approval to go out to tender for services.	Service Director, Mid Nottinghamshire	Daniel Prisk
Transformation update		Programme Director, Transformation	Stacey Roe/ Lynette Rice
<b>9<sup>th</sup> January 2017</b>			
Care Home Provider Contracts	Information from the Quality and Market Management team	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton/ Cherry Dunk
Update on social care work in prisons	Update on personal care procurement exercise and approval to permanently establish a prison based social work post	Service Director, South Nottinghamshire and Public Protection	Nicola Peace
Outcome of consultation on mid-Nottinghamshire partnership expenditure	Outcome of consultation with staff and partners in relation to proposals for future savings.	Service Director, Mid Nottinghamshire	Wendy Lippmann
National Children and Adult Services Conference: 2 - 4 November 2016	Report back on outcomes.	Corporate Director, Adult Social Care, Health and Public Protection	David Pearson

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Adult Social Care and Health – Overview of developments		Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Savings and efficiencies delivery group – update report	Progress report on the work of the delivery group.	Programme Director, Transformation	Ellie Davies
<b>6<sup>th</sup> February 2017</b>			
Care Act and Adult Social Care Strategy update	Update on progress in relation to embedding the Care Act and the ASC Strategy.	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
Savings Review Delivery Group – update report	Progress report on the work of the Board.	Service Director, South Nottinghamshire and Public Protection	Mark McCall/ Paul McKay
<b>13<sup>th</sup> March 2017</b>			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care	Corporate Director, Adult Social Care, Health and Public Protection	Celia Morris/ Matthew Garrard
Integrated Carers' Strategy update	Six monthly update on the support provided to carers and progress against the outcomes in the strategy.	Service Director, Mid Nottinghamshire	Penny Spice
Transforming Care update	Progress report on work of Transforming Care programme.	Service Director, Strategic Commissioning, Access and Safeguarding	Cath Cameron-Jones
<b>18<sup>th</sup> April 2017</b>			
Update on the work of the Health and Wellbeing Board	Update on work of Health and Wellbeing Board over the last 6 months	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Care Home Provider Contracts	Information from the Quality and Market Management Team	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton/ Cherry Dunk
Progress with development of Personal Health Budgets	Update report on the progress with increasing the number of PHBs in Nottinghamshire.	Service Director, Strategic Commissioning, Access and Safeguarding	Kate Rush



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

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