

Adult Social Care and Public Health Committee

Monday, 10 June 2019 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- 1 To note the appointment by Full Council on 16 May 2019 of Councillor Tony Harper as Chairman, and Councillor Boyd Elliott and Councillor Francis Purdue-Horan as Vice-Chairmen of the Committee for the 2019-20 municipal year.
- 2 To note the membership of the Committee for the 2019-20 municipal year as follows: Councillors Joyce Bosnjak, Boyd Elliott, Sybil Fielding, Tony Harper, David Martin, Francis Purdue-Horan, Mike Quigley MBE, Andy Sissons, Steve Vickers, Muriel Weisz and Yvonne Woodhead
- 3 Minutes of the last meeting held on 13 May 2019 3 - 6
- 4 Apologies for Absence
- 5 Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary)
- 6 Adult Social Care and Public Health Performance and Progress Update for Quarter 4 7 - 28
- 7 Progress Report on Savings and Efficiencies and Improving Lives Portfolio 29 - 56
- 8 Adult Social Care Market position statement 2019-2021 57 - 100
- 9 Refreshed Adult Social Care and Public Health Departmental Strategy 101 - 124

10	Adult Social Care and Public Health – Events, Activities and Communications	125 - 128
11	Adult Social Care and Health – Changes to Staffing Establishment	129 - 136
12	Work Programme	137 - 140

Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.
- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Date 13 May 2019 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Boyd Elliott
Sybil Fielding
David Martin

Francis Purdue-Horan
Andy Sissons
Muriel Weisz
Yvonne Woodhead

OTHER MEMBERS PRESENT

Councillor John Longdon

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's
Melanie Brooks, Corporate Director, Adult Social Care & Health
Cherry Dunk, Group Manager, Adult Social Care & Health
Jonathan Gribbin, Director of Public Health, Adult Social Care & Health
Paul Johnson, Service Director, Adult Social Care & Health
Jennie Kennington, Senior Executive Officer, Adult Social Care & Health
Ainsley Macdonnell, Service Director, Adult Social Care & Health
Mark McCall, Acting Service Director, Adult Social Care & Health
Philippa Milbourne, Business Support Administrator, Adult Social Care & Health

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 1 April 2019 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

None

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Councillor Andy Sissons declared a personal interest in item 12 – Exempt Appendix to Quality Auditing and Monitoring Activity – Care Home and Community Care Provider Contract Termination / Suspensions as he worked as an entertainer at some of the care homes contained within the report.

4. USE OF PUBLIC HEALTH GRANT RESERVES

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

RESOLVED 2019/036

That the five additional users of Public Health reserves be approved from the list in Appendix 2 of the report, including approval to implement the proposals as set out in the appendix, commence related procurement and undertake related promotional activity.

5. HOUSING WITH SUPPORT STRATEGY FOR ADULTS (18-64 YEARS)

Councillor Steve Vickers and Ainsley Macdonnell introduced the report and responded to questions.

RESOLVED 2019/037

- 1) That the Committee endorses the proposed Housing with Support Strategy for Adults 18-64, attached as appendix A to the report.
- 2) To recommend the proposed Housing with Support Strategy for Adults 18-64 to Policy Committee for approval.
- 3) That the predicted level of savings achievable as a result of implementation be approved, subject to approval of the Strategy by Policy Committee.

6. ADULT SOCIAL CARE AND HEALTH – CHANGES TO THE STAFFING ESTABLISHMENT

Councillor Tony Harper and Paul Johnson introduced the report and responded to questions.

RESOLVED 2019/038

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

7. ADULT SOCIAL CARE AND PUBLIC HEALTH – EVENTS, ACTIVITIES AND COMMUNICATIONS

Councillor Stuart Wallace introduced the report.

RESOLVED 2019/039

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

8. RESPONSE TO A PETITION REGARDING LEIVERS COURT CARE AND SUPPORT CENTRE

Councillor Steve Vickers and Ainsley Macdonnell introduced the report and responded to questions.

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

The requisite number of Members requested a recorded vote and it was ascertained that the following 7 Members voted '**For**' the motion:

Boyd Elliott
Tony Harper
David Martin
Francis Purdue-Horan

Andy Sissons
Steve Vickers
Stuart Wallace

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

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

Joyce Bosnjak
Sybil Fielding

Muriel Weisz
Yvonne Woodhead

The Chairman declared the motion was carried and it was:

RESOLVED 2019/040

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

9. QUALITY AND MARKET MANGEMENT TEAM QUALITY AUDITYING AND MONITORING ACTIVITY – CARE HOME AND COMMUNITY CARE PROVIDER CONTRACT TERMINATION/SUSPENSIONS

Councillor Tony Harper and Paul Johnson introduced the report and responded to questions.

RESOLVED 2019/041

That there were no actions arising from the report.

10. WORK PROGRAMME

RESOLVED 2019/042

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

- Update report on progress of moving the MASH.

11. EXCLUSION OF THE PUBLIC

RESOLVED 2019/043

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 Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

12. EXEMPT APPENDIX TO ITEM 11: QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY – CARE HOME AND COMMUNITY CARE PROVIDER CONTRACT TERMINATION/SUSPENSIONS

RESOLVED: 2019/044

That the information in the exempt appendix be noted.

The meeting closed at 12.27 pm.

CHAIR

10th June 2019

Agenda Item: 6

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE AND PROGRESS UPDATE FOR QUARTER 4

Purpose of the Report

1. To provide the Committee with a summary of performance for Adult Social Care and Health for quarter 4 (1 April 2018 to 31 March 2019) and seek comments on any actions required (Part One of this report).
2. To provide the Committee with an update against the Adult Social Care and Public Health Departmental Strategy at the end of quarter 4 (1 April 2018 to 31 March 2019) and seek comments on any actions required (Part Two of this report).

Information

3. The Council's Planning and Performance Framework establishes the approach that the Council takes to planning and managing its performance to deliver effective and responsive services to service users and their carers.
4. The Council has agreed that the key measures of its performance will be defined through a number of core data sets which are detailed in its Council Plan and each of its Departmental Strategies.
5. The refreshed Adult Social Care and Public Health Departmental Strategy was approved by Policy Committee in May 2019 and this is therefore the final update on progress against the original document.
6. Performance against these core data sets is reported to Committee every three months (quarterly) to support the performance management of the delivery of services.
7. This report provides a summary of the provisional quarter 4 position for the Adult Social Care and Health Core Data Set performance measures that fall within the responsibility of the Adult Social Care and Public Health Committee. The full Core Data Set is attached as **Appendix A**.

8. The complete update of actions and indicators contained within the Departmental Strategy is attached at **Appendix B**.
9. Indicator results contained in this report and in **Appendices A and B** are provisional and are subject to change until year-end statutory returns have been submitted and finalised.

Part One - Department Core Data Set

Adult Social Care and Health Performance for Quarter 4

National Key Performance Indicators

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

10. The Council monitors admissions as a **rate** per 100,000 population, as defined by the national Adult Social Care Outcomes Framework (ASCOF) definition. This allows for effective comparison (benchmarking) with other councils. The Council maintained the ambitious annual target rate of 12.3 per 100,000 popn for 2018/19 and at the end of quarter 4 the admissions rate was above this at 20.7 per 100,000, meaning that the target was not achieved.
11. The **rate** of admissions of younger adults increased both regionally and nationally in 2017/18 and although the figure for Nottinghamshire (17.1) is roughly in line with the regional average (17.4), they are both above the national average (14.0).
12. In **numbers** there were 100 new admissions of younger adults into long term residential or nursing care. Positively however, the overall number of younger adults being supported by the Council in long-term residential or nursing care placements was on target at 635 at the end of the reporting year.
13. This indicates that although admissions are over target, discharges are being used effectively to move people into more suitable settings and to maintain the overall number of people supported.
14. Each new admission to long-term care continues to be scrutinised and an admission to long-term care is only made where there are no suitable alternative services or accommodation available to meet the person's needs.

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

15. Admissions for older adults are also monitored as a **rate** per 100,000 population in line with the ASCOF definition. At the end of quarter 4 the admissions **rate** for older adults was 586 per 100,000 popn, just above the annual target of 576 per 100,000 popn.
16. The rate of admissions of older adults increased regionally in 2017/18, however nationally a reduction was seen. Nottinghamshire is performing slightly worse than the national average but better than the regional average.
17. Locally the **number** of new admissions is monitored against a monthly target of 79 per month. Admissions into long-term care are avoided where possible through scrutiny of all

requests for placements by Team Managers/Group Managers to ensure that all alternative options to promote the person's independence have been explored.

18. The **number** of new admissions was just over target at 964 new admissions of older adults into long-term residential or nursing care against an annual target of 948. This is an average of 80 new admissions per month.
19. The number of older adults supported by the Council in long-term residential or nursing care placements was 2,349 at the end of the reporting year, over the annual target of 2,275. This figure has however continued to reduce over the last 24 months, which is positive news given pressures such as increased demand and more critical needs.
20. A Strategic Commissioning Programme is underway to develop alternative services that have an evidence base for reducing the use of residential care. This includes Housing with Care, Short Term Assessment and Reablement Apartments and Assistive Technology.

Delayed Transfers of Care

21. A Delayed Transfer of Care (DToC) from an acute or non-acute hospital setting occurs when "a patient is ready to depart from such care and is still occupying a bed". Any patients falling within this definition are classified as a reportable delay and the information collected includes patients in acute and non-acute NHS settings.
22. As part of measuring DToC, the total number of days delayed per month per 100,000 population is monitored and this is a key national indicator. Nottinghamshire was ranked the top performing council nationally (out of 151) for delays attributed to social care in February 2019 (having zero days delays for social care).
23. As part of the improved Better Care Fund, a rate of DToC bed days is now being monitored on a monthly basis. Delays attributed to social care are showing consistently good performance and continue to be better than target. Latest data available for February 2019 shows delays due to social care at a rate of nil compared to a target of 0.7.

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

24. Reablement services support people to regain their independent living skills and confidence following a period of ill-health, which often has required a stay in hospital. This is good for people's health and wellbeing and in turn reduces the need for health and social care and support services. The indicator captures the joint work of social services and health staff, as well as adult social care reablement. This is a two part indicator and monitors the effectiveness (part one) and the availability (part two) of the services delivered.
25. Included in this indicator are reablement type services such as:
 - START – short term assessment and reablement service provided in a person's own home, for example to help them regain their independence following a stay in hospital
 - Home First Response Service - a short-term, rapid-response service which can support people to remain at home in a crisis or return home from hospital as quickly as possible
 - intermediate care – may be provided in a person's own home or in a residential setting and can be used either as a short term intensive service to avoid a hospital admission,

for example where a service user is suffering from a temporary illness, or can also be used to help someone regain their independence following a stay in hospital

- social care assessment and re-ablement beds – assessment and reablement service delivered in an accommodation based setting following a stay in hospital.

26. This indicator is produced on a rolling three-month snapshot basis. Results to date include people discharged from hospital into reablement services in October, November and December and checks if these people were still at home during the months to March. Reasons for people not remaining at home include being admitted to long-term residential or nursing care or being re-admitted to hospital or having deceased.
27. Performance against both parts (availability and effectiveness) of this indicator is positive and very close to the targets for the year.
28. At quarter 4 part one of this indicator was almost on target at 79.7% against a target of 80%. In this period out of the 507 older adults who received a reablement service on discharge from hospital, 404 people were still at home 91 days after.
29. Part two of this indicator measures how many people were offered reablement services over the number of hospital discharges (hospital discharges data provided by the NHS). Again, it is almost on target at 1.9% against a target of 2%.

Adults with a Learning Disability in paid employment and settled accommodation

30. These measures are intended to improve the quality of life for adults with a Learning Disability, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life and the nature of accommodation for people with a Learning Disability has a strong impact on their safety and overall quality of life.
31. At quarter 4 performance for service users in paid employment was 2.7% against the ambitious annual target of 3.3% for 2018/19. There is currently a working group developing plans to bring performance on this indicator closer to the national average of 6%.
32. The figure for service users in settled accommodation positively remains consistent at 75.4% against a target of 76%. This performance is in line with the national average.

Service users and carers receiving a Direct Payment

33. Research has indicated that personal budgets provided to service users impact positively on wellbeing, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that Direct Payments increase satisfaction with services.
34. The percentage of service users receiving a Direct Payment finished the year at 43% against a target of 46%. Performance for this indicator remains consistently below target, however benchmarking shows that the Council remains a high performer in this area, the latest national average being 29%. The Council currently supports 2,753 service users with a Direct Payment.
35. Carers are provided with a range of support, including respite and information, advice and support services. Some carers are assessed as eligible for Local Authority support, and

are offered a Direct Payment to support their wellbeing, usually a small payment of £150 or £200. This equates to 100% of carers receiving a Direct Payment which has remained consistent in recent years.

Adults where the outcome of a safeguarding assessment is that the risk is reduced or removed

- 36. This is a measure of the effectiveness of the safeguarding process and could help to prevent repeat enquiries for individuals.
- 37. The percentage of completed safeguarding assessments where the risk was reduced or removed was just below target at 68% against a target of 70%. These results are in line with the national average.
- 38. As part of Making Safeguarding Personal, staff are supporting people to manage existing risks where this is in line with people's 'desired outcomes'. Therefore, this indicator is expected to fluctuate as people are supported to take risks.

Local Key Performance Indicators

Reviews of Long Term Services completed in year

- 39. It is important that people who receive support are reviewed in a timely manner. This maximises people's independence and ensures people only receive the services and support they need.
- 40. During the year, 69% of service users received a review and plans are currently being developed to make more use of alternative methods of carrying out a review (for example by phone or using clinics) to ensure that the percentage increases and is closer to target in the new year.

Percentage of older adults admissions direct from hospital

- 41. This indicator measures the number of admissions to long term residential or nursing care direct from a hospital setting where the service user did not have access to any reablement type activity beforehand.
- 42. Extremely positive progress has been made on this indicator. This is in line with increasing numbers of people being discharged from hospital prior to having an assessment and needing to make decisions about their future longer-term care and support needs (known as Discharge to Assess models).
- 43. For 2018/19 the target has been maintained at a challenging 18% and the result for the year is that the indicator is performing better than target at 14% which is extremely positive.

Safeguarding service user outcomes

- 44. The percentage of safeguarding service users asked what outcomes they wanted as a result of a safeguarding assessment was 81.7% for the reporting year, better than the target of 80%. Latest benchmarking shows the regional average as 70% for this indicator.

45. 73% of people were then satisfied that their outcomes were fully achieved. Although this result is under the target of 80% regional benchmarking shows that this performance is good, the average being 63%.

Percentage of completed Deprivation of Liberty Safeguards (DoLS) assessments

46. The number of referrals received in 2018/19 was higher than in 2017/18 and in the year 87% of the referrals received were completed. This is a notable achievement, given the trend of increasing referrals seen over recent years.

Part Two - Your Nottinghamshire, Your Future – Departmental Strategy: Annual Review of Progress (April 2018 – March 2019)

47. Progress has been made against the Adult Social Care and Public Health Departmental Strategy, with the actions contributing across the range of Council Plan Commitments. **Appendix B** provides an overview of performance for the key activities and measures set out at part 3 of the Adult Social Care and Public Health Departmental Strategy. This is focused on the 12 Council Plan commitments and covers period April 2018 – March 2019. Some of the year-end highlights are presented below.

Commitment 4 - Nottinghamshire has a thriving jobs market

Success means: More people are in higher paid and skilled jobs and more apprenticeships available for people of all ages

48. The appendix highlights the lead taken by the Corporate Director for Adult Social Care and Health on a project to improve the Council's performance regarding employment opportunities for people with disabilities and long-term health conditions. The project aims to increase opportunities both within the Council and within organisations that provide services on behalf of the Council. The project will also work with other employers in Nottinghamshire and will have a focus on economic development in order to increase opportunities.

Commitment 5 – Nottinghamshire is a great place to live, work, visit and relax

Success means: People live in communities supported by good housing and infrastructure

49. Progress has been made on the Housing with Support Strategy for working age adults. Following public engagement, the Strategy will be considered for approval at the Council's Policy Committee in June. The strategy describes how the Council will support people to lead as fulfilling and positive lives as possible in a place they can call home by optimising the commissioned services available.
50. Public Health has worked closely with colleagues across the authority and with Health and Wellbeing Board partners to refresh the Nottinghamshire-wide Framework for Action on Air Quality and to develop a system-wide approach to reducing alcohol-related harm which represents an ongoing burden for communities across Nottinghamshire.

Commitment 6 – People are healthier

Success means: healthy life expectancy increases and life expectancy rises fastest in those areas where outcomes have previously been poor

51. Public Health has worked with residents, partners, and potential providers to commission an integrated wellbeing service and an improved all-age substance misuse service. These are on track to be launched in 2020 and will deliver better outcomes and value for money for residents. Improved sexual health outcomes have been secured.

Commitment 7 – People live in vibrant and supportive communities

Success means: Older people are treated with dignity and their independence is respected and our most vulnerable residents will be protected and kept safe from harm

52. The appendix highlights the work of the Safeguarding Adults Strategic Team and progress made in the use of advocates in safeguarding enquiries to support adults who have difficulty engaging in the process to do so and supporting service users to achieve the outcomes they want as a result of a safeguarding enquiry.

Other Options Considered

53. This report is provided as part of the Committee's constitutional requirement to consider performance of all areas within its terms of reference on a quarterly basis. The departmental strategy was agreed on 24 January 2018 and the format and frequency of performance reporting were agreed by Improvement and Change Sub-Committee on 12 March 2018. Due to the nature of the report no other options were considered appropriate.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATION/S

- 1) That Committee considers whether there are any actions it requires in relation to the performance information for Adult Social Care and Public Health for the period 1st April 2018 to 31st March 2019.

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LW 14/05/19)

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

Financial Comments (DG 15/05/19)

58. There are no specific financial implications arising from this report.

Background Papers and Published Documents

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

The Adult Social Care Outcomes Framework (ASCOF) Handbook of definitions can be found here: <https://digital.nhs.uk/data-and-information/publications/ci-hub/social-care>

Adult Social Care and Public Health Departmental Strategy

Departmental Strategies: report to Policy Committee on 24th January 2018

Council Plan and Departmental Strategies – process for monitoring information: report to Improvement and Change Sub-Committee on 12th March 2018

Electoral Division(s) and Member(s) Affected

All.

ASCPH655 final

National Key Performance Indicator	Nottinghamshire									Comparator Data
	Current Value	Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value (Q3)	Previous Annual	National Average	
Admissions of Younger Adults per 100,000 popn (ASCOF 2A)	20.7	-	Low	12.3	Mar 2019	100	479,962	12.9	17.1	14
Admissions of Older Adults per 100,000 popn (ASCOF 2A)	586	-	Low	576	Mar 2019	964	164,517	399	600	585.6
Number of Younger Adults supported in residential or nursing placements (Stat return)	635	=	Low	635	Mar 2019	635	N/A	635	644	n/a
Number of Older Adults supported in residential or nursing placements (Stat return)	2349	-	Low	2275	Mar 2019	2340	N/A	2340	2307	n/a
Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	8.6	-	Low	5.5	Feb 2019	n/a	n/a	8.3	9.9	12.3
Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)	0.0	=	Low	0.7	Feb 2019	n/a	n/a	0.00	0.20	4.3
Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)	0.4	+	Low	0.55	Feb 2019	n/a	n/a	0.50	0.70	0.9
Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)	79.7%	+	High	80%	Mar 2019	404	507	79.6%	78.8%	82.9%
Proportion of older people at home 91 days after discharge from hospital (availability of the service) (ASCOF 2B)	1.9%	-	high	2%	Mar 2019	507	26,125	2.1%	1.8%	2.9
Percentage of adults with Learning Disability in paid employment (ASCOF 1E)	2.7%	-	High	3.3%	Mar 2019	57	2,119	2.7%	2.8%	6.0%
Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)	75.4%	+	High	76%	Mar 2019	1597	2,119	74.9%	73.1%	74.0%
Proportion of service users receiving a direct payment (ASCOF 1C part 2a)	42.8%	-	High	46%	Mar 2019	2753	6,439	43.3%	44.2%	28.50%
Proportion of carers receiving a direct payment (ASCOF 1C part 2b)	100%	=	High	90%	Mar 2019	3597	3597	100%	100%	74.00%
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	67.9%	-	High	70%	Mar 2019	1440	2120	68.0%	66.9%	67%
Local Key Performance Indicator	Nottinghamshire									Comparator Data
	Current Value	Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value (Q3)	Previous Annual Performance	National Average	
Percentage of reviews of Long Term Service Users completed in year	69%	+	High	80%	Mar 2019	4,956	7,222	56.1%	73.0%	n/a
Percentage of older adults admissions direct from hospital	14%	=	Low	18%	Mar 2019	134	964	13.9%	20.8%	n/a
Percentage of safeguarding service users who were asked what outcomes they wanted	81.7%	+	High	80%	Mar 2019	1731	2120	80.8%	75.0%	n/a
Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved	73%	+	High	80%	Mar 2019	1097	1511	71.8%	73.8%	n/a
Percentage of DoLS assessments received and completed in year	87%	+	High	new	Mar 2019	n/a	n/a	79.0%	94.9%	n/a
The most recent data for national average is reported, where available. Where Nottinghamshire performance meets or exceeds the latest national performance information, this is highlighted by the emboldened boxes. Key: (p) = provisional data; (+) = better than previous value; (-) = worse than previous value; (=) = same as previous value; (n/a) = not comparable to previous value										

National Key Performance Indicator	Monitoring rationale	Target rationale
1 Admissions of Younger Adults per 100,000 popn (ASCOF 2A)	This is a national ASCOF indicator. Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.	Target from previous year maintained as this was not achieved. Given that the Council continues to experience difficulties with developing support living, we are restricted in terms of having alternatives to residential and nursing care.
2 Admissions of Older Adults per 100,000 popn (ASCOF 2A)		Target from previous year maintained as this was not achieved and the target is challenging given the population pressures
3 Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	These indicators are the Improved Better care Fund indicators for Delayed Transfers of Care. This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.	Targets for the Improved Better care Fund indicators have been set as part of the national programme.
4 Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)		
5 Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)		
6 Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)	This is a national ASCOF indicator and forms part of our BCF submission. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement. This is a two part indicator and measures both the availability and the effectiveness of services.	Target for part one reduced to 80%. A new target for part two has been set to bring us closer to the national average.
7 Percentage of adults with Learning Disability in paid employment (ASCOF 1E)	This is a national ASCOF indicator. The measure is intended to improve the employment outcomes and quality of life for adults with a LD, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life.	Target set at 3.3% to bring us closer in line with the East Midlands average and closer to the national average which is higher.
8 Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)	This is a national ASCOF indicator. The measure is intended to improve the outcomes and quality of life for adults with a LD. The nature of accommodation for people with a LD has a strong impact on their safety and overall quality of life and the risk of social exclusion.	Target set to maintain current performance, which benchmarking shows is positive
9 Proportion of service users receiving a direct payment (ASCOF 1C part 2a)	This is a national ASCOF indicator. Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services.	Target set to maintain current performance, which benchmarking shows is positive
10 Proportion of carers receiving a direct payment (ASCOF 1C part 2b)		
11 Number of Younger Adults supported in residential or nursing placements	The overall number of adults supported in long term care is important for the department not only because this is a key area of spend but also because along with admissions monitoring it is an indicator of the effective development of available alternatives to residential care. This information is collected on the SALT return.	The target has been set at 635 (just below last year's outturn) which will mean that we are operating around one in/ one out basis. The Council continues to experience difficulties with developing support living, we are restricted in terms of having alternatives to residential and nursing care.
12 Number of Older Adults supported in residential or nursing placements		Maintained at 2275.
14 Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	This information is collected on the annual SAC return. This is a measure of the effectiveness of the safeguarding process and could help prevent repeat enquiries for individuals.	This target has been set to improve and achievement will put the department ahead of the national average. It will not be possible to achieve 100% here as there may be reasons why a risk remains in place following the assessment.

	Local Key Performance Indicator	Monitoring rationale	Target rationale
15	Average time to complete assessment for new user (days)	These indicators are a signpost to pressures in the system, timeliness of assessment/review highlights areas for discussion around resources	Targets for new assessment measure are subject to review. Reviews - target maintained at 80% as just missed last year. Good progress achieved and if this level of improvement is maintained it is possible the target met this year.
16	Percentage of reviews of Long Term Service Users completed in year		
17	Percentage Older Adults admissions direct from hospital	This indicator forms part of our BCF submission. It is accepted that hospital is not the best place to make an assessment or decision about a person's long term care needs and wherever possible people should be given the opportunity to regain their independence following a hospital stay. It is also an indicator of effective joint working with health colleagues.	This target was set to reduce as part of the BCF submission.
18	Percentage of safeguarding service users who were asked what outcomes they wanted	These indicators are key to the 'Making Safeguarding Personal' agenda, a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice.	Increased target to 80%. Achieved over 75% for 17/18 so some stretch but potentially achievable.
19	Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved		Target set to improve performance following positive 2017/18 performance.
20	Percentage of completed DoLS assessments	There has been an increase in the number of DoLS referrals received and this indicator monitors how effectively resources allocated are at dealing with the increased demand	Measure changed to look at current in year as all others now completed. TBC

Your Nottinghamshire Your Future Council Plan

Adult Social Care and Public Health Department

Our commitments measuring our success

Priority 1 - A great place to bring up your family

Commitment 1 - Families prosper and achieve their potential

Success means	Council Plan Key Measures of Success	Latest	Target	Good is	Previous	National Average
Young people will have improved physical and mental health	The proportion of children in Notts who are covered by the Healthy Child Programme (mandated checks undertaken within timescale)	Q1 and Q2 2018/19 combined: New birth visit 88.6% 6-8 week review 85.2% 1 year review by 15 months 89.7% 2 year review 81.6%	95% (mandated checks undertaken within timescale)	High	Q4 2017: new birth visit: 84%, 6-8 week review: 85%, 1 year review by 15 months: 90.8%, 2 year review: 79.2%	Q1 and Q2 2018/19 combined: New birth visit: 89.2% 6-8 week review: 85.5% 1 year review by 15 months: 82.2% 2 year review: 77.4%

Commitment 2 - Children are kept safe from harm

Children at risk are appropriately identified, supported and protected	Number of children and young people supported in Domestic Violence services	436 (2018-19 Q1-Q3)	622 (indicative target)	High	156 (Q1 2018/19) 510 to end Q4 2017/18	NA
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Commitment 3 - Children and Young People go to good schools

Vulnerable children are less likely to miss education	The proportion of children in Notts from less advantaged backgrounds who achieve a good level of development at the end of reception.	49.9%(2017/18)	Increase	High	48.2% (2016/17)	56.6% (2017/18)
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Priority 2 - A great place to fulfil your ambition

Commitment 4 - Nottinghamshire has a thriving jobs market

Success means	Council Plan Key Measures of Success	Latest	Target	Good is	Previous	National Average
More people are in higher paid and skilled jobs	Number of people supported by the Council in apprenticeships and placements related to social care and public health	77	N/A	Maintain at same level	43	NA
More apprenticeships available for people of all ages	Number of adults with disabilities supported into employment by the Council	386	N/A	High	328	N/A

Commitment 5 - Nottinghamshire is a great place to live, work, visit and relax

People live in communities supported by good housing and infrastructure	The fraction of deaths in adults attributable to air pollution	5.0% (2017)	Reduce	Low	5.7% (2016)	5.1% (2017)
	Proportion of adults with learning disabilities who live in their own home or with their family	75.40%	76.0%	High	74.80%	75.4%

Commitment 6 - People are healthier

Healthy life expectancy increases Life expectancy rises fastest in those areas where outcomes have previously been poor	Average number of years people live in good health (male/female)	62.5 (male) 61.6 (female) (2015-17)	Increase	High	61.7 (male) 62.4 (female) 2014-16	63.4 (male) 63.8 (female) (2015-17)
	Reduction in the proportion of adults who smoke, are overweight, or who are physically inactive	Smoking prevalence 15.1% (2017) Overweight adults 64.4% (2016/17) Physically inactive adults 23.2% (2016/17)	Reduce	Low	Smoking prevalence 15.1% (2017) Overweight adults 64.4% (2016/17) Physically inactive adults 23.2% (2016/17)	Smoking prevalence 14.9% (2017) Overweight adults 61.3% (2016/17) Phys inactive adults 22.2% (2016/17)
	Proportion of eligible population who are offered / invited an NHS Health Check	Cumulative offered a health check: 64.9% Cumulative uptake (percentage of those who have been offered, who have received a health check) 59.5% (2014/15 Q1 – 2018/19 Q3)	66% (invites) 66% (uptake) (Targets as from 2018/19)	High	Cumulative offered a health check: 57.7% Cumulative uptake (percentage of those who have been offered, who have received a health check) 58.8% (2014/15 Q1 – 2018/19 Q1)	Cumulative offered a health check: 85.2% Cumulative uptake (percentage of those who have been offered, who have received a health check) 48.0% (2014/15 Q1 – 2018/19 Q3)

Priority 3 - A great place to enjoy later life						
Commitment 7 - People live in vibrant and supportive communities						
Success means	Council Plan Key Measures of Success	Latest	Target	Good is	Previous	National Average
Older people are treated with dignity and their independence is respected	Number of adults referred/linked to community resources to promote independence and social inclusion	3754	N/A	High	1276	N/A
Our most vulnerable residents will be protected and kept safe from harm	% of safeguarding services users who were satisfied that their outcomes were fully achieved	72.60%	80%	High	70.90%	N/A
Commitment 8 - People live independently for as long as possible						
Carers receive the support they need	Number of carers given advice and information	5489	n/a	n/a	3329	n/a
People will have the opportunity to live independently in their local community	Number of carers who are supported	3597	n/a	n/a	1996	n/a
	Number of people who receive financial or benefits advice	4144		High	2287	N/A
Better access to financial advice so that older people can make more informed decisions	Number of people who receive short term services to recover, recuperate and maximise independence	3943	n/a	High	1856	n/a
Commitment 9 - People can access the right care and support						
People's needs are met in a quick and responsive way Services improve as a result of a better integration of health and social care	Qualitative feedback from surveys of people who use the Notts Help Yourself (NHV) website and receive advice, guidance and signposting from the Customer Service Centre (CSC)	Over the last 12 months there have been just over 312,000 visits to the site; with the majority being from members of the public. Since July 2018, there have been no further routine surveys of the advice and guidance received by people who contacted the Customer Service Centre due to staffing capacity at the CSC. There is work underway to establish a new process for obtaining feedback from people on the effectiveness of the service received.			125,661 people used NHV in the period - average increase of 18% in last 3 months. Between April and July 2018, 685 customers were surveyed on the advice and guidance / signposting they were provided by the CSC, including use of Notts Help Yourself. Only 11 cases reported that the advice and guidance had not been helpful. This resulted in processes being amended and feedback provided to the relevant advisor to consider for next time. The survey process is to be reviewed to identify a more effective way of collecting this feedback.	

Proportion of people whose needs are resolved at the first point of contact	77.50%	n/a	High	75.00%	n/a
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (effectiveness of the service)	79%	80.0%	High	82.40%	82.70%
Average daily rate of delayed transfers of care attributable to social care	0	0.7	Low	0	n/a
Qualitative feedback from Accountable Officers of local CCGs / ACS (Annual)	This measure to be reviewed in the light of emerging ICS and changing CCG structures	n/a	High	This measure to be reviewed in the light of emerging ICS and changing CCG structures	n/a

Your Nottinghamshire Your Future Council Plan

Adult Social Care and Public Health Department

Key activities that support delivery of the council plan

Priority 1 - A great place to bring up your family

Commitment 1 - Families prosper and achieve their potential

Success means	Activities to progress the outcome	Progress
Young people will have improved physical and mental health	We will lead the commissioning of services to promote healthy lifestyles and address ill-health amongst all children, young people and families	The Healthy Families Programme for 0-19's contract commenced on 1st April 2017. The contract is now in Year 2 of service delivery. The model of service is based around 20 locally based Healthy Family Teams across Nottinghamshire aligned to children's centre boundaries, and supporting children, young people and families. The Healthy Families Programme delivers the Department of Health's Healthy Child Programme and each family receives a schedule of universal checkpoint reviews, including a programme of screening tests, developmental reviews and information and guidance to support parenting and healthy choices, to ensure that children and families achieve optimum health and wellbeing. The workforce is configured to provide the highest level of support in areas of greatest need.

Commitment 2 - Children are kept safe from harm

Children at risk are appropriately identified, supported and protected	We will lead the commissioning of services to promote healthy lifestyles and address ill-health amongst all children, young people and families	The Healthy Families Programme for 0-19's contract commenced on 1st April 2017. One of the key roles of the Healthy Families Programme is to identify children and young people with specific needs and risks and provide targeted support. Key stakeholders for the service include children's social care, early help unit, MASH and the Family Service. Children are identified, supported and protected using a multi-agency 'team around the child' approach
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Commitment 3 - Children and Young People go to good schools

Vulnerable children are less likely to miss education	We will commission a Healthy Families Programme to support school readiness, secure improved emotional and physical health of school age children, and contribute to reducing the number of young people not in education, employment or training due to unplanned pregnancy.	<p>A Healthy Families Programme for 0-19's was commissioned and the contract commenced on 1st April 2017. The range of activity includes:</p> <ul style="list-style-type: none"> • Level one interventions for emotional and mental health issues including depression, low mood, self-harm, anxiety, risk-taking behaviour, and anger management, working closely with schools and families • Support around healthy relationships, contraception and sexual health, including pregnancy testing and chlamydia screening <p>In addition, bookable Healthy Child sessions for parents/carers of primary school age children provide further access to one to one support; drop-in sessions or young people are established in or near each secondary school</p>
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Priority 2 - A great place to fulfil your ambition

Commitment 4 - Nottinghamshire has a thriving jobs market		
Success means	Council Plan Key Measures of Success	Progress
More people are in higher paid and skilled jobs	We will promote careers in social care and public health for young people, through apprenticeships and placements	The department has been running a local recruitment campaign alongside the national campaign that was launched to attract people into the adult social care sector. The campaign ran from mid-February to the end of March 2019. The County Council developed a comprehensive marketing campaign to increase the number of targeted workers on the current supply register. There were over 2,000 visits to the recruitment website, exceeding the 1000 target set for the campaign, and 1440 'clicks' through to job adverts with 83 applications for Community Care Officer, Reablement Support worker, Social Worker and Occupational Therapist roles. The department has also actively supported the Change 100 programme run by Leonard Cheshire, which brings together employers and talented disabled students and graduates to offer 3 months paid work experience, and has so far had 2 interns - both of whom have successfully secured fixed term contracts with the department. An application has been put forward for another intern to join the department over the summer. Public Health provides placements as part of rotational training programmes for Public Health Consultants and for doctors. In the 2018/19 the division hosted three FY2 doctors, three Public Health Registrars, and three GPs on fellowship placements. Public Health also provides shorter work experience placements for local students. In 2018/19 it provided part-time placements for three students on the Masters in Public Health course at Nottingham University, plus two short term work experience placements, one for a local graduate interested in a career in Public Health analysis, and one for a student Health Visitor. The Public Health division contributed to development of a national apprenticeship framework for Public Health practitioners. The full apprenticeship standard was approved in December 2018. End Point Assessment is in development, alongside exploration of training support which will make it practical to offer apprenticeships in the East Midlands region. Once these are in place, the division will examine arising vacancies for suitability to be offered as Public Health practitioner apprenticeships.
More apprenticeships available for people of all ages	We will work with partners and the wider community to improve the number of adults with disabilities in meaningful employment	The Corporate Director for Adult Social Care and Health is leading a project to improve the Council's performance with regard to employment opportunities for people with disabilities and long-term health conditions. This work involves colleagues from Public Health, Children and Families' services and the Place department. There are a number of workstreams including economic development and working with potential employers, and promoting the Council as a good employer, which will also include the organisations that provide services on behalf of the Council. The I-work team and the Notts Enabling Service have continued to work with people with disabilities to increase independence wherever possible, and to prepare and support people with opportunities for paid and voluntary work. With regard to the redevelopment of the County Horticulture Service, work continues to make improvements to the site, including redesign of the employment hub to improve the commercial elements at Brooke Farm and increase employment readiness for paid outcomes outside of the hub for people with disabilities.
Commitment 5 - Nottinghamshire is a great place to live, work, visit and relax		
People live in communities supported by good housing and infrastructure	We will work with partners to develop housing, built environment, and transport which supports healthy lifestyles and reduces exposure to poor air quality.	NCC Public Health and Planning are updating the county's Health & Wellbeing Board-endorsed spatial planning and health framework in line with local and national policy changes. This is now being disseminated with district councils and the NHS, and taken to the Place and Communities Committee. During the year Public Health provided advice on 7 Neighbourhood Plans, 1 Development Brief and 1 Local Plan, and a detailed response as part of the recent corporate HS2 development consultation. NCC Public Health are providing resources to support personal travel planning in NCC Transport which prioritises areas with lower levels of physical activity and higher level of air pollution. This will be part of the broader Travel Choices programme which is already supported by the commissioned Obesity Prevention and Weight Management Service, which worked in Newark and Sherwood during 2018/19. NCC Public Health-led refresh of the County & City air quality strategy is being finalised and will be presented at the Health and Wellbeing Board in June. We are also working on publicity for Clean Air Day in that month.

	<p>We will work with partners to develop housing that will meet the needs of an ageing population and increasing numbers of people with disabilities.</p>	<p>A Housing with Support Strategy for working age adults has been developed and a public engagement exercise has taken place to gauge views on it. The Strategy will be considered for approval at the Council's Policy Committee in June. The purpose of the Housing with Support Strategy is to ensure that:</p> <ul style="list-style-type: none"> • the right support is provided at the right time, in the right place for all Nottinghamshire residents who have an assessed need • individuals have access to the right kind of housing to ensure maximum independence whilst their care and support needs are appropriately met • people lead as fulfilling and positive lives as possible in a place they can call home. <p>The strategy sets out how the Council optimises the commissioned services that make up its supported accommodation offer for working age adults in Nottinghamshire who have care and support needs, which includes people with long-term illnesses, people with learning disabilities, people with Autism/Asperger's, people with physical and sensory disabilities and people with mental ill-health.</p> <p>With regard to housing with care for older adults, a new scheme - Townview - opened in Mansfield in February 2019. There is a scheme in Bassetlaw that is due to open later this year.</p>
Commitment 6 - People are healthier		
<p>Healthy life expectancy increases</p> <p>Life expectancy rises fastest in those areas where outcomes have previously been poor</p>	<p>We will commission services which provide support for residents seeking a healthier life-style including reducing their exposure to substance misuse, tobacco, excess weight and low physical activity, and sexually transmitted infections.</p>	<p>Previously commissioned, separate services are currently in place to address substance misuse, tobacco, excess weight and low physical activity, and sexual health. Performance is reported quarterly to the Adult Social Care and Public Health Committee. Many of these services are due to expire in March 2020.</p> <p>Public and stakeholder consultation on proposals for new services took place over the Summer of 2018. The results informed the development of detailed proposals for future services: an Integrated Wellbeing Service (IWS) and a separate Substance Misuse service (SMS). The IWS will support residents to address lifestyle risk factors relating to overweight, poor diet, physical activity, smoking and alcohol, and improve mental wellbeing. This approach will be applied proportionate to need with focus on the communities with the poorest health. The SMS will be delivered separately as an all-age service to blur the age of transition from young people's into adults' services. ASC&PH Committee approved the procurement of these two separate services in October 2018. Public Health are currently in the middle of procuring both the IWS and SMS. A competitive dialogue approach has been taken for both, which means that the public health team has been working with providers in the market to shape and refine both service specifications. The following planned timelines apply; Final Tenders submitted in August 2019; tenders awarded September 2019; Sign off from Committee in October 2019; Services mobilisation from October 2019 and contract commencement April 1st 2020.</p> <p>Sexual health services are mid-contract and deliver an integrated service across Nottinghamshire, which means people can access contraceptive services at the same time and place as testing and treatment for sexually transmitted infections. In response to need an additional on-line chlamydia testing service targeting young people has been commissioned since November 2017. Data for 2018 indicates that the key Public Health indicator - improving the detection of chlamydia amongst 15-24 year olds has made positive progress in Nottinghamshire. ASC&PH committed received an update report on this in February 2019.</p>

Priority 3 - A great place to enjoy later life

Commitment 7 - People live in vibrant and supportive communities

Success means	Council Plan Key Measures of Success	Progress
Older people are treated with dignity and their independence is respected Our most vulnerable residents will be protected and kept safe from harm	We will work with people to connect them to their community and local networks in order to remain as independent as possible.	<p>The Connect services are aimed at older people and people with long term conditions to provide early interventions to promote good self-care and continued self-management. The service is provided by three external organisations, who each cover one part of the county. They provide brief interventions and up to three months' support to improve health management; promote independence; address the impacts of social isolation; support people to live in safe and suitable accommodation; and improve economic well-being. The performance figures above show the number of referrals to these community resources, but 5023 people have been helped in 2018-19 - 4601 through brief interventions and 422 through a period of short-term support.</p> <p>In addition to the service originally commissioned during 2018-2019 Connect services have been working alongside social care staff at each of the main hospitals to support people through discharge. In mid-Nottinghamshire, additional temporary national funding for winner pressures was used to enable the Connect provider (Age UK) to work with each of the local Integrated Care Teams through their multi-disciplinary team meetings. As a result 544 people have been supported on discharge, and 53 people have been worked with following case discussion in these meetings.</p> <p><i>Connect case study:</i> <i>Mr B was a 69 year old man with Chronic Obstructive Pulmonary Disease and mobility issues. He was referred to Connect by an OT in an Integrated Care Team for a benefits check, support to fit smoke alarms and support to consider options for alternative housing. Mr B was living alone in a first floor council flat with access via external stairs. Following a home visit to establish what help Mr B wanted, the Connect worker made a referral to Notts Fire & Rescue for smoke alarms to be installed, a referral to the DWP home visiting service for an attendance allowance application to be completed and contacted the District Council to initiate a re-housing application. The worker followed this up by supporting Mr B to complete his online housing application and post supporting documentation. She also made a referral to an optician for a home visit eye test; liaised with the referring OT about additional aids to help with bathing; and supported Mr B to complete an application for a Blue Badge. Mr B was very happy with the help he received as he had been getting stressed about the possibility of becoming housebound and had no idea how to seek alternative accommodation. He also felt relieved to have an eye test arranged.</i></p>
	We will work with people to ensure they feel safe in their homes and communities. Where people experience abuse and neglect, we will provide support that is responsive to their needs and personalised	<p>Performance data shows that, when asked as part of safeguarding enquiries, 72.6% of service users' desired outcomes were fully achieved in 2018-19 - an increase of 1.7% from last year. As this area of safeguarding develops, the Council is able to be more sophisticated in its approach and is currently aligning our process to regional and national work taking place. This has resulted in a proposed amendment to this performance measure to allow us to capture the view of the service user more effectively. The use of advocates in safeguarding enquiries, where this is relevant, is performing above the 80% target (84.8%), meaning those individuals who have difficulty in engaging with the safeguarding process are supported to do so. In addition to this, the department has continued to complete regular audits of safeguarding practice (tri annually) which have evidenced improvements in the overall performance indicators. The audits have also identified areas of development within social care teams. This has resulted in resources and support being tailored to individual teams to improve the standard of work with a focus on making the interventions personalised. The end of year report recognised that a high standard of work had been consistently achieved by 82.8% of teams audited. A pilot project is also currently in place to provide all adults (or representatives/ advocates) subject to safeguarding enquiries the opportunity to give feedback about their safeguarding experience to an independent party. The results of this will help the Council to better understand how to provide responsive and effective support based on individual needs.</p>

Commitment 8 - People live independently for as long as possible

Carers receive the support they need	We will provide support for carers	A new carers' strategy (2018-20) with proposals to implement a new carer's support offer from April 2019 has been developed in partnership with carers, staff and health partners. In the last year, over 5000 carers have been provided with advice and information, and over 3500 have been supported by the Council. Earlier this year the Council has commissioned a new service delivered by the Carers Trust to provide group activities and support for young carers aged 7 – 17 years who are providing unpaid care to a family member. The countywide service offers young carers the opportunity to meet in a group with other young carers, have fun, learn new skills and try different activities.
People will have the opportunity to live independently in their local community		
Better access to financial advice so that older people can make more informed decisions	We will provide information, advice and guidance to support people to live independently	Over the last 12 months, £3.16m in benefits has been achieved for people in Nottinghamshire by the benefits advice staff in the Adult Access Service. This support plays an essential role in promoting people's choice, control and independence. In addition to this the Council's Adult Care Financial Service team has supported 960 people to make a claim for benefits that they are eligible for, as part of the financial assessment provided by the team. This has raised £2.29m for people in the county. From July 2018 the Council brought the financial information and advice service in-house and provided it through the Customer Services Centre. During this period 215 people have been identified as self funders and provided with printed information on the importance of getting independent financial advice. Of these 82 people were provided with more specific information regarding contact with financial advisors. This is comparable to the service previously offered by Age UK.

Commitment 9 - People can access the right care and support

People's needs are met in a quick and responsive way	We will provide good quality advice, information and support to people with disabilities and long term health conditions to enable them to lead productive and independent lives for as long as possible	The proportion of people whose social care needs are met at first point of contact has remained high over the last year - with a year-end figure of 77.5%. The 3 Tier approach is fully implemented at the Customer Service Centre and Adult Access Service and is being used for all new enquiries coming into the Council. Through a combination of these two services more people are being offered support at an earlier stage to resolve their enquiries. This means that less people need to be referred through to district social care team so these teams can concentrate on promoting independence and more complicated cases. The project is on track to deliver outcomes and achieve savings. Over the last year, over 300,000 people have accessed information on local services and support through the Notts Help Yourself online directory.
Services improve as a result of a better integration of health and social care	We will provide intensive support at times of crisis and care needs will be reviewed once the immediate crisis has passed.	The Council continues to embed a home first approach in hospitals to ensure that a significant proportion of people are assessed for long term services outside of a hospital setting; for example in the south of the county performance data in February showed that across health and social care 92% of assessments for long term services are now completed in the community, which is an improvement of 7% against last quarter. In the year to date 75% of Nottinghamshire service users required no ongoing home care after receiving a reablement service. Work to transform the reablement service and increase the capacity within the service in order to provide the service to more people is progressing well. The Home First Response Service continues to provide an effective 7 day service to support hospital discharge and people in a crisis situation; 1395 people were supported by this service in the year to December 2018.
	We will work with the health service colleagues to provide more seamless services (where there is a benefit), with people at the centre of the care and support provided.	For two consecutive months (December 2018 and January 2019), Nottinghamshire was the best performing Council with regard to performance on delayed transfers of care. Maintaining this performance requires a huge effort and contribution from staff across Adult Social Care and Health. The national pilot to deliver an integrated health and social care approach to assessment, support planning and personal budgets is underway with participation from health and social care staff in the Rushcliffe and the two Mansfield integrated care teams. The teams are using a new template called "All about Me" to capture person-centred information about each service user. Progress continues in the countywide roll out of best practice models for integrated care teams - Mansfield North and South older adults assessment teams were the first to co-locate into the same physical base as the Mansfield Health teams, in July 2018. In January 2019, Ashfield North and South Older Adults assessment staff moved into the same space as Ashfield community health staff. There are also improvements in information-sharing across health and social care IT boundaries, which have helped to avoid unnecessary hospital admissions as information on citizens' home situation and support has been made available to health practitioners in Emergency services.

	<p>We will provide statutory specialist advice to NHS commissioners and co-ordinate joint strategic needs assessment across health and social care.</p>	<p>Advice has been provided in the development of the strategy and framework for action for the ICS prevention workstream. Clinical and cost effectiveness advice has been provided to CCGs to support prioritisation and commissioning work. In February 2019, all ICS workstreams have now worked up a draft Prevention “plan on a page” – these include a minimum of two priorities and at least one of these should be tobacco or alcohol.</p> <p>The provision of specialist public health advice to the local health and social care system has led to the development of a system-wide approach to reducing alcohol related harm. Through the provision of timely public health intelligence which demonstrated the burden of alcohol related harm, the ICS approved the prioritisation of alcohol as the local system's one year prevention priority. The impact of this work has resulted in the development of a Nottinghamshire Alcohol Harm Reduction Plan in December 2018 with the subsequent and ongoing oversight from the Nottinghamshire Alcohol Pathways Group.</p> <p>Public Health are fully engaged with all ICS workstreams regarding population health / population health management. Work is underway scoping out the future development of the JSNA approach in order to meet the requirements of the forthcoming ICS / ICP / PCN footprints to assess population health needs. The following JSNA chapters have been refreshed and published – Demography, Substance Misuse, Cancer, Autism, Sexual Health and HIV.</p> <p>Consultant in Public Health capacity (0.2wte for 12months) is now in place to support the mental health prevention workstream as SRO.</p>
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10 June 2019**Agenda Item: 7****REPORT OF THE TRANSFORMATION DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****PROGRESS REPORT ON BUDGET, SAVINGS AND IMPROVING LIVES
PORTFOLIO****Purpose of the Report**

1. The purpose of this report is to set out the department's current financial position as at the end of March 2019.
2. It also provides a progress report to the Committee on the Improving Lives Portfolio, which is the programme of work delivering service transformation and budget savings for the Adult Social Care and Health department over the period 2018/19 to 2020/21.

Information

3. Quarterly reports to Committee provide regular updates on progress against savings. The reports to December 2018 and March 2019 Committee also provided updates on the department's financial position, including how reserves and temporary monies are being used to address current challenges. These papers are available as background papers to this report.
4. This report seeks to provide detail about the budget for 2019/20 as well as the departmental financial pressures for 2019/20 and the plan for how these will be managed. It also provides a 2018/19 financial year end report on the wider delivery of savings in the Improving Lives Programme.

Current Financial Position

5. The department ended the 2018/19 financial year with an underspend of £2.46m before reserves and £1.31m after reserves, which is 0.6% of the final budget. The details of this small underspend are detailed below.
6. £0.9m of this underspend was due to underspends in Public Health. Since the public health grant is ringfenced, the underspend has been transferred to reserves for future investment in public health outcomes in accordance with the conditions of the grant.

7. Within Adult Social Care the main underspend was due to a range of factors including early delivery of savings and additional income from joint funded income with Continuing Health Care due to the increase in complex care packages.
8. For 2019/20 it is predicted that there is an over commitment against the community care budget because of increased complexity of needs. Therefore, a number of measures are in place across the department to ensure that costs of care packages are scrutinised. These measures include: Manager panels that scrutinise support plans before they are commissioned, allowing for peer review and challenge; Promoting Independence Meetings where teams discuss options to increase people's independence by sharing best practice amongst colleagues and with other specialist teams such as the Notts Enabling Service and Assistive Technology experts; and the development of live dashboards of information that allow teams to link their practice to individuals' outcomes and take action where required.

Savings 2019/20

9. The temporary funding from central government alone is not sufficient to balance the budget. Therefore the 2019/20 budget for Adult Social Care includes £12.793m of permanent savings, which need to be delivered during 2019/20. This is a combination of approved savings schemes of £12.484m, which will include the continuation of existing schemes and some new schemes which have been approved during 2018/19. It also includes ancillary savings of £308,000, which the department has to find.

Overall savings position

10. In 2018/19, the department achieved savings of £12.915m. This is £4.346m more than the agreed target for the year and is mainly due to the early delivery of savings originally intended for delivery in 2019/20 as well as the over-achievement of increased joint funded income from Continuing Health Care. The early delivery of savings in 2018/19 provides greater confidence that the department can achieve its increased agreed savings targets. This early delivery of 2019/20 savings is illustrated in the attached **Appendix 1**. The projected under achievement in this year reflects the savings already delivered in 2018/19. Overall the Improving Lives Portfolio is still forecasting to over achieve its savings target in its entirety. Work will be done to reprofile the savings target for 2019/20 following Improvement and Change Sub Committee in June 2019.
11. This brings the total projected savings for the department to £108.149m at the end of 2018/19.
12. The Improving Lives Portfolio has three programmes of work to delivery service transformation in line with the Adult Social Care Strategy. The Strategy focusses on supporting people to help themselves before their needs escalate, as well as promoting independence and wellbeing for people with long term social care needs. To illustrate progress in these areas a number of examples of work that are on target or overachieving have been included below.

Example 1 - Resolving people's needs as early as possible

This Early Resolution approach works with people to meet their outcomes as early as possible through a three tier conversation. It focusses on people's strengths and community

assets. The model supports frontline professionals to have three distinct conversations with people. The first conversation focuses on people's needs and how to meet their outcomes by connecting them to support that may be available within their own networks or community. The second conversation looks at how to resolve any immediate needs or crises by providing short term solutions such as Reablement. The third conversation focusses more on ongoing support to meet their outcomes and how best to put in place resources that maximise their independence including personal budgets and community resources.

In 2018/19 this approach successfully reduced the number of referrals through to district social care teams for further work and assessment by 549 people; this was despite there being an increase in demand of 15% at the front door. This approach helps to provide a more timely solution for those with lower level needs, while releasing assessment capacity to work with people with more complex and urgent needs.

Example 2 - The Notts Enabling Service providing short term support for Adults aged 18-64 years

This new service offers working-age adults a focused period of enablement to improve skills, confidence and independence. This short-term intervention is either instead of or before longer term support is considered. The service works with individuals to increase their independence and reduce their reliance on social care services for up to 12 weeks in any of the following areas:

- developing or learning new skills at home, for example preparing food/domestic tasks
- preparing for and connecting with opportunities for voluntary/paid work
- using the internet/apps etc. to support communication/self-care/using Assistive Technology
- travel training and support to access the community - finding places to go and how to travel independently
- building links with other people to support and promote opportunities to meet people and make connections to promote wellbeing
- keeping safe - support with building confidence and skills
- supporting the person to connect with other services of interest or value to the individual.

In 2018/19 this service has supported 460 people to improved levels of independence. 79% of younger adults who receive a range of reablement/enablement do not require any other ongoing services.

Example 3 - Transforming Reablement providing short term support for adults to maximise their independence

The aim of this work is to increase the number of people who complete reablement with the Council's Short-Term Assessment and Reablement Service (START). START works with adults in their own home to help them regain skills and confidence to maximise their independence.

Increasing the availability of reablement from START improves the independence and quality of life for people, which in turn results in savings to the Council from reductions in homecare packages where appropriate.

The work has focused on increasing the capacity and effectiveness of the START service by introducing more efficient processes, reducing the time taken to complete reablement, embedding an occupational therapy focus and goal setting approach, increasing the referrals to the service, and ensuring a timely transition to ongoing support services where needed.

A total of 1,780 people completed reablement with START during 2018/19. This exceeded the Council's target by 77 additional people. 75% of service users who completed reablement in 2018/19 required no ongoing homecare, exceeding the annual target of 70%. The proportion of older people (65 years & over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services in 2018/19 was 89%, exceeding the annual target of 85%.

13. The Programme Status Report, attached as **Appendix 1**, provides both a summary of cashable savings at a programme level as well as a status report for all areas of work currently underway. An Improving Lives Portfolio project exceptions and mitigating action summary (as at end of March 2019) is attached as **Appendix 2** and an Adult Social Care and Health Portfolio quarterly update as **Appendix 3**.
14. Work continues to identify further opportunities to release efficiencies and to transform services and Committee will continue to receive regular updates on progress.

Other Options Considered

15. No other options on reporting have been considered as this is the method of reporting approved by Adult Social Care and Public Health Committee and Improvement and Change Sub-Committee.

Reason/s for Recommendation/s

16. To keep the progress of the Improving Lives Portfolio under review by Committee.

Statutory and Policy Implications

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

Data Protection and Information Governance

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

Financial Implications

19. Progress, as at the reporting period ending March 2019, in achieving the 2018/19 to 2020/21 savings targets for each existing programme is detailed in **Appendix 1**.

Public Sector Equality Duty Implications

20. The equality implications of the Adult Social Care & Health savings and efficiency projects have been considered during their development and, where required, Equality Impact Assessments undertaken.

Implications for Service Users

21. As above, the implications of the savings projects on service users have been considered during their development.

RECOMMENDATION/S

- 1) That Committee considers whether there are any further actions it requires arising from the information contained in the report.

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Adult Social Care and Health

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Constitutional Comments (AK 15/05/19)

22. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (OC 15/05/19)

23. Adult Social Care & Public Health ended the financial year 2018/19 with an underspend of £2.46m before reserves and £1.31m after reserves.
24. The department made a saving of £12.915m in 2018/19 and has a saving target of £12.484m for 2019/20.

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.

- [Progress Report on Budget, Savings and Improving Lives Portfolio](#) - report to Adult Social Care and Public Health Committee on 4th March 2019
- [Update on Tender for Home Based Care and Support Services](#) - report to Adult Social Care and Public Health Committee on 9th July 2018
- [Progress report on Budget, Savings and Improving Lives](#) - report to Adult Social Care and Public Health Committee on 10 December 2018
- [Progress Report on Improving Lives](#) - report to Adult Social Care and Public Health Committee on 8th October 2018
- [Assessment and advice provided by external savings partner, Newton, to support savings programme](#) - report to Adult Social Care and Public Health Committee on 12th March 2018
- [Appendix Assessment and Advice Newton](#) – to Adult Social Care and Public Health Committee on 12th March 2018
- [Monitoring of savings in Adult Social Care](#) - report to Improvement and Change Sub-Committee on 25th June 2018
- Programmes, Projects and Savings – Quarter 1 - report to the Improvement and Change Sub-Committee on 4th September 2018
- Progress Report on Savings and Efficiencies - reports to Adult Social Care and Public Health Committee on 10th July 2017, 11th December 2017 and 16th April 2018
- Progress Report on Delivery of Programmes, Projects and Savings - report to the Improvement and Change Sub-Committee on 26th September 2017
- Financial Monitoring Report: Period 5 2017/2018 - report to Finance and Major Contracts Management Committee on 16th October 2017
- Proposals for allocation of additional national funding for adult social care – report to Adult Social Care and Public Health Committee on 12th November 2018
- Equality Impact Assessments.

Electoral Division(s) and Member(s) Affected

All.

ASCPH656 final

Improving Lives Portfolio - (as per Project Highlight Reports, submitted March 2019, with validated 2018/19 savings)

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	Improving Lives Portfolio	On Target	On Target	Same		8,569	12,484	4,001	331	25,385	-3,138	-4,346	1,151			-6,333	130	-6,463	The overall portfolio status is on target. There was significant early delivery of savings during 2018/19 against a number of projects, including Targeted Reviews. This is a positive position. As a result of the early delivery in 18/19 a small proportion of the savings profiled for 19/20 will not deliver in year however across all years the portfolio is still projecting to over deliver by £6.5m. There are a number of projects that are not currently reporting as on target and in all cases mitigating action is planned to avoid impact on future years savings.
AS CH 180 123	Promoting Independence Interventions This programme of work will look at changes across 3 main areas detailed below:	On Target	On Target	Same		7,107	9,820	2,742	331	20,000	-3,318	-4,301	1,022			-6,597		-6,597	Overall the Promoting Independence Interventions Programme is on target and the 18-19 savings target was exceeded by £4.3 million, including early delivery of savings. As a result of the early delivery in 18/19 a small proportion of the savings profiled for 19/20 will not deliver in year however across all years the programme is still projecting to over deliver by £6.6. Within the 65+ programme the Housing with Care and supporting the use of best practice in the support planning of Older Adults' care services remain experiencing obstacles. Work is ongoing to mitigate the situation and overall due to activity and delivery of other projects the 65+ Programme remains reporting as on target. The 18-64 programme status remains on target this month. The Reducing the Costs of Residential Placements project remains experiencing obstacles and the Reduction in Long Term Care Placement remains At Risk. However, the programme overall is over achieving it's savings target. There was significant over delivery against the Cross cutting programme in 2018/19 due in a
AS CH 180 2	Interventions for Adults aged 65+: This work brings together 4 areas of activity: •Improve best practice and decision making in support planning (including in hospital settings). •Increase capacity in reablement •Ensure short term provision is used to maximise independence •Greater provision of Housing with Care (Extra Care). Example Benefits: •More adults aged 65+ completing START reablement. • A shorter average time spent in START, helping to increase capacity. • More service users will have benefitted from appropriate short term intervention, to support them to greater levels of independence. • Greater sharing of best practice will allow for improved consistency in support planning across teams, leading to improved outcomes for service users. • More service users are on a more appropriate pathway, giving them a more independent ongoing level of care.	On Target	On Target	Same	OT	Reablement: This month the transforming reablement project remains on target. A total of 1780 people completed reablement with START during 2018/19 which exceeded thetarget by 77 people. There was early delivery of savings in 2018/19 amounting to £93k. During March the project gained approval to progress with the IT and Mosaic developments. Work began to prepare for the introduction of the new Promoting Independence Worker (PIW) roles which involved advertising the posts, liaising with the NES team and drafting guidance and criteria. Links were made with the Adult Deaf and Visual Impairment Service (ADVIS) team and a plan drafted to improve referrals from START to ADVIS. The focus of the project for April includes: a review of the OT triage for START in hospitals over winter; recruiting to the new PIW posts; continued promotion of the service to the public through job fairs; planning the next stage of the technology workstream and carrying out a number of 'deep dives' to develop detailed specifications for development; launch of a pilot aiming to increase the number of adults aged 18-64 referred to START.													
					EO	Best Practice in Support Planning: The project is being reported as 'experiencing obstacles' (this is the same as last month). Promoting Independence Meetings (PIM) started in quarter 4 18/19 and quarter 1 of 19/20, later than originally anticipated. PIMs have now commenced across Newark, Bassetlaw, Gedling Ashfield North and ADVIS and are starting in the other districts imminently. As a result, it was not possible to evidence savings from this work in 18/19 and therefore there will be slippage of the savings target of £130K for 2018/19 into 2019/2020, making the target for 19/20 £260K. The experiencing obstacle status is being maintained at this stage while further work is undertaken. In order to assess the level of risk, in terms of delivering the 19/20 target the project is sampling cases discussed through PIMs to date and working with the Finance Business Partner and the Business Change Analyst to agree how to assess the potential impact of any savings from specific cases discussed on the wider commissioning practices in the teams.													
					OT	Commissioning of hospital discharge packages:2018/19 - Finance Team validation complete - assessment of 'On Target'. 2019/20 - Previous highlight reports have documented the ongoing difficulty to establish accurate baseline/benchmarking data. Due to the difficulty experienced to date to produce accurate baseline, the service volume activity measures for 2019/20 agreed at this time with TMs and GMs as part of the Saving Calculator exercise are based on indicative projections. The project will look to refine service volume activity measures once the project has established accurate baseline data. It is anticipated ongoing data analysis supported by new Service User Costing report will produce more accurate baseline data which can be used to refine service volume activity measures on a year to date basis and thus refine savings to be achieved for 2019/20 and for the overall project.													
					EO	Housing with care: Project status is same as last month, 'experiencing obstacles'. The £62k saving for 2018/19 was based on having 42 new units open during the year and assumed that these units would be filled for at least 31 weeks - this has not been possible in 2018/19 for two reasons: Initially there were a significant number of people with very high care needs placed at Gladstone House in a relatively short time period during 2018/19 which led to a higher than projected level of turnover. There are now more Service Users placed there at the medium care needs level, which should now reduce the turnover rate going forward. In July 2019 the provision of care within the scheme will transfer to Fosse following the retender of the service. The opening of the Town View development in February was significantly delayed due to issues beyond the control of the Council related to planning permission for the access and the construction programme. This resulted in 10 units being made available to the Council much later than originally anticipated. As NCC did not cause the delay, Mansfield District Council have agreed to fund the rents on the 10 units from opening of the scheme, until they have all been let by a first tenant. Positively, the Town View scheme has now opened creating a further 10 new units for use by the Council, 4 of which were occupied immediately after the opening in February. Currently 6 of the units are full with a further 2 people waiting to move in by May 2019. In addition, the opening of Priory Court Housing with Care scheme is scheduled for the summer 2019 with a combination of assessment apartments and also 'housing with care' nomination units (for which 6 older adults have already been identified as priorities for moving into the nomination units)													

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ASCH 1803	Interventions for Adults aged 18-64: The overall aim of this work is to ensure service users are supported to live as independently as possible with a good quality of life. This work will focus across three areas below: <ul style="list-style-type: none">• Promoting independence in current settings.• Supporting service users to live as independently as possible.• Preparing for Adulthood – Improving Transitions between Children’s and Adult’s Services. Example Benefits: <ul style="list-style-type: none">• Reduction in the number of support / outreach hours commissioned in existing settings (e.g. supported living schemes / residential care) through active reviewing and better use of shared hours and negotiations with providers.• More people supported to move into a more independent setting (e.g. from residential care to supported living, or from supported living into general needs accommodation.• More people receiving short-term enablement support that helps maximise their independence for longer.• Some service users may have earlier engagement than they might otherwise have done from the Transitions Team.	On Target	On Target	Same	AR	Reduction in long-term care placements: Savings validation has been completed by finance for 18-19. The FYE for 2018/19 is £628k, which has an in year effect of £451k, against a target of £435k. (this includes carryover from 17-18). The carry forward for 2019/20 is £185k against a target of £35k, resulting in an over-achievement of £150k in 2019/20. The projects at risk status relates to previous years savings that were not achieved in the originally anticipated timescale. Planning work is underway to consider how to tackle the next phase of residential moves.												
					OT	Ensuring cost-effective services for younger adults through alternative accommodation: This project continues to report as on target. The Housing with Support Strategy is being considered by ASCH Committee in May and Policy Committee in June 2019.												
					OT	Promoting Independence in supported living and outreach services: Overall status - Project continues to report as on target. The target for 2018/19 was £1,250k and £1,354k was achieved. It is also projected that the 2019/20 target of £625k will be delivered.												
					Closed	Reducing the Costs of residential Placements - Younger Adults: This project is now closed and it’s overall savings target has been achieved.												
					OT	Notts Enabling Service (NES): The NES project is on target The Savings Tracker has been validated by Finance in terms of calculations for 2018/19 and the target of £601k was over achieved by £78k. Spot checks are being undertaken on judgements that have been made by operational colleagues regarding the hours saved on cases the NES have worked with. The validated FYE figure being carried forwards into 2019/2020 stands at £357k against a target of £601k, giving confidence that this target will be achieved.												
					OT	Transitions: Savings for 18/19 were £242k - (£124k of this was from the in year effect and £118k of this was full year effect from activity undertaken in 17/18). This means the project is reporting an overachievement of £182k at year end. FYE effect that rolls in to 19/20 from this year’s activity is £147k.												

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AS CH 180 4	Cross cutting interventions: This work refers to intervention that applies to service users aged 18-64 and 65+, and includes work across: <ul style="list-style-type: none">• Reviewing.• Direct Payments.• Further Investment in Assistive Technology (AT) to Promote Independence.• Income Generating Projects, e.g. Improved Collection of Continuing Health Care Contribution.• ASC&PH Strategy Phase 2. Example Benefits: <ul style="list-style-type: none">•More service users will be reviewed earlier or more frequently than previously, maximising the opportunity to increase or maintain their independence and reduce reliance on formal support.•Increased use of community and voluntary support options for existing service users to maximise their independence, and subsequent reduced use of homecare, day services, transport services and other paid for sources of support.•Increase in alternative methods of review utilised.•Increased use of Personal Assistants and Pre Paid Cards.•Increased ability of service users to use Assistive Technology to self-care and remain independent for longer, and increased opportunities to prevent falls and reduce hospital admissions.•Increased income generation.	On Target	On Target	Same	EO	Direct Payments: Across all years the project is now reporting total savings of £2,528k, i.e. an over-achievement of £517k. Despite the over-achievement of project savings, the project will continue to report progress towards the target for additional PAs (Personal Assistants) recruited for new DP packages beyond March 2019. The actual is now at 16.13% (as of February 2019) against a target of 50%. The project's Experiencing Obstacles status reflects the challenges in meeting this target to date, as well as the slippage to timescales to embed the DP calculator into Mosaic and introduce a new DPSS model. Mitigating action in place to increase the recruitment of PAs for new DP packages includes: <ul style="list-style-type: none">• A Direct Payment E-Learning portal will go live in May 2019 and will be communicated to all frontline staff.This should increase staff confidence in commissioning DPs, especially PA packages.• Targeted emails continue to be sent out to teams on a monthly basis, plus monthly emails to front line teams featuring positive case studies to encourage staff to learn from good practice.• A new PA promotion activity plan has been created for 2019/20.												
					OT	Targeted Reviews: There was significant early delivery of savings against this project in previous years, with £2,705k delivered above the profiled targets. Full year effect of £1,283k from activity in 2018/19 has been carried forward and a further £1,000k is projected to be delivered this year. This will result in the 2019/20 target of £4,000k being under-delivered by £1,700k. However, this figure was delivered early and, across all years, this project is projecting to exceeded targets by £1,505k. The % of reviews (of packages of long term care) undertaken in the previous 12 months was 68.96% at the end of April compared to 68.62% at the end of March (against an improvement target of 80%). During2019/20 the countywide reviewing teams (CRT) will focus on long-term service users who have not had a review in the last 12 months or longer located in residential / nursing care (using a clinic approach) and community based settings (via geographic clusters, where possible). The first meeting of a resurrected Working Group was held 07.05.19 that will oversee identification and implementation of the best solution for achieving the necessary changes to Mosaic in order to simplify the reviews workflow and prevent multiple reviews being created (and thus improve the reporting on overdue reviews). It was agreed that the scope of the Working Group should be a comprehensive evaluation of the entire review process, rather than just seeking to address the issue of multiple reviews.												
					Closed	Improved Collection of Continuing Health Care Collection: This project is now closed and the overall savings targets have been over achieved.												
					EO	Brokerage for Self Funders: Currently there are 64 service users being charged / invoiced for brokerage. The £22k underdelivery against the 2018/19 savings target was temporarily mitigated by other budget areas within the service. A permanent solution to reduce and meet any ongoing shortfall is being explored.												
					OT	Assistive Technology: Validation of 2018/19 cost avoidance from AT interventions are underway with a figure of £2,870k currently projected. There is confidence that the savings target of £174k has been met. Training continues with the Integrated Community Disability Service to ensure that all appropriate cases are referred for an assistive technology assessment. Agreement has now been reached with NCC's supplier to source smart home devices and these are about to be trialled in two physical disability cases to support reductions in care packages. This will lead to significant cashable savings, if successful.												
						OT	Review the benefit rates and minimum income guarantee levels used to calculate service users' contributions towards the cost of their care and support The net savings resulting from the 1st phase of the policy change will begin to be realised from June 2019. As the change in policy is being implemented as approved, it can be assumed that the savings are on track. Monitoring of the number of / total cost of short term waiver requests as a result of the policy change is also taking place, so that this can also be taken into account when reporting the net additional income. The project's measure baselines have been adjusted, where applicable, based on 2018/19 year end information. It is anticipated that the levels of approved short term waivers and number of approved Disability Related Expenditure cases above the £20 standard allowance will exceed last year's baseline as a result of the changes to the contributions policy.											

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AS CH 180 1	Early Resolution	On Target	On Target	Same		427	394	416		1,237		5	-5					The programme is on track. The 3 Tier early resolution project has met the target reduction for 2018/19. New ways of working with carers is on track having achieved savings of £70k early in 17/18 rather than as scheduled in 18/19 and expects to make the required savings for 2019/20.
	Programme relates to interventions that occur when someone first contacts/accesses services. This programme extends the existing Early Resolution project through the adoption of the 3 Tier Model to engage with people who approach the Council for care and support: •Tier 1 connects people to local resources •Tier 2 helps where more that Tier 1 support is required, offering swift and appropriate support to help people regain their independence or develop new skills. This may include access to short term support. •Tier 3 helps those people who, after Tier 2, have ongoing care and support needs. This approach applies equally to Service Users and Carers. Example Benefits: • A reduction in the number of people assessed for care and support and subsequent long term support by providing an alternative way of meeting their needs earlier. • Less people will be formally assessed, but short term support will be provided to more people to help maintain or increase their levels of independence. • Increased capacity in district social care teams to deal with the most complex cases.				OT	Early Resolution: The project status remains on target. The project continues to reduce the number of referrals sent from the Adult Access Service (AAS) to district teams that could result in the completion of a CASA. •The 2018/19 savings target was reliant on no more than 2404 care and support assessment requests being sent by the Adult Access Service to operational teams, this target was exceeded with only 1924 requests being made. •The 2019/20 savings target requires no more than 2050 care and support assessment to be sent by the Adult Access Service to operational teams, this measure is assessed as being on target for period 1. During 2018/19 there was a 15% increase in enquiries to the customer service centre and there has been an upward trend for the last 3 years, this has been used to develop refreshed demand projections which have been used to confirm the targets detailed above. Demand will be kept under review during 2019/20.												
					OT	Carers: The project status remains on target this month. The project achieved savings early in 17/18 rather than as scheduled in 18/19. Savings were achieved by services working to early resolution principles - principally the Customer Service Centre offering information/advice/alternative resolution instead of referring carers to carers assessments. This resulted in 805 fewer assessments/reviews being completed in 17/18 with 1733 fewer direct payments allocated, compared with 16/17(achieving the target reduction of 500 in the previous financial year). In 19/20, the project will change how carers are offered support, so that there will no longer be an automatic direct payment to all eligible carers – instead they will be offered advice and support and a direct payment only if individual circumstances mean that they will benefit. This will reduce the amount paid in direct payments, and will also mean that fewer carers will require annual reviews in future years. However, this change requires changes to Mosaic and IT systems plus staff guidance and training, so will not be in place until next financial year.												

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						2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s	Previous Years (£000)s	2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s			
AS CH 180 5	Commissioning & Direct Services	Experiencing Obstacles	Experiencing Obstacles	Same		1,035	2,270	843		4,148	180	-50	134		264	130	134	<p>The closure of Leivers Court is still on track to close on June 23rd. The dates for the closure of the two remaining Care and Support Centres have been agreed as James Hince September 2019 and Bishops Court March 2020 and current projections are that the projects savings profile will be delivered as planned.</p> <p>The work at Brooke Farm , subject to planning permission, is set to start in July and to be completed by November.</p> <p>The status for the project to maximise income has been moved to on target.</p> <p>The Integrated Community Equipment Loan Scheme project remains experiencing obstacles pending the outcome of current negotiations in relation to partner contributions.</p> <p>The status for the other projects and the overall programme remain the same as last month.</p>
					<p>The main focus of this programme is considering options around the use of some of the Department's Direct Services, in order to optimise opportunities to reduce running costs and increase income through commercial development.</p> <p>Relevant Direct Services under the scope of this work include:</p> <ul style="list-style-type: none">•The County Horticulture and Work Training Service•Care and Support Centres•Investment in Shared Lives <p>Outcomes the programme will support:</p> <ul style="list-style-type: none">•Promote greater use of the services and their assets.•Increase income generation and maximise productivity.• Increase in the number of Shared Lives carer households recruited.													
	OT				<p>Care and Support Centres: Leivers Court is set to close as planned on 23rd June 2019. The dates for the closure of the two remaining Care and Support Centres have been agreed as James Hince September 2019 and Bishops Court March 2020 and current projections are that the projects savings profile will be delivered as planned. The re-tender exercise for assessment beds, to replace capacity lost with the closures, has closed but there has been very limited interest from the market.</p> <p>In the South of the County, the use of health beds is working well and whilst other options are still being explored, it is anticipated that this provision will be utilised in the short-medium term.</p>													
	AR				<p>Investment in Shared lives: The service has now recruited to the manager post, which should free up additional capacity to secure more households to the scheme. The service is also going to recruit to a senior coordinator post to further expand the capacity.</p> <p>The operational measures concerned with increasing the number of shared lives households will continue to report throughout 2019/20. The status for this project will remain at risk pending achievement of the original target of 30 new care families joining the scheme.</p>													
	OT				<p>Maximise the income available to the Council's directly provided adult social care services:The service have explored the potential to meet the target for this project by an alternative delivery method and it is planned to allocate the £130k across various Direct Services giving numerous services a share of the target. Once this has been agreed with Group Managers the project will continue to be monitored during 2019/20 to ensure the saving is delivered.</p>													
	EO				<p>County Horticulture and Work Training Service:Development of Brooke Farm Site: Works are anticipated to start on site third week in July (subject to planning) with completion in November. The Retail Manager started in post 19th March 2019 and work is being undertaken to ensure the vision meets the users' needs. Work has also started with the Commercial Development Team to ensure the product is correct and to develop a pricing strategy. Consultation with retail staff will be required regarding extending the opening hours for the shop (change of working hours) in preparation for the completion of the works.</p> <p>Skegby: Completed and closed.</p> <p>Horticultural Operatives: Initial work started with the I Work team to identify alternative employment for Horticulture Operatives.</p>													
	EO				<p>Integrated Community Equipment Loan Scheme (ICELs): The status for the project will remain as experiencing obstacles until we have confirmation that the current re-negotiation of the partner contributions have been completed. It is anticipated that there will be a reduction in the NCC contribution sufficient for this project target to be met and at that point the project will then be closed.</p>													
	OT				<p>Review of Day Services: The majority of service users receiving internal provision have been reviewed with the exception of people who have recently been reviewed which Day Services Team Managers are going to complete. The majority of external reviews have been completed and have identified less opportunities for reducing 1-2-1 support but work continues with providers to explore potential efficiencies in how the support is structured.</p> <p>A total of £87k in savings has been delivered and is projected that remain reviews will result in the achievement of the overall savings target of £135k</p>													
	OT				<p>Review of external contracts: Potential savings have been identified against three contracts which, subject to the outcome of tenders or negotiations, would deliver savings totalling of £125k</p>													
	Closed				<p>Savings from revised Contractual Arrangements: £50k savings target achieved</p>													
Closed	<p>Merger of Commissioned Crisis Prevention Service for Carers and Rapid Response Service (now called Home First Response Service):£50k savings target achieved</p>																	

Successful delivery of the project to time, cost and quality is achievable and there are no major outstanding issues at this stage that threaten delivery
Successful delivery is probable, however, there are minor issues which need resolving to ensure they do not materialise into major issues threatening delivery. This is an early warning category, if the minor issues are resolved in a timely manner, it is unlikely that project savings will be put / remain at risk
Based on available evidence, successful delivery still appears feasible but significant issues exist with scope, timescales, cost, assumptions and/or benefits. Issues appear resolvable, but action is required
Based on available evidence, successful delivery of the project appears to be at significant risk. There are major issues with project scope, timescales, cost, assumptions and/or benefits. Immediate action required to resolve issues
Project benefits have been achieved, or there has been an official change to the benefits profile (through change control) so the project is complete or declared undeliverable
Awaiting major points of clarification / decision-making to enable PID and plan to be completed

Project exceptions and mitigating action

This document provides further detail on the project exceptions outlined in Appendix 1, Improving Lives Portfolio - Programme Status Report.

Interventions for Adults aged 65+:	
Project Exception	Mitigation
<p>Housing with care: This project is experiencing obstacles, the £62k saving for 2018/19 was based on having 42 new units open during the year and assumed that these units would be filled for at least 31 weeks - this has not been possible in for two reasons:</p> <p>Initially there were a significant number of people with very high care needs placed at Gladstone House in a relatively short time period during 2018/19 which led to a higher than projected level of turnover.</p> <p>The opening of the Town View development in February was significantly later than originally anticipated, with delays beyond the control of the Council due to issues with planning permission for access and the construction programme. This resulted in 10 units being made available to the Council much later than originally anticipated.</p> <p>Best Practice in Support Planning: The project is being reported as experiencing obstacles. Promoting Independence Meetings (PIM) commenced during quarter 4 of 2018/19, later than expected due to the need to complete the Hospital PIM rollout. When embedded these meetings will deliver savings by supporting operational teams to build on existing good practice and use dashboard information to seek better outcomes for service users, embed a cycle of continuous improvement</p>	<p>Work is ongoing to identify mitigating actions to ensure that all units are filled as soon as possible. Work is also underway with partners to minimise the delay in the opening of the Town View facility.</p> <p>There are now more people at the medium level care needs, which should now reduce the turnover rate and increase the occupancy levels going forward. Work is ongoing with Newark & Sherwood District Council to plan future developments and increase occupancy. In July 2019 the provision of care within the scheme will transfer to Fosse following the retender of the service.</p> <p>Positively, the Town View scheme has now opened creating a further 10 new units for use by the Council, 4 of which were occupied immediately after the opening in February. Currently 6 of the units are full with a further 2 people waiting to move in by May 2019, this means there will only be 2 units left to occupy.</p> <p>The opening of Priory Court is scheduled for the summer 2019 with approximately 6 people moving from Larwood House during September 2019.</p> <p>Interim dashboard information is now available for Team Managers and PIMs commenced across Newark and Bassetlaw Teams and the Adult Deaf and Visual Impairment Service and will start in the other districts in April (preparation meetings with Team Managers have already taken place). It is anticipated that £130k savings for 2018/19 will be delivered in 2019/20.</p>

in service delivery, and reduce variations in commissioning practice where possible.	
Interventions for Adults aged 18-64:	
Project Exception	Mitigation
<p>Reduction in long-term care placements: A lack of supply of suitable housing has meant that less people have been able to move out of residential care and into supported living than planned. This resulted in slippage of £251k from previous years. Significant progress has been made during 2018/19 with only £93k in total to slip for delivery in 2019/20.</p>	<p>38 service users have moved out of residential care to a more independent setting against an 2018/19 target of 40. A further service user has signed for a tenancy which will commence in April.</p> <p>A report providing an overview of the Council's draft Housing with Support Strategy for working age adults (18-64) was considered by February Adult Social Care and Public Health Committee and further public engagement was approved. Following this engagement, the strategy will be considered for approval by ASC+PH committee in May 2019. The proposed strategy will take forward the work that has been ongoing as part of this and related projects and its purpose is to ensure that:</p> <ul style="list-style-type: none"> • the right support is provided at the right time, in the right place for all Nottinghamshire residents who have an assessed need • individuals have access to the right kind of housing to ensure maximum independence whilst their care and support needs are appropriately met • people lead as fulfilling and positive lives as possible in a place they can call home <p>The Strategy also sets out how the Council optimises the commissioned services that make up its supported accommodation offer for working age adults (18-64) in Nottinghamshire who have care and support needs</p>

<p>Reducing the Costs of residential Placements - Younger Adults: This project has focused on reducing the cost of care through negotiating with care providers about how fees are agreed for individual service users whilst considering how people's needs may be met differently in the future.</p> <p>The project is reporting as experiencing obstacles. This is because it has not achieved its savings targets in 18/19 but overall for all years it has achieved its target savings.</p>	<p>The savings achieved across all years is currently £2.824m, i.e. a surplus of £324k against the projects target.</p> <p>As with the Reduction in long-term care placements projects the focus of project work is now on the development of the Housing with Support Strategy with public engagement currently underway.</p>
<p>Cross Cutting Interventions:</p>	
<p>Project Exception</p>	<p>Mitigation</p>
<p>Direct Payments (DP): Across all years of delivery (2015/16-2019/20) the combined savings target of £3.780m has been over achieved by £528k.</p> <p>Despite this over-achievement, the project remains as 'experiencing obstacles' as the target for the recruitment of additional PAs is still not being met (actual of 16.1% against a target of 50%). The project's status also reflects the slippage to timescales to embed the DP calculator into Mosaic.</p> <p>Brokerage of Self Funders: Due to delays with the implementation of the charge for our brokerage service projected in year income by year end remains at £5.8k.</p>	<p>Work continues to increase the rate of recruitment of Pas. Monthly emails are being sent to team not achieving recruitment targets and a dashboard showing team performance is now live. A three-week pilot training course for PAs, delivered in conjunction with North Notts College and Job Centre Plus will begin from w.c. 29.04.19 and recruitment fairs are being held in Job Centres across the County. The Support with Confidence scheme continues to be actively promoted</p> <p>Work to embed the DP Calculator into Mosaic will commence in early 2019/20 and the Data Input Team no longer commission DP packages without a DP calculator having been completed.</p> <p>This project was due to close in March 2019. However, in view of the above position the project will continue reporting against outstanding activity.</p> <p>The shortfall of £22.2k against the annual income target of £28k continues to be met by over-achievement against other fee areas.</p> <p>Outstanding signed brokerage agreements are now being chased by two CCOs in the Central Reviewing Teams. For new agreements</p>

	<p>being set up, alerts are sent by Adult Care Financial Services to the relevant District Teams, to ensure the necessary brokerage agreements are signed. An automated report from the Business Management Information hub that will outline all outstanding brokerage requests has been developed and is currently going through testing.</p> <p>The brokerage guidance for staff has been reviewed and is being updated. Once this is signed off, it will be promoted to staff together with accompanying communication on the brokerage service. Communication for service users is also being developed.</p> <p>This project was due to close in March 2019, however, in view of the above position the project will continue reporting until project measures are achieved and outstanding activity is delivered.</p>
Early Resolution:	
No exceptions in quarter 4 2018/19	
Commissioning & Direct Services:	
Project Exceptions	Mitigation
<p>Investment in Shared lives: Staffing issues within the team have delayed the recruitment of additional new carers.</p>	<p>The service is currently recruiting to the manager post, which should free up additional capacity to secure more households to the scheme.</p> <p>The 2018/19 £60k under delivery against this project is being offset by the over delivery of savings by the Notts Enabling Service. The operational measures concerned with increasing the number of shared lives households, will continue to report in 19/20. The status for this project will remain at risk pending achievement of the target of 30 new care families joining the scheme.</p>
<p>County Horticulture and Work Training Service: There have been some delays with the implementation of this project.</p>	<p>It is anticipated that improvement works will start at the Brooke farm site during July with completion anticipated in November, subject to</p>

<p>Integrated Community Equipment Loan Scheme (ICELS): This projects savings target is to be achieved by negotiating with partners to reduce the Council's contribution to the ICELS pooled budget, in line with a reduction in the Council's prescribing activities and the loaning of community equipment. In this and previous years it has not been possible to agree a revised funding split with partners. The project will remain on the project status summary pending delivery of budget savings.</p>	<p>planning permission. The Retail Manager started in post 19th March 2019 and work is being undertaken to ensure the vision meets the users' needs. Next steps are to ensure the product is correct and to develop a pricing strategy, work has been started with the Commercial Development Team.</p> <p>The Skegby site has now closed and Initial work started with the I Work team to identify alternative employment for Horticulture Operatives.</p> <p>Positive re-negotiations are currently underway and it is anticipated that there will be a reduction in the NCC contribution sufficient for this project target to be met. Once agreement on partner contributions has been reached this project will be closed.</p>
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The ASCH Improvement and Change Portfolio – March 2019 Update

Programme 1 - Deliver the next stage of the Adult Social Care Strategy

Programme Outline: This programme will focus on helping more people to help themselves through the provision of good quality advice and information, resolving queries in a timely and responsive way and providing a proportionate and appropriate response where people have social care needs, with the aim of maximising their independence.

Overview of progress: Work on the milestones described below continues to progress.

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Increasing the number of people who on contacting the council receive earlier support to help them resolve their issues using the 3 Tier Model approach to conversations with the public.	Spring 2020	Staff at the Customer Service Centre and Adult Access Service are using the new approach so that more people are being offered support at an earlier stage to resolve their enquiries. In the first year of the approach, whilst the number of total enquiries has increased, the number of people who need to be referred to district social care teams for further work has actually decreased. This means that people get a more timely response and that district social care teams can concentrate on promoting independence and more complicated cases. The project targets for resolution continue to increase in 2019/20 and 2020/21 so close monitoring of progress will take place.
Social care clinics in community settings	April 2019	As more people's enquiries are being resolved at the Customer Service Centre and Adult Access Service there is now less requirement for an expansion of clinics as less people are being referred through to district teams. However, for those people who are referred through to district teams the Adult Access Service will offer a clinic appointment where this is appropriate for the person referred.
Approval and implementation of a new carers' strategy with partners to enable carers to access good quality advice, information and support	November 2019	This work will change how carers are offered support, so that there will no longer be an automatic direct payment to all eligible carers – instead they will be offered advice and support and a direct payment only if individual circumstances mean that they will benefit. The joint Carers' Strategy with Health has been approved at Adult Social Care & Public Health Committee and is scheduled for May 2019 Policy Committee.

<p>Deliver the Improving Lives Programme</p>	<p>March 2020</p>	<p>The Improving Lives Programme is the programme of work delivering service transformation and budget savings for the Adult Social Care and Health Department over the period 2018/19 to 2019/20. The programme supports the Department to deliver the next stage of the Adult Social Care Strategy by:</p> <ul style="list-style-type: none"> • Identifying ways to deliver better outcomes for service users through promoting independence • Making sure that our services remain sustainable • Identifying further ways to improve the quality of the advice, guidance and services we are providing <p>Activity across the different areas of work within the Improving Lives Programme is designed to:</p> <ul style="list-style-type: none"> • increase the number of queries resolved as early as possible after contacting social care • increase the number of people offered a reablement service • ensure people are on the most appropriate care and support pathway; and where short-term care is required to recover and rehabilitate, ensure that people are supported to regain independence and return home, where possible • identify opportunities to work more actively with people who have potential to achieve more independence • provide live information to teams to support decision making. <p>A key enabler to the programme is the establishment of a cycle of continuous improvement within teams. This way of working seeks to identify best practice for sharing and areas for improvement or change as part of everyday performance management. To support this, information dashboards are being developed for teams, which will provide accessible information about service delivery, at a team level to inform local decision making and drive performance against agreed targets. To facilitate continuous improvement in practice, social care teams are introducing Promoting Independence Meetings (PIMs) – these are an opportunity for the whole team to share good practice and success; to discuss cases together,</p>
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		ensuring that service users are on the right pathway, and to look for opportunities to maximise a person's independence; and to identify obstacles to service delivery that can be addressed locally or escalated to senior officers if appropriate. PIMs have been introduced in the Adult Access Service, Reablement, Hospital Teams and some Younger and Older Adults Assessment Teams - the roll out of the meetings to the rest of the teams will happen as part of a phased approach between now and March 2020.
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Programme 2 - Commercialisation of the Council's directly provided social care services

Programme Outline: Working with the Council's Commercial Development Unit to explore and develop a range of initiatives to generate new business opportunities and income within the Council's directly provided social care services, subject to Local Authority powers to trade; promote greater community use of the services and their assets; and create opportunities for people who fund their own care to purchase support from the Council's direct service provision.

Overview of progress: A proposal to reduce the annual running costs of the County Horticulture & Work Training Service is being implemented. Work continues, with oversight from the Council's Commercial Development Unit, to assess the commercialisation potential of County Enterprise Foods.

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Project: Redesigning the strategic management of assets to generate a revenue return for the County Council.		
Assessment of the commercialisation potential of County Enterprise Foods.	Summer 2020	Work on this continues in a design and discovery phase.
Implementation of the business plan for the Council's County Horticulture Service	Summer 2022	Work on improvements to the Brooke Farm site are subject to designs being approved and planning permission gained, it is hoped work will start in late Summer 2019 and be completed by Winter 2019. The site at Skegby has already been vacated and service users who had received a service on this site have transferred to Brooke Farm or to a Day Service. The Grounds Maintenance and Golden Gardens services ceased to operate at the end of November 2019 and the Horticultural Operatives, who continue to work supernumerary at Brooke Farm, are being supported by the Council's i-Work team.

		Key activity, as well as making improvements to the site, includes redesigning the employment hub to improve the commercial elements at Brooke Farm and increase employment readiness outside of the hub for people with disabilities.
Programme 3 - High quality and sustainable public health and social care services		
<p>Programme Outline: The vast majority of adult social care services are commissioned from independent sector providers, with a mixture of large and small, national and local, private organisations and some not for profit/ charitable organisations. There are various pressures faced by the care and support providers and there is wide recognition that the care market is facing considerable challenges to deliver sufficient volumes of care and support services to meet needs due to difficulties in staff recruitment and retention. The Council is working with care providers to understand their pressures and to ensure the fees paid for care services reflect the cost of delivery of good quality care.</p> <p>The public health budget is invested in a range of evidence-based services which fulfil statutory duties, and deliver clear public health outcomes and a good return on investment for public money. Many of these services will be due for reprocurement in the period of this plan. Previous rounds of procurement have yielded significant savings and service improvements. The challenge will be to identify ways to sustain outcomes and secure improved value for money using a reduced budget and public health workforce. The scope will include all public health commissioned services, emerging evidence from other areas of innovations which are proving effective, best available intelligence about the national and local market for service provision, and consideration of how best to engage with these markets to get best value for money.</p> <p>Overview of Progress: This programme is progressing on target and in line with the identified milestones.</p>		
Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Home care contracts awarded and services to commence	Autumn 2018	<p>The first phase of the new contracts commenced on 1 July 2018 followed by an implementation and transition phase until October 2018. Over 700 care packages were successfully transferred with little disruption to service users. New services have been commissioned with an outcome focus and a payment system that moves away from 'time and task'.</p> <p>Overall there has been a significant reduction in the number of people awaiting a long-term package since new contracts began.</p>

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		After the initial procurement exercise and following a number of providers withdrawing during the first few months of new contracts, not all areas have a sufficient number of providers. Further procurement 'rounds' are now being planned to address this.
Fair Price for Care review – report to ASCPH Committee on outcome of survey and any resulting proposals	April 2020	The review of the fees has been completed. A reported to the Adult Social Care & Public Health Committee in January 2019 provided information on the outcome and the options going forward but no final decision has yet been reached and this review is on-going The quality audit tool has been reviewed and the new version will be out for consultation in May 2019.
Commence the procurement stage for the Commissioning of Public Health Services (Integrated Wellbeing Service and Substance Misuse Service)	February 2019	The selection stage commenced in January 2019. Both services invited successful providers to attend the competitive dialogue phase in late February 2019. This action is now complete.
Complete the commissioning of Public Health services (Integrated Wellbeing Service and Substance Misuse Service) and commence the new services	April 2020	A competitive dialogue approach has been taken for both services, which means that the public health team has been working with providers in the market to shape and refine both service specifications. The competitive dialogue process is due to complete in June 2019 and the final tender to be reviewed in August 2019, with a view to final selection in September 2019 and submission for approval by Committee in October 2019. Mobilisation phase is planned to run from October 2019 to March 2020 (six months) with new services due to commence on 1 April 2020.

Programme 4 - Work with our local health services

Programme Outline: We are working with health partners to develop and evaluate new models of care that meet both the social care and health needs of people in the county.

Overview of Progress: This programme is progressing on target and in line with the identified milestones.

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Embed a home first approach in hospitals to ensure that a significant proportion of people are assessed for long term services outside of a hospital setting	March 2019	Work is ongoing across the 3 health planning areas to gain a consistent approach to ensure a home first is the default pathway. Over the past year the south of the county has completed (across health and social care) on average 90% of assessments for long term services in the community, which is 5% above the national target.
Countywide roll out of best practice model for an integrated care team (ICT)	July 2019	All 3 health planning areas continue to work towards a consistent practice model for ICTs. Social care staff and managers are being aligned with the community-based health teams within the Primary Care Networks (PCNs). Options for co-location and greater collaborative working are being developed in each area and shaped according to resources and building availability; undertaking necessary organisational development work as appropriate. Referral pathways are being reviewed to enable a consistent approach for staff working with health colleagues. The Smarter Working project is supporting with the necessary changes for the social care staff group. Health partners have been very helpful and welcoming to date. Mansfield Older Adults assessment staff have been co-located with Community Health staff since the 30th July 2018 and Ashfield Older Adults staff co-located with Health colleagues in February 2019. Accommodation options are being progressed in Newark and Sherwood. The South are exploring hot desking and shadowing as short term aims, given the lack of space for full co-location. New ways of working are also being adopted to align to the best practice model, with Rushcliffe being the first

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		team to pilot accessing health data through Mosaic (via the Care Centric Portal). Bassetlaw older adults staff group are aligned with the 3 PCNs due to the current lack of space within buildings they are using hot desking, drop ins and attending weekly hand over meetings in each PCN and monthly multi-disciplinary team meetings.
Develop a multi-agency toolkit on prevention and early intervention for key staff groups and pilot	Spring 2019	A draft tool kit has been shared widely with partners and the East Midlands Workforce Network for amendments and a final version will then be presented to Integrated Care System (ICS) Strategic Workforce Group before going live.
Successful testing and delivery of a new joined up approach across Health and Social Care to assessment and support planning	March 2019	This national pilot is underway with participation from health and social care staff in the Rushcliffe and the two Mansfield integrated care teams. The teams are using a new template called "All about Me" to capture person-centred information about each service user, and in Rushcliffe they are exploring "huddles" which are virtual case management conversations with health colleagues to provide a joined-up approach to an individual's complex needs. Phase 2 of the pilot will involve further teams in Ashfield and Mansfield
Roll out of information sharing across Health and Social Care, to Bassetlaw Hospital, automated referrals at Sherwood Forest Hospital Trust (SFHT) and Nottingham University Hospitals (NUH)	June 2019	Bassetlaw Hospital went live in November 2018 with Social Care information now available to Doncaster Bassetlaw Teaching Hospital (DBTH) staff in their clinical portal. It is used daily by ward discharge coordinators to establish details of existing social care package directly with providers, in some cases reducing the time spent in Hospital. A discovery phase is ongoing to scope out the digitisation of the primary documentation (Fact Find) used across DBTH within Integrated Discharge Teams (IDT). There has been some delay to SFHT due to other NHS priorities however resources were made available and development has continued. A workshop is set up to demonstrate the benefits of a new digital discharge notice at the end of April 2019. It is hoped that this can be developed to go live in summer 2019.

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		At Nottingham University Hospitals good progress has been made and the automation of referrals for social care assessments from health is due for go live at the end of April 2019. For patients this means they will benefit from a more timely response, helping to resolve need as early as possible. For health and social care staff this means time taken to access the right information will be reduced and the quality of information available will improve.
Access to Health and Care Community Portal	<p>June - August 2019</p> <p>Autumn 2019</p>	<p>Rushcliffe Older Adults have now been pilot users since the end of January 2019. There have already been example cases where having access to the portal has saved social care and health staff time and improved outcomes for individuals. The final GP practices have now signed the relevant Information Sharing Agreement, so the GP data can also be made available through this Portal which will significantly increase its value to social care staff. Following this addition, the roll-out to remaining front-line teams in ASC will commence, starting first with the Adult Access Service and the remaining social care teams in the summer.</p> <p>Social Care are in development with the system suppliers and NUH to implement a live social feed data from Mosaic later in the year. This will give live up to date social care information to all health partners using the portal.</p>

Programme 5 - Promote decision-making across the Council and with partners which prioritises health and sustainability

Programme Outline: The range of functions for which the Council and our partners are responsible means that more or less everything we do can make a difference to people's health. This goes beyond the specific public health and social care responsibilities of the Adult Social Care and Public Health department, and extends to (for example) economic development, transport, leisure, trading standards, community safety, education and housing, each of which make a significant and cumulative contribution to the way our social and physical environment shapes our health and the health of generations who follow.

Overview of Progress: The Council resolved in March 2018 to adopt 'Health in all Policies', guidance that supports local government organisations to think about the impact that every strategic decision may have on the health of local residents. Good progress has already been

made in sharing this approach with partners through the Health and Wellbeing Board. The agreed Joint Health and Wellbeing Strategy 2018–2022 includes “Healthier Decision Making” as one of its 4 ambitions. Further implementation is focusing on specific areas of activity aligned to the Healthy and Sustainable Places coordination group.

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Implement changes in Council processes	April 2019	Colleagues from Public Health and Place have worked to develop a revised spatial planning & health guidance to improve the way spatial planning decisions for communities can help to support and sustain good health for residents. The spatial planning and health guidance has been refreshed in line with local and national policy changes and following consultation with partners in Nottinghamshire. It has been endorsed by the Health & Wellbeing Board and is now being disseminated with District councils, the NHS and taken to NCC Place & Communities Committee.
Secure ownership for equivalent changes in the decision-making processes of other organisations, starting with Health and Wellbeing Board partners	Summer 2019	The Health and Wellbeing Board’s Healthy and Sustainable Places Coordination Group has met twice since October 2018 and initiated a programme of work with focus on physical activity and food environment, utilising the principles of the Health in All Policies approach and developing case studies. Public Health is working with Place (Planning & Transport), District and Borough Council Environmental Health and City Council functions on an Air Quality strategy document to reduce impact of air pollution on human health in the County and City. This is intended to go before the County Health and Wellbeing Board in the summer.

Programme 6 - Provide specialist Public Health advice to support commissioning of health and social care services to improve health and wellbeing

Programme Outline: To address the gaps in health and wellbeing, care and finance we will promote a system-wide commitment to embedding prevention in all clinical pathways, a relentless focus on commissioning according to evidence of need and systematically implementing what is known to be clinically and cost effective. The Council has a statutory duty to provide specialist public health advice to local NHS commissioners and assessments of need including the evidence of what works. This will also ensure that the local health and social care system has access to timely public health intelligence with which to prioritise prevention of ill health.

Overview of Progress: Public Health capacity has been aligned to ensure appropriate support across health and social care services, including the allocation of dedicated consultant support aligned to the Clinical Commissioning Groups (CCGs) and dedicated capacity to support the County's Sustainability and Transformation Plan (STP), now known as the Integrated Care System (ICS). Specific responsibilities have been allocated for individual workstreams and commitments on prevention have been secured.

Key Milestones	Implementation Date	Delivery Status, key updates and risks to delivery
Secure commitment from the ICS to enabling health and social care staff and pathways to systematically offer brief advice and referrals to public health services for residents at risk from their exposure to tobacco, excess weight and low physical activity, alcohol or substance misuse.	March 2019	Specific commitments on prevention have been secured from other ICS workstreams. By February 2019, all ICS workstreams had worked up a draft Prevention "plan on a page" – these include a minimum of two priorities at least one of which was tobacco or alcohol. Through the provision of timely public health intelligence which demonstrated the burden of alcohol related harm, the ICS approved the prioritisation of alcohol as the local system's one year prevention priority. The impact of this work has resulted in the development of a Nottinghamshire Alcohol Harm Reduction Plan in December 2018 with the subsequent and ongoing oversight from the Nottinghamshire Alcohol Pathways Group. This action is now complete.
Put in place additional resources to support Joint Strategic Needs Assessment (JSNA) and mental health workstreams within the Nottingham and Nottinghamshire Integrated Care System.	June 2019	Support for additional capacity in respect of JSNA and mental health was agreed by ASC&PH Committee in December 2018. Work is underway scoping out the future development of the JSNA approach in order to meet the requirements of the forthcoming ICS / ICP / PCN footprints to assess population health needs. The following JSNA chapters have been refreshed and published – Demography, Substance Misuse, Cancer, Autism, Sexual Health and HIV. Consultant in Public Health capacity (0.2wte for 12months) is now in place to support the mental health prevention workstream as Senior Responsible Officer.

10th June 2019**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
SAFEGUARDING AND ACCESS****ADULT SOCIAL CARE MARKET POSITION STATEMENT 2019-2021****Purpose of the Report**

1. To seek approval of the Adult Social Care Market Position Statement for 2019 – 2021, attached as **Appendix 1**.

Information

2. A Market Position Statement (MPS) is an analytical document aimed at both existing providers who want to plan their future business as well as new providers who may want to enter the local market. It includes the local authority view of current provision in the social care market, what the gaps are and the type and quality of services and support needed for the future.
3. "It is suggested that a local authority can best commence its duties under Sections 5 (market shaping and commissioning) and 48 to 52 (provider failure) of the Care Act by developing with providers and stakeholders a published market position statement." (Care and Support Statutory Guidance, Section 4.56 Department of Health and Social Care 26th October 2018).
4. In June 2012, the Adult Social Care and Health Senior Leadership Team agreed to be part of an East Midlands Joint Improvement Partnership project to develop Market Position Statements. This work was supported by the Institute of Public Care (IPC), Oxford Brookes University who developed the original MPS toolkit <http://ipc.brookes.ac.uk/publications>
5. The 2019-2021 Market Position Statement has been written as a result of detailed research and analysis of data, legislation and best practice national guidance. This included:
 - a. Reviewing the Care Act 2014 which requires local authorities to develop a vibrant sustainable market. Duties include market shaping, market oversight and contingency planning in the case of provider failure.

- b. Analysing local population data in the Joint Strategic Needs Assessments which provided a detailed analysis of Nottinghamshire's population, demographics and future service requirements.
 - c. Reviewing the latest Institute for Public Care guidance around the content of a good Market Position Statement which should include demand, current market overview, what the local authority is doing and format.
 - d. Reviewing other councils' Market Position Statements to identify areas of good practice.
 - e. Working with internal teams such as Commissioning, Procurement, Public Health and Market Management to gather the most up to date content.
 - f. Engaging with social care providers to draft the Market Position Statement. They provided regular feedback at forums throughout 2018.
6. The layout and content of the Market Position Statement for 2019-2021 has been improved. It confirms the direction of the Council, reflected in the Adult Social Care Strategy, which is to:
- a. Prevent, delay or reduce the need for people to access social care by providing advice, information and services that support people to be as independent as possible.
 - b. Where individuals need on going care, provide this within their own home wherever possible rather than in residential care.
 - c. Ensure services are commissioned based on evidence of need and an understanding of how people would like their needs to be met.
 - d. Provide best value services, delivering positive outcomes for the population's general health and wellbeing.
7. The document is more transparent and comprehensive. Individual services are described under the ASCH Strategy headings: helping people to help themselves, supporting people to maximise their independence and helping people when they need it. There are also links in it to individual strategies e.g. Housing with Support strategy. The content includes:
- a. the Council's priorities for 2019-21
 - b. local population data and trends
 - c. the Council's commissioning intentions for 2019-21
 - d. global key messages to the market
 - e. a current overview of the social care market including self-funders
 - f. information about the social care workforce
 - g. a financial context
 - h. how internal teams at the Council are supporting the market
 - i. individual service based commissioning intentions and key messages to the market
 - j. a procurement plan which gives financial information and timescales about individual services.

8. Drafting the Market Position Statement is a lengthy process. To expedite this in the future, an editorial panel has been arranged to update the Market Position Statement on an annual basis.

Other Options Considered

9. No other options have been considered.

Reason/s for Recommendation/s

10. The 2016-2018 Market Position Statement contains outdated information and must be replaced.
11. The 2019-2021 Market Position Statement incorporates up to date data analysis, trends, the Council's commissioning principles and intentions and key messages to the market. It outlines:
 - a. what support and care services people need and how they need them to be provided.
 - b. the services currently available, and what is not available but needs to be.
 - c. what support and care services the Council thinks people will need in the future.
 - d. what the future of care and support will be like locally, how it will be funded and purchased.
 - e. how commissioners want to shape the opportunities that will be available.
12. The Council is fulfilling its market shaping duty under the Care Act effectively by having an up to date Market Position Statement.
13. The 2019-2021 Market Position Statement supports the commitments in the Adult Social Care Strategy.
14. The Institute for Public Care states that it is important to understand that a Market Position Statement is the "start, not the end point, of a process of market facilitation", 'An MPS has little value in its own right. The test is how does the council use such a document once developed'. The Council will keep this document updated and use it with current and future providers.

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATION/S

- 1) That Committee approves the Adult Social Care Market Position Statement for 2019 – 2021, attached as **Appendix 1**.

Paul Johnson

Service Director, Strategic Commissioning, Safeguarding and Access

For any enquiries about this report please contact:

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Constitutional Comments (EP 14/05/19)

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

Financial Comments (DG 15/05/19)

18. There are no specific financial implications arising from this report.

Background Papers and Published Documents

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

Care and Support Statutory Guidance, Section 4.56

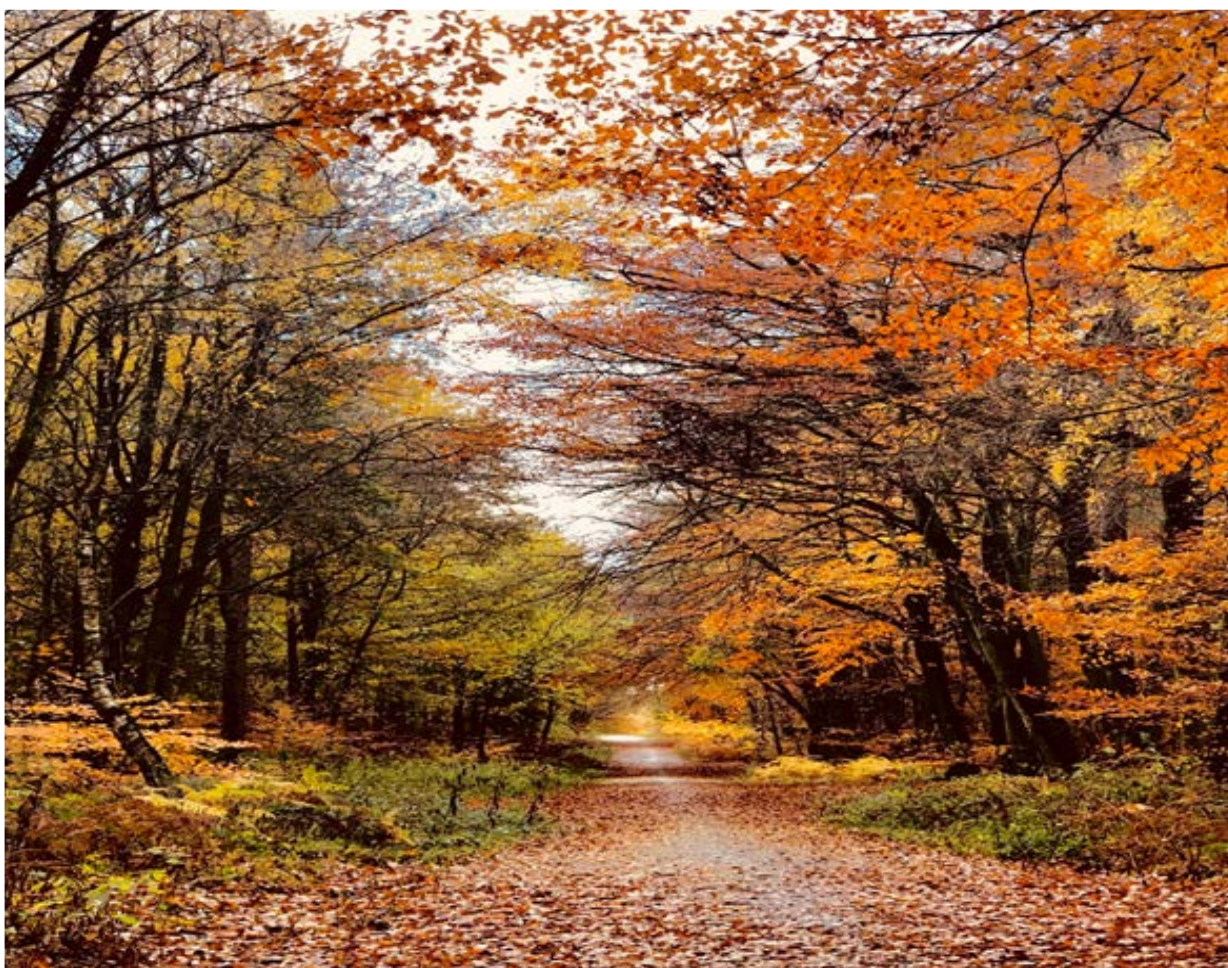
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Electoral Division(s) and Member(s) Affected

All.

ASCPH653 final

Adult Social Care Market Position Statement 2019-2021



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FOREWORD

Welcome to Nottinghamshire's Market Position Statement which gives commissioning partners and existing and potential providers an understanding of the social care market in Nottinghamshire. An analysis of financial data and the population in Nottinghamshire has enabled us to identify trends and predict future social care needs, review the current social care market and describe our priorities and commissioning intentions. This document will assist providers to support the Council to shape and develop a vibrant, diverse market that is appropriate for current and future generations.

We know through feedback from people and their families and through reviews of service provision that up to a third of the people supported by Nottinghamshire Adult Social Care and Health are not on the best care and support pathway, either because they are being supported in the wrong place or with the wrong level of care. In most cases this relates to the fact that people can be enabled to be more independent and therefore Nottinghamshire's response to this is to focus on reablement, preventing the need for long term care and to ensure reviews are focussing more on maximising independence. We continue to strive to enable more people to live in their own home, be that in supported accommodation or ordinary housing. Information, advice, prevention and early intervention services will be available to help people to help themselves and reduce the need for long term reliance on care services to lead fulfilled and healthy lives.

Care and Support services should be available to help people when they need it, where they need it and only for as long as they need it, whether they are self-

funders, recipients of Direct Payments or use services commissioned or delivered by the Council. This Market Position statement is mainly concerned with the provision of services to people who require social care support, but in the older population there are a high proportion of self-funders who will also need sustainable, cost effective care and support.

The Council has a statutory duty to ensure and support a sustainable independent social care market to meet the needs of all the people of Nottinghamshire, and must work in conjunction with commissioning partners, providers and people who need services to provide a sustainable health and social care system through the Nottinghamshire Integrated Care Systems, which have evolved from the Sustainability and Transformation Partnerships (STP). This partnership of organisations will plan, commission and deliver care for our population and therefore future commissioning led by Nottinghamshire County Council Adult Social Care Department will be influenced and co-ordinated alongside the commissioning intentions of the wider Integrated Care Systems (ICS). More details can be found at [Nottingham and Nottinghamshire ICS](#) and [South Yorkshire and Bassetlaw](#).



Melanie Brooks
Corporate Director Adult Social Care and
Health

COMMISSIONING PRINCIPLES

Nottinghamshire County Council Adult Social Care and Health Department is committed to ensuring that there is a high quality, sustainable, agile, efficient and diverse health and social care market in Nottinghamshire. Our commissioning principles are to:

Prevent, delay or reduce the need for people to access social care by providing advice, information and services that support people to be as independent as possible.

Where individuals need on going care, provide this within their own home wherever possible rather than in residential care.

Ensure services are commissioned based on evidence of need and an understanding of how people would like their needs to be met.

Provide best value services, delivering positive outcomes for the population's general health and wellbeing.

PRIORITIES FOR 2019/21

Priority Area	Commissioning Activity	Provider opportunities
Preventing people needing services	Review of internally delivered and externally commissioned prevention services – including those commissioned by partners.	A more cohesive response to prevention service delivery within Nottinghamshire.
Improving Mental Health Services	Reviewing the community based offer to align services with the Nottinghamshire Mental Health Trust, promoting prevention and early intervention.	Retender of current community crisis intervention, outreach and accommodation based support for people with mental health issues.
	Commissioning supported accommodation to prevent hospital admission and enable appropriate housing and support upon discharge.	New requirement for housing provision and specialist support.
Reducing of the number of people in a secure hospital (Learning Disability and Autism)	Reviewing existing services across the Nottinghamshire Transforming Care Partnership to ensure community support services are available to prevent further hospital admissions.	Market gaps/limited choice in current provision of emergency residential provision and step-down residential services
	Commission of bespoke housing and support to facilitate hospital discharge for people with high levels of challenging behaviour.	New requirement for bespoke housing and specialist support
	Provision of bespoke forensic support services to prevent hospital readmission and to support timely discharge.	Market gaps/limited choice in current provision to provide a housing and support offer

Priority Area	Commissioning Activity	Provider opportunities
Supporting carers	Working with Clinical Commission Group Partners to ensure a robust support offer is available to carers.	<p>Retender of existing carer support services.</p> <p>Market gaps/limited choice in current provision in planned break services for people with very complex physical or behavioural needs</p>
Creating day service opportunities	Creation of a procurement framework for all day service provision so that those wishing to have a managed budget have as much choice and control over those services as they want and also enables providers to develop services according to what Service Users want	<p>Market gaps/limited choice in current provision in day service opportunities for people with learning disabilities in Rushcliffe, especially for those with complex physical disabilities.</p> <p>Opportunity to join day service framework to enable direct awards based on service user choice county wide.</p>
Supporting older adults hospital discharge	2018/19 development of an open procurement framework for residential providers to offer assessment and reablement beds.	<p>Opportunity for residential and housing with care services</p> <p>Opportunity to join the framework to provide short term assessment beds offering block and spot arrangements to people needing a period of assessment and reablement before returning home.</p>
	Ongoing work with contracted homecare providers to enable capacity and quality in delivery.	
Keeping people in their own homes	Developing housing with care (extra care) as an alternative to residential care	Opportunity for housing developers and management companies to meet this need across the county. Tenders will be undertaken during 2019/20.

Priority Area	Commissioning Activity	Provider opportunities
Increasing the use of Assistive Technology	Developing housing with support to consolidate the current offer to younger adults with disabilities.	Opportunity for housing providers to join the Housing Dynamic Purchasing System or support providers to join the care, support and enablement framework and bid for the development of the new supported living services.
	Home based and support care provision	Opportunity for providers to join the Dynamic Purchasing System in order to tender for specific home based care services including individual and bespoke packages of care
	Increasing the use of assistive technology where this can improve outcomes for individuals and provide a cost effective solution to meeting assessed needs.	Existing and future providers to be more innovative with support solutions.
	Increasing the number of Personal Assistants available for people using direct payments from either health or social care through the Support With Confidence scheme.	Market Gap – more PAs required in all areas of Nottinghamshire, especially Newark and Sherwood and the more rural areas of all districts. Opportunity to receive training and advice to enable individuals to become a Personal Assistant.
Giving people greater control through the use of direct payments	Reviewing the option to deliver direct payment support services.	Tender anticipated during 2019/20 for direct payment support service.

THE COUNTY AND PEOPLE OF NOTTINGHAMSHIRE 2018

Nottinghamshire has a two tier structure; the County Council and seven district and borough councils.

The council is the 9th largest local authority in the UK.

There are 2 ICSs and 6 Clinical Commissioning Groups (CCGs) within the County and a separate CCG covers Nottingham City.

Nottinghamshire is a large and vibrant community. The County Council area (excluding the city of Nottingham) is 805 square miles covering both urban and rural areas.

20% of the population lives in the rural areas mostly small towns and villages.



We have an older population comparable to the national figure

Life expectancy at birth for females is 83 years.

Life expectancy at birth for males is 80 years.

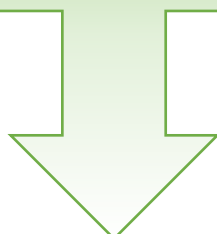
Life expectancy varies across districts. Life expectancy is much lower in Bassetlaw, Ashfield and Mansfield. But it is much higher in Rushcliffe.

Mansfield, Ashfield and Bassetlaw have some of the highest levels of deprivation in the country.

Rushcliffe Borough has very low levels of deprivation.

Population Data

There were 821,136 people living in Nottinghamshire in 2018, this figure is predicted to rise to 858,419 by 2026.



Age Group	2018	2026	Increase over the 8 years	Percent increase
00-15	148,729	153,881	5,152	3.5
16-17	16,898	20,191	3,293	19.5
18-64	485,411	487,913	2,501	0.5
65-74	94,414	96,967	2,554	2.7
75-84	54,580	73,569	18,989	34.8
85+	21,104	25,899	4,795	22.7
All ages	821,136	858,419	37,283	4.5

KEY TRENDS

In general people are living longer but with greater levels of ill health and disability. Men spend around 18 years of their life in poor health and for women it is 21 years.

The proportion of 85+ who need care and support is increasing.

1 in 8 people have caring responsibilities at some stage in their lives. It is estimated that care provided by adult children will increase by 90%.

The majority of carers who provide over 50 hours of care are aged 65+ looking after their partners. These carers are more likely to have poorer health than those who do not provide care.

The number of older people who live alone will increase. Those living in rural areas without access to accessible transportation are particularly vulnerable.

KEY TRENDS

Growing population of people with a diagnosis of autism

Growing population of people with behaviour that challenges

Nottinghamshire has a small Black and Minority Ethnic Community who live throughout the county and need culturally sensitive services.

Deprived areas of Nottinghamshire have poorer health and wellbeing outcomes.

Approximately two thirds of the adult population in Nottinghamshire is overweight or obese.

People with more complex needs are being supported in the community rather than in hospitals.

KEY MESSAGES TO THE MARKET

The Council aims to work with providers who will:

- ✓ Work in partnership with community and voluntary sector to ensure there is a vibrant and innovative market offering choice for the people of Nottinghamshire.
- ✓ Promote healthy lifestyles as part of your care and support offer.
- ✓ Be flexible enough to be able to target specific areas of deprivation.
- ✓ Offer innovative ways to support carers.
- ✓ Make reasonable adjustments to support people from minority groups e.g. people from Black and Minority Ethnic Groups; the Lesbian, Gay, Bisexual and Transgender community.
- ✓ Consider how to meet the needs of bariatric patients.

Messages to the Market

- There is an oversupply of residential care for both younger and older adults in Nottinghamshire, especially in the Ashfield area.
- Housing with care (extra care) is being promoted by the authority as a positive housing choice as an alternative to residential care
- Housing with Support (supported living) rather than residential care, is still the preferred option for the majority of younger adults who need a long term support solution.
- There is a lack of specialist housing and of highly skilled support to provide support for people with high levels of challenging behavior and complexity of need, including those with learning disabilities and or autism and mental health conditions.
- Whilst many services are available for people with autism and an associated learning disability less support is available for those with higher functioning autism or Asperger's (both with and without additional mental health needs) particularly with regards to befriending, daytime opportunities, supported living, assistance with benefits claims (particularly form completion) and support around sexuality and gender.
- The Council is supporting people to self-care by connecting them to existing community resources or short term support that avoids or delays the need for long-term packages of care.

CURRENT SOCIAL CARE MARKET OVERVIEW

Nationally, on average, 10% of the population aged 65 and over receive social care support funded by local authorities. In Nottinghamshire, just under 9% of the population of older people in the County receive support from the Council (Planning for older people document 2016-2018).

Breakdown of Key Services	How many people approx. in receipt of a package funded by NCC (as at 31/02/19)	Annual Budgeted expenditure (2018/19)
Direct Payments	2793	£44.0m
Homecare providers	1973	£16.7m
Housing with Care schemes	147	£3.6m
Day services	1741	£5.7m
Shared Lives	36	£0.9m
Supported living	1251	£42.6m
Residential care homes - older adults	2,322	£47.8m
Nursing homes – older adults		£26.0m
Care homes – younger adults	632	£43.4m

The total number of Service Users receiving one or more of the above packages is **9425** (source: Commissioned Services Report February 2019).

Self-Funders

A self-funder is someone who pays for their own care. Nottinghamshire's Adult Social Care offer applies equally to people who pay for their own care as well as those whose care costs are met by us. This includes providing advice and guidance, signposting to available resources and assessing care and support needs. Market Shaping activities take into account the wider care market and will continue to encourage the provision of high quality, cost effective services for self-funders and people using a direct payment.

The Social Care Workforce in Nottinghamshire

The Facts

There are an estimated **27,000** social care jobs in Nottinghamshire of which **20,500** are delivering direct care and support.

There are **650** registered nurses working in social care, 69% of whom have been in their role for no more than two years (average time is 3.7 years).

The workforce is predominantly white and female (84%). Sixty per cent of the workforce works full time (37 hours).

The average age of a worker is **43** years old and a fifth are over **55** years old.

Skills for Care estimates that the turnover rate for 2017-18 was **35%** (across all social care job roles). In the independent sector this rate is 42% - slightly higher than the regional average for the independent sector (40.1%)

Not all staff turnover results in workers leaving the sector, of new starters in this area, over two thirds (**66%**) were recruited from within the Adult Social Care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.

In 2017, the overall vacancy rate for direct care roles was an estimated **8.1%** (**18.1%** in local authority care roles and **7.2%** in the independent sector).



<https://www.everydayisdifferent.com/home.asp>



The Social Care Workforce in Nottinghamshire

Key Messages for Providers

Attract younger people **and** a more diverse workforce who reflect the population in Nottinghamshire.

Focus on recruiting people with the values and attitudes to fit your organisation, adopting best practice approaches to recruitment to optimise retention.

Providers should consider what terms and conditions they can offer to staff such as attractive rates of pay, pensions and other benefits to attract and retain staff within the sector.

Incentivise and retain experienced staff with a focus on career development and on-going training, including specialist skills training to ensure there is a developing skill base within social care.

Recognise that the nature of social care work is changing, as people are living longer with more complex conditions and expect more personalised support, choice and control.

There continues to be a shortfall of care workers with the right skills to support people with complex conditions and behaviours which challenges services.

Older people's services need to ensure that staff are specifically trained in dementia.

All services to provide basic mental health awareness and wider diversity training to staff in all services to enable all groups to be supported appropriately.

Providers should consider their wellbeing offer to staff; provide appropriate supervision, team meetings and staff support, especially for those working in more isolated positions in homecare or outreach.

Safe staffing means having enough staff, with the right values and skills, to deliver safe and effective care and support. Download the new guide to help: www.skillsforcare.org.uk/safestaffing

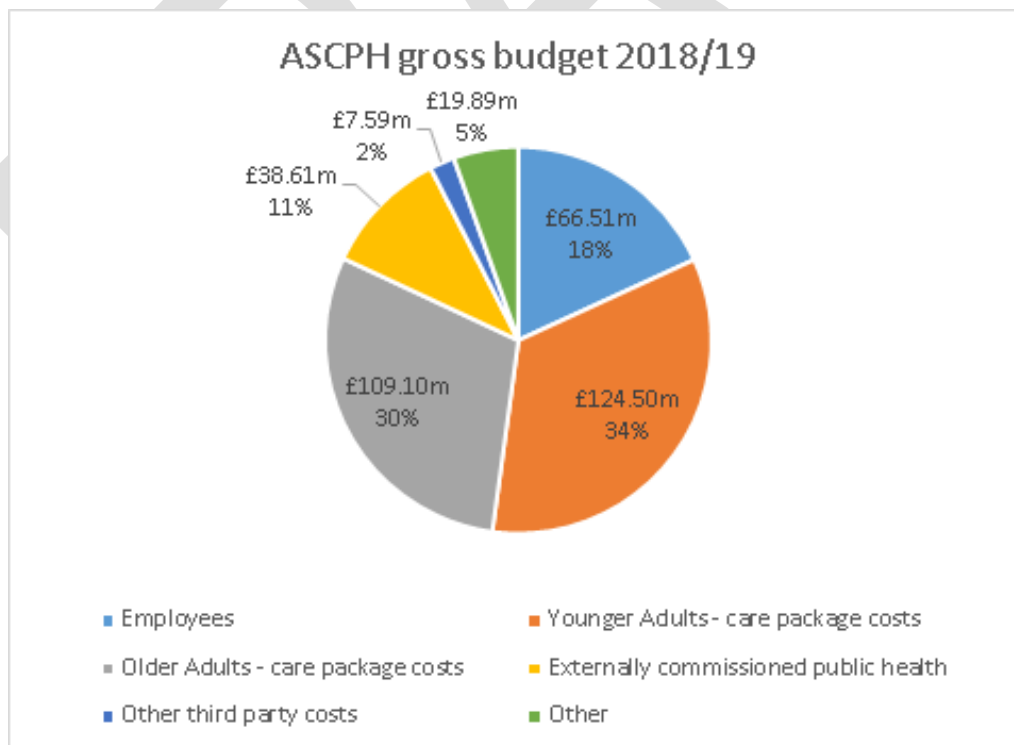
Financial Context

- **Council tax has increased in 2018/19 by 2.99%**
- **52% reduction in funding from central government over eight years.**
- **Predicted £43 million budget shortfall by 2020/21**

A decrease in funding and increasing pressures particularly in adult social care and health, means that as a Council, it is essential for us to help people to help themselves through public health initiatives and community based resources. We will also maximise opportunities to support residents, where possible, to remain in their own homes and lead independent, fulfilling lives.

Adult Social Care & Health Department budget 2018-19

The net budget for adult social care is £204.427m. 80% of this is spent on care and support services that are commissioned from independent sector providers including voluntary sector organisations. The majority is spent on residential care for older adults.



WHAT IS NOTTINGHAMSHIRE COUNTY COUNCIL DOING TO SUPPORT THE MARKET?

Strategic Commissioning and Quality and Market Management Teams

The strategic commissioning and quality market management teams work in partnership to directly commission services to meet needs for those receiving social care but also to have oversight of the wider market, ensuring quality services are available for self-funders and those using a direct payment. The teams support providers by:

- Engaging with the market relating to specific upcoming tenders or soft market testing to inform tender development
- Facilitating provider forums
- Supporting existing providers to improve quality and develop strong provider relations encouraging shared problem solving.
- Meeting with providers thinking of developing new services to advise on need and how they may access the market.
- Offering advice and guidance to new micro providers
- Offering training with certificated evidence for people wanting to be PAs
- Providing a 'provider corner' on the [Notts Help Yourself](#) to highlight opportunities around external funding, changes in legal requirements, training opportunities, advertise services
- Partnership working with Nottingham City Council, District Councils and Health to try and integrate commissioning, reducing bureaucracy for providers (around quality monitoring for example) and Service Users (around the use of personal budgets where Service Users may now get a personal health budget and a social care personal budget and choose to take them as a single direct payment).

Optimum Workforce Leadership (OWL) works with care providers to identify the most efficient and cost effective way of ensuring that their workforce is competent and has the right skills, attitudes and behaviours to deliver the care that their client group needs. To achieve this OWL provides workforce planning information, guidance and ongoing support. They bid for funds from external partners, including Health Education England and Skills for Care, to develop resources that will underpin business and workforce development needs for social care settings. They also work closely with partners in Health to move towards the integration of health and social care career pathways and services. Their vision is for a knowledgeable and skilled health and social care workforce, competent in delivering social care, health care and support. A workforce that strives towards delivering best practice, centred on the needs and interests of clients at all times.

Procurement

When purchasing services, Nottinghamshire County Council, as a 'Best Value' authority is under a duty to "make arrangements to secure continuous improvement in the way in which functions are exercised, having regard to a combination of economy, efficiency and effectiveness". When undertaking a procurement this involves challenging how services are provided, consulting with Service Users, comparing the performance of suppliers, and using fair and open competition wherever possible to secure efficient and effective services. We advertise contract opportunities over a certain contract value through [Source Nottinghamshire](#) as well as Central Governments repository 'Contracts Finder' which provides contract information referring to future opportunities, current opportunities, awarded contracts and pre-procurement engagement with the market. Nottinghamshire County

Council runs tender processes through ProContract found at www.eastmidstenders.org where organisations apply for contract opportunities. This ensures opportunities and the tender documents are made available, free of charge, to interested organisations. Public procurement in the UK and the rest of the European Union is governed by a number of Directives and Regulations which are then implemented in national legislation. Public procurement is subject to the EU Treaty principles of non-discrimination, free movement of goods, freedom to provide services and freedom of establishment. Clearly there is a question over what impact there will be to the current Public Contract Regulations 2015 in light of Brexit, so Procurement in the Public sector remains both interesting and challenging for all.

Messages to the Market

- Think about how you can meet the gaps in services highlighted in this document
- Ensure that you understand how to tender for any work e.g. dynamic purchasing system, approved provider list etc.
- Advertise/share your services and resources on Notts Help Yourself.org.uk
- Attend provider and stakeholder meetings and forums with NCC and CCGs to find out about any developments in the market and share your views with us
- Come and talk to us before developing a new service, especially if Planning approval or CQC approval is required or you are hoping to attract Council funded business.

Have you ever thought about setting up your own business? You can find useful information on the Councils [setting up a small social care enterprise](#) page.

Have you ever thought about becoming a Personal Assistant? you can find out more information and PA videos on the Councils [Personal Assistant](#) pages

Contact Strategic.Commissioning@nottscc.gov.uk if you are thinking of developing any new care or support service in Nottinghamshire.

PREVENTION SERVICES - HELPING PEOPLE TO HELP THEMSELVES

Self-care and management of long term conditions is a key element of all services. It is applicable to us all; it describes all of the things we do which maintain our physical and mental health and emotional wellbeing.

The Council are supporting individuals to self-care by connecting people to existing community resources or short term support that avoids or delays the need for long-term packages of care.

Commissioned services offer

Our **Connect** service aims to reach people early and maximise use of informal and community based solutions to achieve people's goals. They provide short term support to self-care for people at risk of deteriorating health and independence as a result of age, mobility, disability, long term health condition or bereavement. The service is targeted at people who have lived independently but are now at risk of escalating need and require information, advice, signposting or short term help to work out how they can adapt to their circumstances in order to continue to self-manage. The support can be accessed for up to 12 weeks and focusses on ensuring that people can manage their health effectively, are living in appropriate homes, have networks of social contact and informal support, are managing financially and can acquire the skills or access the technology to enable them to continue to live without formal support.

MR M's Story

Mr M is a 62 year old with diabetes, angina, osteo-arthritis and lymphedema in his legs. He has lived alone for the last 3 years in rented accommodation since his wife passed away. But he unable to get upstairs to use the bathroom. He often falls asleep in his armchair which may be one of the reasons for his frequent falls.

His Connect worker liaised with the local Falls Team to support a rehousing application, which resulted in the offer of a bungalow with wet room within 4 weeks. Additionally, he was supported with grant applications from various different sources available within Nottinghamshire and through three different grants was able to buy a new cooker, new carpets and new curtains. He is much happier in his new home.

Contracting Arrangements

The service was commissioned in January 2016, following a competitive tender exercise. The service is delivered by three different provider organisations to cover the areas of South Nottinghamshire (Broxtowe, Rushcliffe & Gedling), Mid Nottinghamshire (Ashfield, Mansfield & Newark & Sherwood), and Bassetlaw.

Block gross contracts have been awarded for a period of 3 years, with the two options to extend for a further 12 months. Annual expenditure on this service is currently around £1 million across the county.

Future commissioning of 'connectivity' provision will be based on achieving a more integrated approach with health partners, who separately commission social prescribing services at present.

Messages to the Market

- Providers should anticipate recommissioning opportunities, for this set of needs, arising within the next 2 years.
- Connect services utilise Notts Help Yourself.org.uk to inform their work. Therefore, providers offering services to an overlapping population should register their services on NHY.

Brighter Futures is commissioned to support the Council's prevention and promoting independence aims by providing short and medium term support to promote independence for people who, as a result of low/moderate learning disability, autistic spectrum disorders or acquired brain injury, lack the skills or confidence to manage independently or keep themselves safe. It provides support focused on development of skills for independence, access to community

based opportunities and resources, and networks of informal support. The service is time limited it is recognised that the people who benefit from its support are likely to return periodically for further support or reassurance.

Contracting Arrangements

The service was commissioned in January 2016 following a competitive tender exercise. A block gross contract for a countywide service was awarded to a single provider organisation for a period of 3 years, with the two options to extend for a further 12 months. Current expenditure on this service is around £650K per annum.

Message to the Market

Providers should anticipate re-commissioning opportunities, for this set of needs, arising within the next 2 years.

Moving Forward, provides support to people with mental health needs. The service currently works closely with Community Mental Health Teams by supporting people with mental health needs to address housing and money problems, and improve mental well-being. A separate element of the service places support staff within Crisis Resolution & Home Treatment teams to provide similar, non-clinical support alongside the interventions delivered by healthcare staff to people in mental health crisis. A tender process will commence in early 2019/2020 to seek a provider for a re-specified service, which will retain a focus on housing and money issues within the referral criteria, but seek a more holistic approach to developing health and well-being outcomes and skills for mental well-being self-care. Discussions are on-going through the work of the two Integrated Care Systems around future requirements for community-based mental health support and so contracts will be structured under a framework that will enable compatible provision to be purchased as additional orders during the life of the agreement.

Contracting Arrangements

This provision, which is currently worth around £1.15 million per annum will be recommissioned during 2019/2020.

Message to the Market

Providers should anticipate an opportunity to bid for non-clinical, mental health support services in 2019. We will be seeking providers with experience of supporting people with mental health needs, with creative approaches to supporting people to resolve practical issues such as housing or money problems, and ideas for enabling people to develop positive approaches to improving and sustaining their mental and physical well-being

Internal Services Offer

As well as the customer services centre and the adult access team who provide telephone information and advice and signposting and the locality social work teams who all work to prevent escalation of need, the Council also offer 2 services – Short Term Assessment and Rehabilitation Team (START) and the Notts Enabling Service (NES).

The Notts Enabling Service is a service which aims to prevent, reduce and or delay the need for long-term support by working to increase people's independence and to decrease people's reliance on paid support by identifying alternative resources in the community. Co-production workers work with both younger and older adults.

MRS C's Story

Mrs C has multiple medical conditions affecting her heart, lung and bowel and was in hospital for 2 weeks following a fall and a problem with her kidneys. When she was discharged from hospital a reablement support worker (RSW) from the START service visited her 4 times a day to help her with her personal care and meal preparations.

After a week she regained her confidence with washing herself and getting dressed but then unfortunately had another fall after developing a UTI. However the RSW and an Occupational Therapist (OT) supported her to get over this setback. The OT set goals with her around preparing hot drinks and food and gave her a dining trolley for transporting food and drinks. The RSW worked alongside her until she felt confident to do things herself.

On the final OT visit, she was given information about the Bassetlaw Home Support service which she intended to contact for support with housework and possibly shopping to reduce the load on her family.

START service ceased after 3 weeks, this lady was very happy she has regained her independence and praised the support from the START team.

START is a reablement service, working in people's homes. Reablement Support Workers with therapeutic and social worker input provide short-term intensive support to people. The vast majority of people who complete a period of reablement need no ongoing domiciliary homecare in the short and medium term however, a number of Service Users do require ongoing support.

- Over 2000 people received a service from the START team in 2017/18
- Approximately 75% of people completing reablement require no ongoing homecare package.
- 94% of people are still living at home 91 days after a period of reablement.

People who are deaf

People who are deaf, deafened and hard of hearing including those who use British Sign language as their first language and people experiencing hearing loss. The service aims to support people to address issues of daily living, access to services, social isolation and well-being arising as a result of their deafness/hearing loss.

Contracting Arrangements

The Places for People project provides deaf people with housing related support across the county. It enables local residents to access and maintain tenancies, alongside support to gain access to benefits, local services and other related support issues which assist them to maintain themselves within their local communities. Drop-in facilitates are also provided which assists local people to gain quick access when required. The current contract value is £61,500 per annum. This contract has been extended until January 2020 in order that all services can be reviewed against assessed needs.

A full review of services around deaf and sensory impairment will be undertaken.



Message to the Market

Nottinghamshire ASCH has also commissioned a number of services which will help people to help themselves and connect them back to their community.

SUPPORTING PEOPLE TO MAXIMISE THEIR INDEPENDENCE

A range of services have been commissioned to provide practical help and support either as a prevention for or to work alongside on-going care and support services to enable people to remain as independent as possible.

Handy Persons and Adaptation Service

The Handy Person Adaptation Service (HPAS) provides the help and support people need to keep safe and secure in their home with high quality essential adaptations and small practical jobs at low cost. This service is available to Nottinghamshire residents aged 60 or over, or have a disability and the work is carried out by professional traders who have been approved by our Trading Standards officers. The jobs

will reduce the risk of a fall or help people remain living independently, ranging from fitting door locks and internal grab rails, to changing light bulbs and putting up shelves.

Contracting Arrangements

This service was recommissioned in July 2018 and the current contract will terminate July 2022. Expenditure on this service is £454,000 per annum.

Integrated Community Equipment Loans Service (ICELS)

The service aim is to enable Service Users and/or their carers to access a range of equipment and minor adaptations according to assessed need. The service will promote and enable Service Users to continue living independently and in their own homes.

Contracting Arrangements

This service was commissioned in 2015 and will run for a period of up to 7 years until 2021. It is delivered by the British Red Cross. Expenditure on this service is £7.2 million.

Message to the Market

Providers and Service Users are encouraged to return equipment once it is no longer needed.

Assistive Technology

Assistive Technology enables help to be requested in an emergency and may be useful if people feel vulnerable in their homes. Sensors around the home can automatically detect falls, fires, flooding, extreme temperatures, bed wetting and epileptic seizures, and can also tell if someone has left their home at night-time, which can be useful for people with dementia. For support in Nottinghamshire, visit: www.nottshelpyourself.org.uk.

Home First Response Service (HFRS)

HFRS is a short-term rapid response service for people who need social care support to remain at home. The service is mainly for people over the age of 65, but can be for younger adults if required, and will provide short-term support for 1- 7 days. HFRS can help people get home from hospital quickly and/or support someone at home if they have a short-term crisis and are at risk of unnecessary admission to hospital or urgent short-term care in a care home.

The service will:

- Help people to recuperate from illness or short-term crisis
- Support people to regain skills and rebuild confidence
- Help people live as independently as possible
- Help people who are struggling with everyday tasks at home e.g. getting dressed, getting about their home or making a drink.
- Provide short term support where carers are unable to support at short notice due to illness or other unforeseen circumstances.

Mr B's Story

Mr B was admitted to hospital after collapsing at home. On the ward, he needed support to wash and dress where previously he had done it himself. He wanted to go home and was medically fit for discharge. After a physiotherapy assessment, they found that his mobility was still impaired and he now required supervision with a wheeled zimmer frame over short distances. The physiotherapist recommended a period of re-ablement with START when he went home. However START were unable to offer a service at that point in time but the HFRS were able to take the referral and offer support for him to return home the next day. This meant Mr B was able to return home quickly and a hospital bed become available for someone else who needed it.

Contracting Arrangements

The HFRS contract commenced in December 2017 for a period of 2 years with two options to extend for a further 12 months. The budget for this service is £1.7 million.

Support for carers

At the last census in 2011, over 91,000 people identified themselves as providing unpaid care and support to someone in Nottinghamshire. Of these, over 21,000 said that they are providing more than 50 hours of care per week. In the County, there are a number of commissioned services which can support unpaid carers.

Commissioning Intentions

The Council has reviewed all current support and services which are available to carers in Nottinghamshire. We are working closely with key stakeholders and carers to plan future services. Savings identified from the review will be re-invested into commissioned services.



Contracting Arrangements

Information, advice and support for

carers is provided by the Nottinghamshire Carers Hub. This contract will cease in 2019 and be recommissioned as part of a wider carers' support offer.

The **Pathways Service** supports carers who are looking after somebody who is nearing the end of their lives (up to 12 months). This service commenced on the 1st January 2018 for the duration of 2 years with the potential to extend for a further year.

Support for young carers (aged under 18) through group activities. This contract commenced January 2018 for 12 months with the option to extend for a further 12 months.

Message to the Market

Providers can register their interest in bidding for future carer support services via the Carers Services DPS, which can be found via the Source Nottinghamshire website.

HELPING PEOPLE WHEN THEY NEED IT

Direct Payments, Personal Health Budgets and Integrated Budgets

A Personal Budget is the amount of money the local Council allocates for your care, based on its assessment of your needs. People can take all of their personal budget as a Direct Payment (DP) or use a mix of a DP and a managed service (arranged and purchased by the Council). A Direct Payment is an allocation of funding which is sufficient to meet an individual's support needs. It is a monetary payment made directly to the individual for them to use to meet their assessed eligible social care needs. Direct Payments are the Council's preferred mechanism for personalised care and support. They provide independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs.

The Adult Social Care Department and the NHS in Nottinghamshire are working together to extend this approach to meet both social care and health needs. This is being achieved by the development of;

- Direct Payments to meet social care needs
- Personal Health Budgets to meet health needs
- Integrated budgets for people with both social care and health needs

In March 2018, 3,000 people used a DP, which is 40% of the number of people receiving community based Social Care support.

People who receive a Direct Payment are required to open a separate bank account from which transactions relating to the use of the Direct Payment must be made. The Council's preferred option is for people to open a Pre-Paid Debit Card account provided by Prepaid Financial Services (PFS). The Council has a contract with PFS to provide these accounts, which have a full range of on-line and telephone banking functions. Account information can be accessed remotely by the Council, meaning that account holders do not need to provide regular statements to the Council for audit and monitoring purposes.

In August 2018, approximately 25% of people receiving a DP were using a Pre-paid Debit Card Account. 70% of new DP recipients chose to use these accounts and it is predicted that there will be a steady increase in their use. It is important for Providers of Care and Support Services to have the technology available to be able to accept payments through online, telephone and face to face chip and pin transactions.

Up to 30% of people use their DP to employ a Personal Assistant (PA) to provide care and support. The Council is actively promoting the use of PAs because of the benefits that this can deliver in terms of increasing independence, choice, control and dignity. For example DP packages have been shown to be more sustainable than packages where an agency has been used. The Service User has more choice and control when they employ a PA because they can control who and how they receive their support.

People interested in being employed as a PA are encouraged to participate in the Council's 'Support with Confidence' (SWC) scheme which provides a list of individuals offering care and support service. Registration on the scheme demonstrates that individuals have completed 3 modules of e-learning and have been DBS checked. Once registered through SWC the individual can promote themselves on the PA Directory on the Notts Help Your Self website. This is a dedicated area which brings together PAs and people wanting to employ a PA.

People who need help to manage a Direct Payment can purchase this from a number of agencies operating in Nottinghamshire, using money that the Council puts in to the Direct Payment for this purpose. The Council has accredited three provider organisations to deliver Direct Payment Support Services and the majority of Direct Payment recipients use one of these organisations. Although this is the Council's preferred approach, people can choose to use other provider organisations. The contract for the provision of a Direct Payment Support Services is between an individual Service User and the Provider Organisation.

The main types of support service provided are:

- Support to manage the Direct Payment money through a supported bank account
- Payroll services for people who employ their own staff
- Support for people who employ their own staff, including short term support to recruit and contract with workers and on-going support to help people meet their responsibilities as employers

Around 1300 people use Direct Payment Support services and the annual cost of support is approximately £600,000.



Commissioning Intentions

- To increase the number of people requesting a DP to meet care and support needs
- To increase the proportion of DP recipients who use a Pre-Paid Debit Card
- To increase the number of people who use a DP to employ a PA
- To increase the numbers of PAs going through the Support With Confidence Scheme, offer more learning and development and peer support network opportunities to develop a better skilled PA workforce
- The Council is in the process of developing a new model of Direct Payment Support Services.

Contracting Arrangements

Where a service user chooses to meet their social care needs using a DP, they will use this to purchase and contract for their own services. People will be directed to the Notts Help Yourself website to find out about the social care services and organisations that are available within Nottinghamshire. The contracting arrangements for services provided through a DP are between the individual service user and the provider. There is no contract arrangement with the Council.

The Council currently has a contract with Prepaid Financial Services to provide Pre-Paid Debit cards to DP recipients as a means of managing the DP.

Messages to the Market

- The Council and the NHS are looking for creative, person centred approaches to meeting people's needs for both social and health care related support.
- Registering and listing your organisation on Notts Help Yourself or yourself on the PA Register will raise the profile of your business with the public and Service Users.
- It is important that there are a wide range of different services available for people in receipt of a DP.
- Providers should have the technology available to be able to accept payments through online, telephone and face to face chip and pin transactions.

Direct Payment Support Services will be remodelled during 2019/20, therefore interested providers should monitor Source Nottinghamshire for more information.

Home based Care and Support Services

This service supports people at home or in their local communities. A new model of home based care has been developed through work with providers, Service Users, and colleagues from health, carers and frontline staff. Based on offering fair financial reward and greater security to providers whilst in return expecting high quality, flexible services that provide person-centred care to Service Users and their carers.

MR W's Story

Mr W has had a managed home care service since 2009. He never left his home and never liked care workers coming to his house either. After a conversation with his care workers about how they could improve his life he has now started to go out with support to collect his newspaper and to look around the shops. Care workers have found that he is much happier in himself and his mobility has improved. He feels more able to decide what support he would like and when and how he receives it.

Contracting Arrangements

The new services are delivered through 'lead' and 'additional' providers across the county which are divided into six areas:

Bassetlaw	Gedling	Newark and Sherwood
Broxtowe	Mansfield and Ashfield	Rushcliffe

The lead providers provide home based care and support services to the majority of the Service Users in their designated area. The additional providers deliver extra capacity and ensure that new referrals are responded to quickly and positively. The services will deliver home based care and support services for a period of five years with the option to extend up to a maximum of ten years in total. The budget for home based care services is approximately £18 million per annum. Home based care is part of and contributes to a system of services to keep people living at home including reablement, rapid response, hospital discharge, carers' support, assistive technology and Housing with care.

Message to the Market

- The Council needs homebased care providers who are flexible and person centred and use an enabling approach. They must work in partnership to be outcome focused and charge realistic rates to create a sustainable service.
- Home care providers are encouraged to join the homebased care dynamic purchasing system in order to apply for bespoke and individual packages in the future.

Housing with Care (also known as Extra Care)

Nottinghamshire County Council currently commissions 242 Housing with Care units across Nottinghamshire County predominantly for older people. This provision is based in 11 Housing with Care schemes within six districts. The schemes have varied tenure arrangements including shared ownership or social rent plus private ownership; schemes are delivered either by district or borough Councils; Arm's Length Management organisations (ALMOs) or housing associations.

Commissioning Intentions

We aim to double the number of Housing with Care places available to the Council by 2021 with further developments planned up to 2025. Providers are required to assist the Council develop different and flexible models of Housing with Care within different housing arrangements including mixed tenure schemes. Some of this provision will be refocussing domiciliary care currently delivered in sheltered housing schemes and other housing schemes.

The focus of these services will continue to be on independent living, using technology and enhancing the model of reablement to avoid or delay the need for higher levels of care or admission to residential or nursing homes. Providers will be required to develop services that demonstrate effective outcomes for residents with Dementia and other specialist needs as the population lives longer with more complex needs.

Additionally, the Council wishes to explore mixed models of housing with care to ensure a balance of needs which supports a vibrant community.

This may involve the inclusion of some younger adults with low level support needs. Future schemes will establish links to other community resources ensuring the housing scheme is considered an integral part of the local community.

Ensure strong partnership working across housing and care providers and the Council's social care teams to deliver good quality, joined up care and support with a focus on enablement and maintaining and promoting independence. Including genuinely encouraging the development of social groups and activities run by the tenants for the tenants.

Contracting Arrangements

For existing services the care and support services in the Current Housing with Care schemes are delivered by the lead provider for the home based care for the local district.

Development of new Housing with care services will be commissioned through tender for the housing which may also include the care contracts.

Please see the Housing with Care Strategy for more details.

Messages to the Market

- The council invites providers of housing with care (extra care) to approach the council as part of on-going market engagement.
- Please see details of where services will be required over the next 6 years and further detail on the Housing with care strategy
- Please see standards expected in housing design when offering housing with care in the Nottinghamshire County Council design specification.

Housing with Support – Younger Adults

The Council's aspiration is for younger adults (those of working age 18-64 who have a long-term illness and/or disability) to live as independently as possible in their own home. The Council wants to take a 'whole life approach' to individuals, ensuring that they can support people when and where they really need it and making sure that the right support is available.

The Council is in the process of developing a 'Housing with Support' strategy which sets out the Council's approach to how it will work with all its partners including Health, the seven District and Borough Councils, other housing organisations, Care and Support providers as well as the wider voluntary and third sector organisation to ensure that people have access to appropriate housing where it is needed with the right support to be able to live an 'ordinary life'.

The Council is using the term 'Housing with Support' as a broad term which covers a variety of different types of supported housing options that the Council has a duty to provide. These include

- Providing support and care in an individual's own home
- Providing housing as part of the care and support solution
- Providing housing with care between these last 2 options

Commissioning Intentions

- Supported accommodation will be strategically managed, ensuring the right housing is available when required. This will include moving people out of residential care into more independent forms of supported accommodation where appropriate and others from supported accommodation into less intensive supported accommodation options. Where individuals do not need specialist housing or would not benefit from shared support hours, their needs will be met in general needs accommodation.
- Tenancy support will be focused on enabling maximum independence.

Please see the Housing with Support Strategy for younger adults for more details.

Messages to the Market

- The development of new accommodation to meet changing needs will be required including:
- Supported living Plus services for people with very complex needs and/or challenging behaviour
- Individual flats within a single scheme base
- General needs accommodation to support community living networks.
- Shared accommodation suitable for short term tenancies.
- Service Users will be encouraged to move on towards greater independency and providers will be expected to facilitate and create opportunities for positive outcomes.

Care Support and Enablement

There are 828 Service Users living in supported accommodation within the County. In addition 489 people receive outreach support of under 40 hours per week. 167 of these services currently have sleep-in night provision, 27 of which are provided in single person services. Shared provision comes in a variety of settings including core and cluster or shared houses and flats with shared support for example but the intention of all these services is to support services users to live as independent a life as possible and where appropriate to move on to greater independence.

The majority (approximately 70%) of provision is for people who have a learning disability including 23 services users who have an enhanced Supported Living Plus service where workers have additional training and management support to provide services to people who have behaviours that challenge. There are approximately 57,000 hours being delivered across the county (this includes waking night provision but excludes sleep in provision). The approximately budget is £45 million annually.

Commissioning Intentions

Current Core Provider contracts lapse August 2019 and the Council will be reviewing before this time, what is the best option for future CSE procurement.

In line with the Housing with Support Strategy the Council is seeking to have clear eligibility and pathways into and out of Supported Living Services

The Council seeks to work with providers who actively look to promote independence and move-on and who can support this aspiration within Service Users

Within Supported Living Plus services the Council seeks to work with providers who have a thorough understanding of Positive Behavioural Support and how this can impact on the need for less intensive support

Contracting Arrangements

Nottinghamshire has a long history of offering Supported Living provision and has a variety of historical arrangements and provision which reflects that journey. Currently there are four core providers who each operate in a geographical area of the County. They are required to pick up all new work in their area.

In addition, there is a Care Support and Enablement Provider Agreement which providers can apply to join at any time. This agreement can be used where there is a requirement to work with a provider who can source additional housing options or to complement the core provider contracts in a number of other specific circumstances.

There are also 17 “legacy” providers working across the County who continue to deliver services which they have been running for a number of years.

Messages to the Market

- The Council would welcome conversations with providers regarding the CSE review including talking to providers who can work flexibly to deliver innovative cost effective outreach solutions such as the use of community hubs or community networks
- There continue to be opportunities for CSE providers who can source appropriate housing solutions
- We welcome working with providers who are able to maintain and support a consistent workforce who understand MCA requirements and can implement these across services



Day Services

The Council provides day service opportunities across all client groups in the county. 1179 adults attended an internal day service in 17/18. 33 external providers are on the external approved provider list. 638 adults used a service run by external providers in 17/18, with an approximate £4.9m per year associated external purchasing budget.

People who are eligible for social care are assessed by the Council as falling within one of the 4 bands. Services are purchased at this fixed price per session (a session is defined as a half day) for a maximum of fifty weeks per annum. Should a service user require one-to-one or two-to-one support, the session rate automatically defaults to low needs (£8.74 per session).

People who do not want to attend an approved provider are able to take their funding as a direct payment in order to attend a non-approved day service. Funding for the direct payment is calculated using the same method as for an approved provider.

Band	Price per session (1/2 day)
Complex Needs	£34.75
High Needs	£17.92
Medium Needs	£12.69
Low Needs	£8.74
One-to-one support	£11.17 per hour
Two-to-one support	£22.35 per hour



Commissioning Intentions

The Council will commission services that offer a broad range of opportunities which deliver enabling skills, provide high quality outcome focused day service opportunities, reduce the long distances that some people have to travel to access day services and create additional capacity for people with complex needs in the Rushcliffe area.

Commission the majority of new placements to internal or approved external providers who charge fees in line with agreed banded rate.

Contracting Arrangements

From April 2019 all new business will be purchased under a new provider agreement, achieved through the creation of an active and open list of providers of day service opportunities where providers can apply to join the list during its term.



Messages to the Market

- 78% of Service Users accessing approved external providers are recorded as having learning disability as their primary support need, followed by physical support needs (15%) and mental health (7%).
- Services should not automatically be viewed as a service for life, but where appropriate over a planned period of time as a stepping stone to greater independence.
- We need providers who can cater for people with complex physical needs – *e.g. peg feeding and tracheostomy care* and those who have more complex behavioural needs, with opportunities in the South of the County particularly.

Care Homes – Older Adults

Residential care is for people with more complex needs where they are no longer able to be supported at home. As of January 2019, the Council held contracts with 168 independent sector care homes - 70 care homes in Nottinghamshire offer nursing care. Overall the number of care homes in Nottinghamshire has remained fairly static with some care homes exiting the market and other services coming into the market.

Nottinghamshire has historically had an over provision of residential beds particularly in the Mansfield and Ashfield area and more care homes are opening within the next 12 months. Newark and Sherwood and the Gedling district has seen a number of homes close which has seen the bed provision reduce over the last 12 months, this has not resulted in an under provision of beds. Rushcliffe district did have the lowest provision of beds historically but the number of bed availability has increased with new homes or current homes increasing through extensions to their properties.

Nottinghamshire County Council has worked closely with the local Nottinghamshire Care Homes Association to develop a 'local **fair price for care**' funding model for the use with older persons care homes. An initial model was introduced in October 2008 and comprises of 5 quality bands with associated fee rates for Care Homes, Care Homes (dementia), Care Homes with Nursing, and Care Homes with Nursing (dementia). The Council is reviewing the 'local fair price for care' again in partnership with the Care Homes Association. We have seen a decrease in the number of Band 1 homes (lowest quality) and an increase in Band 4 and 5 (highest quality). 60% of care homes are in Band 4 or 5.

We implemented a **Dementia Quality Mark (DQM)** in 2013. This means providers are assessed in the quality of the dementia care provided. Care homes apply for this award and this is assessed on a two yearly basis. The DQM award means that the care home will receive enhanced payments for those residents who meet the criteria. There are currently 36 care homes with the DQM award for 2018-20.

Commissioning Intentions

- To commission short term assessment services with therapeutic/reablement interventions to enable people to return home. We will develop these services in housing with care schemes. Some assessment beds may be commissioned in care homes if required.
- Commission services who have the necessary equipment and ability to support Service Users with bariatric needs

Messages to the Market

- In Nottinghamshire there is an over provision of residential care homes beds. The Mansfield/Ashfield locality in particular has a large number of residential care homes which means that there is generally a high number of vacancies.
- As the number of people living with dementia is growing, the Council needs universal services to be better at meeting the needs of people with dementia. In particular all care homes are expected to have staff trained to meet the needs of people who have dementia.

Care Homes – Younger Adults

There are 134 care homes for younger adults across Nottinghamshire. Of these homes 100 are residential and 34 offer nursing placements. The majority of homes commissioned by the Council focus on supporting people with a learning disability, with fewer catering for a mental health condition or physical disability. There is a change in the population of care homes for adults aged between 18 and 64, with an increasing demand for services that can support people with complex needs and who sometimes display challenging behaviour.

Increasingly the emphasis is on providers delivering Active Support in residential care, working to a progression model of care whereby Service Users are supported to move to greater independence and to do more for themselves. We will work with providers who are able to promote individual skills, confidence and independent connections to reduce dependency.

Commissioning Intentions

- The aim is to support younger adults to move on from residential care into supported living services where appropriate
- Use the care home Dynamic Purchasing System to commission short breaks/respite care placements.
- Work with providers who have an in depth understanding of Positive Behaviour Support and can draw on specialist functional analyst support when required for the Transforming Care cohort.
- We would like to work towards a model which can reward services which are able to achieve positive outcomes for Service Users including promoting independence, use of Active Support and reducing the intensity and frequency of challenging behaviours.

Contracting Arrangements

There are spot or open contracts in place for existing and historic placements, but all new placements, which cannot be made through banded homes, are made via the Dynamic Purchasing System (DPS). The DPS is a web based portal introduced by Nottinghamshire County Council in August 2016. Providers receive individual service specifications for Service Users which are drawn up by the social worker with the involvement of Service Users and significant others and are required to submit a bid based on essential and desirable criteria. Service Users will then have the choice of the top three providers based on the quality of their response to the specification and the price.

Any younger adults care home provider wishing to offer residential or nursing care placements to the Council will need to apply to be approved via our DPS. Providers can submit applications via [Source Nottinghamshire](#)

Messages to the Market

There is a greater supply of residential beds than demand. We do not need more homes for people with moderate needs. The majority of homes are located in Ashfield and the fewest are located in Rushcliffe. The Council would welcome discussion with providers who can offer:

- Cost effective short breaks
- Unplanned/emergency care beds
- Cost effective services for highly complex Service Users within the Transforming Care cohort of Service Users.

More details about care homes for younger adults is described in the Residential and Nursing Homes for Adults Aged 18-65 Market Position Statement.

Procurement Plan

Name of Contract	Cost of Contract	Contract Type and length	Contract Start Date	Contract End Date
Connect	£1 million per annum	3 years plus 2 options to extend for further 12 months	Jan 2016	2019-21
Brighter Futures	£650K per annum	3 years plus 2 options to extend for further 12 months	Jan 2016	2019-21
Moving Forward	£1.15 million per annum	Block contract	Oct 2012	It will go out to contract in 2019
Places for People Project	£61,500 per annum			2020
Handy Persons Adaptation Service	£454K per annum	4 years	July 2018	July 2022
Integrated Community Equipment Loans Service	£7.4m per annum	5 years – maximum	April 2016	2021 (23)
Home First Response Service	£1.7 million	December 2017 for a period of 2 years with two options to extend for a further 12 months	2017	2021
Carers Hub	£150K per annum	3 years plus	Aug 2015	Sept 2019
Pathways 'End of Life' Carers Support	£145K per annum	2 years with option to extend up to 2 further years in monthly periods	Jan 2018	Sept 2019
Young Carers Support Service	£76K per annum	1 year with the option to extend up to an additional year in 3 month periods	Jan 2019	Sept 2019
Housing with Care (care provision)	£3.6 million	5 years with option to extend to 10 years	July 2018	
Homebased Care	18 million per annum	5 years with option to extend to 10 years	July 2018	

Name of Contract	Cost of Contract	Contract Type and length	Contract Start Date	Contract End Date
Care homes – older adults	£73.8 million	Individual care home contracts		
Care homes – younger adults	£43.4 million	Individual care home contracts		
Care support and enablement	£42.6 million	Core provider contracts	2014	2019
		CSE Provider Agreement	2018	Ongoing

Tell Us What You Think

This Market Position Statement (MPS) is published electronically to allow us to update it annually and can be found on: www.nottshelpyourself.gov.uk To discuss any of the areas within this Market Position Statement further or give feedback please complete the questionnaire below or send us a general email to: strategiccommissioning@nottsccl.gov.uk

Useful resources

- [Care and Support Directory 2019/20](#)
- Care Homes Older Adults Strategy
- Care Homes Younger Adults Strategy
- [Joint strategic needs assessment – The people of Nottinghamshire 2017](#)
- [Nottinghamshire Adult Social Care Strategy](#)
- [Nottinghamshire Council Plan 2017- 2021](#)
- Nottinghamshire Housing with Support Strategy Adults 18-64
- [Nottinghamshire Insight](#)
- [Supported Housing Plan](#)

Market Position Statement Survey (MPS)

We would like your views on the content and format of the MPS which we will be updating on a regular basis. Your feedback is anonymous and confidential. Thank you for completing the survey.

Please tick all the answers that apply.

1. Are you currently a provider of social care within Nottinghamshire?

Yes

No

Not applicable

If No, what would encourage/enable you to offer a service within Nottinghamshire in the future?

2. As a current provider, what type of service are you?

- Care home
- Supported living/Extra Care Day service/activities
- Home care/Care
- Support and Enablement Voluntary and
- Community Sector
- Other (please specify)

3. How would you rate your experience of working with Nottinghamshire County Council?

Very good

Good

Ok

Poor

If poor, please provide suggestions of what could be done to improve this?

4. How would you rate the Market Position Statement?

Topic	Very good	Good	Ok	Poor
Relevant to your service				
Easy to read				
Content				
Does it tell me what I want to know?				

Please provide suggestions of what could be done to improve the MPS or any additional comment below

5. Is there anything else you would like to see in future editions of the Market Position Statement?

10 June 2019**Agenda Item: 9****REPORT OF THE TRANSFORMATION DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****REFRESHED ADULT SOCIAL CARE AND PUBLIC HEALTH DEPARTMENTAL
STRATEGY****Purpose of the Report**

1. This report sets out the refreshed Adult Social Care and Public Health Departmental Strategy for 2019-2021 (attached as **Appendix 1**) and explains how progress against the strategy will be monitored through the Committee process.

Information

2. The Council Plan 2017-2021 was agreed by the County Council in July 2017 and articulates the ambition to provide the best possible services for local people, to improve the place in which we live, and to give good value for money. The original Departmental Strategies were approved by Policy Committee on 24 January 2018 with a commitment to review these on an annual basis and to update key areas as appropriate. Policy Committee approved a refresh of the Council's Planning and Performance Framework at its meeting in April 2019 and, as part of this, approved refreshed strategies to support it on 22 May 2019.
3. The refreshed Adult Social Care and Public Health Departmental Strategy sets out the aspirations, priorities and outcomes that the Department will work towards between 2019/2020 and 2020/2021. The strategy explains how the Department will deliver the activity required to implement the Health and Wellbeing Strategy and the Adult Social Care Strategy. These form the basis of our relationship with people in Nottinghamshire and are available as background papers to this report.
4. The refreshed Departmental Strategy is underpinned by a project plan that will be used to monitor progress against key milestones. Performance against the strategy, and against the Departmental core data set described at the end of the strategy document, will be reported regularly to the Adult Social Care and Public Health Committee and to the Improvement and Change Sub-Committee.

Performance Highlights

5. During 2018/2019 there were many examples of how service transformation delivered by the Adult Social Care and Health Department made a positive difference to people's lives. Some key performance highlights from across the Department are framed below:

Adult Social Care and Public Health 2018/19	
<ul style="list-style-type: none"> Improved our first response to people with social care needs so that the proportion of people whose social care needs are met at first point of contact continues to be around 75%. Worked closely with care providers to recognise the pressures they face and to ensure the fees paid for care services reflect the cost of the delivery of good quality care. Worked with care providers to introduce an outcome focused home care service and to take steps towards improving the quality of services by encouraging care providers to offer guaranteed hours and salaried contracts. Promoted short term services to help older people recover, recuperate and maximise independence after an illness or crisis. This has included additional investment in our reablement service and the introduction of the Home First Response Service, a short-term rapid response service for people who need social care support to remain at or return home. Worked closely with our health partners <ul style="list-style-type: none"> to ensure that Nottinghamshire is the best performing Council nationally for performance on delayed transfers of care to roll out of the closer integration of frontline health and social care staff underpinned by evidence-based research to develop ICT solutions that improve service response times by facilitating the electronic sharing of some information between health and social care professionals The Council resolved in March 2018 to adopt the Health in All Policies guidance published by the Local Government Association. As an example, the provision of specialist public health advice to the local health and social care system has led to the development of a system-wide approach to reducing alcohol related harm. 	<p>"I worked with a very elderly gentleman and the family said there's no way my dad can go home, he's too poorly, he's too frail, he needs long term care ... I could see the potential of getting other team members involved from the Integrated Team to actually work together and look at the potential of getting this person home ... We had the community matron, the oxygen therapy matron, the physiotherapist, the occupational therapist and myself involved and we did manage to get him home ... I think if I'd been working in isolation with him, I don't think I would have got past the point of "my dad's not well enough, that he can't go home". But once we were working together, I think that gave them reassurance that this could work."</p> <p>Social Care Worker, Integrated Primary Care</p>

Refreshed Departmental Strategy: Ambitions for 2019-2021

6. The refreshed strategy builds on the Department's good track record to date. Going forward the focus will be on three consolidated programmes of transformational activity. These are:
- Improve wellbeing through prevention and promoting independence
 - Develop our integrated health and social care system
 - Delivering high quality public health and social care services.
7. These programmes will help to deliver the Department's ambitions for the next two years (2019/2020 and 2020/2021), some of which are framed below:

Adult Social Care and Public Health Departmental Strategy 2019-2021
<ul style="list-style-type: none">• Increase the number of disabled people in employment• Improve healthy lifestyle outcomes through a new integrated wellbeing service• Increase the number of people who recuperate and recover in the community• Increase the number of people who live independently though learning new skills and gaining confidence• Pilot new ways of using technology including exploring up and coming technology to keep people at home• Deliver on solutions to support a sustainable health and social care system• Build on work with local health partners to deliver seamless services to Nottinghamshire residents• Continue to work with care providers to increase capacity in the market in a sustainable way

8. The Council recognises that there are number of challenges to face (both financially and in terms of the increase in demand for services); the strategy sets out the framework within which the Department will work to address these.

Communication

9. The Adult Social Care and Public Health Departmental Strategy, as attached at **Appendix 1**, is intended to be for internal use only. The Department uses the Adult Social Care Strategy and the Health and Wellbeing Strategy documents, which are available as background papers to this report, to communicate more widely with its main stakeholders and the public.

Other Options Considered

10. No other options have been considered. The production of Departmental Strategies is a requirement under the Council's Planning and Performance Management Framework.

Reason for Recommendation

11. To provide Committee with the refreshed Adult Social Care and Public Health Departmental Strategy.

Statutory and Policy Implications

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

Financial Implications

13. There are no financial implications arising directly from this report.

RECOMMENDATION

- 1) That Committee considers whether there are any further actions it requires in relation to the information contained in the report.

Jane North

Transformation Programme Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (AK 30/05/19)

14. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (OC 30/05/19)

15. There are no financial implications arising directly from this report.

Background Papers and Published Documents

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

- [Adult Social Care Strategy](#)
- [Health and Wellbeing Strategy](#)
- [Departmental Strategies & Council Plan Level Data – report to 22 May 2019, Policy Committee](#)
- [Council Plan 2017-2021](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH660 final

Adult Social Care and Public Health Departmental Strategy

2019-2021



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Your Nottinghamshire Your Future

Our Council Plan “Your Nottinghamshire Your Future” sets out an ambitious vision for the future of Nottinghamshire in which the County is at the forefront of modern Britain. We want Nottinghamshire to stand out as:

- A great place to bring up your family
- A great place to fulfil your ambition
- A great place to enjoy your later life
- A great place to start and grow your business

As a Council our duty is to provide a diverse range of services, to protect and shape the environment in which we live, and to create the right conditions for a strong local economy.

Our Council Plan sets out 12 commitments covering all aspects of the Council's role in our County and the outcomes we wish to achieve for the people of Nottinghamshire.

This Adult Social Care and Public Health Strategy is one of four strategies setting out how each department will support the delivery of the Council Plan. Each of the strategies outlines the priorities and programmes of activity that will be pursued in the coming year to achieve this.

The Council must act as a single organisation with all departments working corporately together to maximise opportunities and expertise to ensure that the Council Plan commitments are delivered.

These Strategies are agreed by the Council's Policy Committee as part of its responsibility for approving the policies and strategies of the Council. Policy Committee will monitor the progress of these Strategies enabling elected Councillors to ensure that the Council Plan is effectively implemented.

Strategic Context and Commissioning Challenges

Introduction

The overarching purpose of Adult Social Care and Public Health is to promote and improve the health, wellbeing and independence of people in Nottinghamshire. We provide and commission advice, support and services which improve health and wellbeing, and prevents ill-health and loss of independence.

Public Health is about creating the environments in which all of us can stay healthy for longer, starting from conception right through to later years. It includes tackling the causes of ill-health such as the take-up of smoking, low physical activity, poor housing and air quality, as well as providing services to support individuals making healthy lifestyle choices.

The role of the public health function in the local authority is determined by the Health and Social Care Act 2012, which places on local authorities general duties to improve and protect the health of the local population. Specific statutory duties include:

- commissioning of certain services to residents: local implementation of the National Child Measurement programme, mandatory elements of public health services for children aged 0-5, assessment and conduct of health checks and open access sexual health and contraception services.
- provision of specialist advice to the local NHS.
- health protection advice to organisations across the local system.

Taken together the public health services commissioned by the Council deliver direct benefits to thousands of residents each year, along with many more of us benefitting over the longer term from the positive cumulative impacts of healthier environments.

Adult social care provides support to adults over the age of 18 who have a physical disability, a long term health condition and/or mental health issues; in 2017/18 over 10,000 people received care and support services. The department provides a range of statutory services under the Care Act 2014 including:

- advice and information.
- promotion of well-being and prevention.
- market management (so all members of the public can benefit from and use care services with confidence).
- assessment of social care needs.
- person centred care and support planning.
- adult safeguarding, mental capacity, mental health and deprivation of liberty assessments to protect vulnerable people from harm.
- support to carers.
- charging, financial assessments and deferred payments (to ensure people do not have to sell their home in their lifetime).

The department also runs a range of services that provide care and support such as day services, short breaks units, Care and Support Centres, Shared Lives and enablement-focused support teams that work with people in their homes and communities.

Like all Councils, we face increasing need and demand. One reason for this is that an increasing proportion of the Nottinghamshire population is made up of older people.

Furthermore, within the County, there are significant differences between communities in the number of years people enjoy good health. For example, in Rushcliffe, women enjoy good health on average until the age of 70, and live until 85 years, whereas in Mansfield, women aged 70 have already spent more than a decade in poor health and can expect to live only until age 81 years. There are very similar differences for men. Most of these differences are due to reasons unrelated to the provision of NHS and social care services.

Alongside an ageing population, by 2030 there is also an expected increase in people with learning disabilities which equates to a total of 17,000 people in Nottinghamshire. The increase is expected to be concentrated in the older age range, with a 48% increase in people with learning disabilities aged over 65.

More than half of ill health is caused by three groups of diseases and conditions: circulatory disease, cancer, and diabetes and other metabolic disorders. We also know that about half of the total disease burden in Nottinghamshire can be linked to diet, smoking and being overweight. Other significant risk factors include alcohol and drug use, low levels of physical activity, occupational health risks and man-made air pollution.

The relationship between risk factors, conditions and diseases is complex. There is no single risk factor which should be tackled above all others. There are also risk factors that increase the likelihood of people needing social care support; these are loneliness, incontinence, falls, dementia and strokes.

The 'Adult Social Care Strategy' and the 'Health and Wellbeing Strategy' provide the strategic context within which the department operates. The Adult Social Care Strategy is focused on promoting independence and wellbeing, promoting choice and control, ensuring value for money for all Nottinghamshire's citizens and what the public can expect from adult social services at the Council.

Evidence shows that good health and wellbeing starts at or even before birth and is strongly shaped by the environment in which we grow, live and work. Furthermore, securing good health involves addressing needs across the whole life course and across the whole population. For these reasons, public health commissions services across the life course, including some specific public health services for children and families.

The Council is required to invest its public health grant in a way that significantly impacts the health of the population, giving regard to the need to reduce inequalities and improve the take up of, and outcomes from, drug and alcohol misuse treatment services. Most of the grant is invested in commissioning services to residents; the remainder funds statutory obligations related to the provision of public health advice, coordination of joint strategic needs assessment, health protection, and prevention and control of infection in community settings.

Partnership Context

The factors influencing health and wellbeing and inequalities in their distribution go well beyond the provision of good healthcare and are closely linked to the environments in which we grow, live and work.

Therefore, in pursuing improvements in healthy life expectancy, wellbeing and the promotion of independence, the department not only works with providers of NHS healthcare and Public Health England, but also with district and borough councils, schools, employers, and providers of our local public health and social care services.

The department is a key partner in the Integrated Care Systems (ICS) for Nottingham and Nottinghamshire and South Yorkshire and Bassetlaw. These partnerships are refreshing their plans for improving health and wellbeing, quality of care and financial sustainability to reflect the priorities set out in the recently published NHS Long Term Plan. Nottingham and Nottinghamshire ICS covers the whole of the County except for Bassetlaw. Bassetlaw is part of the South Yorkshire and Bassetlaw Integrated Care System. The Council has representation on both ICS Boards – South Yorkshire and Bassetlaw ICS Collaborative Partnership Board and Nottingham and Nottinghamshire ICS Board.

The Health and Wellbeing Board provides a framework for key public service organisations to work in partnership to improve the health and wellbeing of the people in their area; reduce inequalities and promote the integration of services.

Regarding social care, the department works, on an individual basis, with service users and their carers and families to provide advice, information, guidance and care and support in a way that is meaningful to the people involved. At a more strategic level we involve service users and carers in co-producing the design and delivery of our services and consult them on changes that we propose to how support is provided. For example, through our well-established Learning Disability and Autism Partnership Board.

Most of the budgets for adult social care and public health are spent on externally provided support and services from the independent and voluntary

sectors and NHS to meet people's assessed needs. This includes public health services to tackle lifestyle-related causes of ill-health and disability, early intervention and prevention services, home care, supported living, day services, residential care and nursing home care. We work closely with all the providers of these services to ensure they are providing good quality and appropriate support to meet the identified outcomes of the people who need them, and good value for money for Nottinghamshire.

Outcomes

The high level outcomes sought for service users and citizens of Nottinghamshire are:

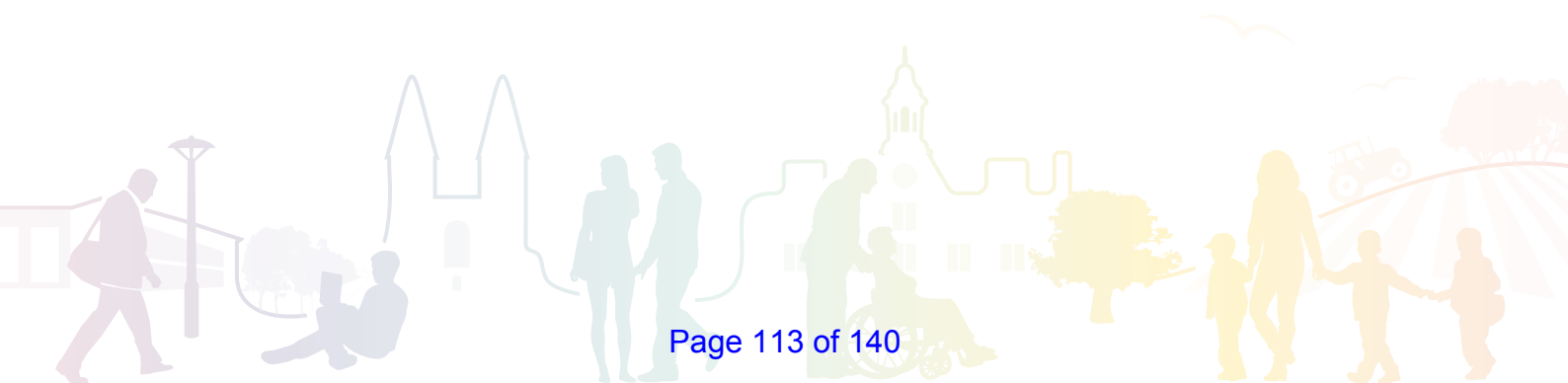
- **People enjoy good health and wellbeing for more of their lives (Healthy life expectancy)** - the national Public Health Outcomes Framework describes a comprehensive set of County-level indicators for the factors which influence the health of the population. For many of these, there are significant variations at local level. The Nottinghamshire Health and Wellbeing Strategy identifies healthy life expectancy, and a reduction in its variation as the overarching indicator of health and wellbeing for Nottinghamshire.
- **Helping people to help themselves** - connecting people with solutions and support available in their local communities, and helping them to make the best use of their existing support networks.
- **Helping people when they need it** – working with people in a timely and proportionate way to meet their care and support needs, and helping to restore, maintain or increase their independence.
- **Support to maximise independence** – working with people in a personalised and meaningful way with a clear plan for achieving their desired outcomes and maximising their independence.
- **Keeping things under review** – working with people to ensure that desired outcomes are achieved, and that care and support is reduced, maintained or increased according to assessed need.



Commissioning challenges

Commissioning good outcomes for the people of Nottinghamshire will be framed by the principles of promoting and improving health and independence, ensuring value for money and offering choice and control, alongside being informed by the evidence of what works. These principles provide a framework for responding to the key challenges we face in commissioning services across adult social care and public health in the future. These key challenges include:

- increases in the average number of years people spend living with ill-health or reduced independence leading to increased demand for social care.
- wide variations in the healthy life expectancy of different communities.
- patterns of ill-health and loss of independence reflect risks which accumulate over our entire lifetimes and which are closely linked to our family, home, school, workplace and communal environments.
- a national system which is challenged in its commitment to give the same priority to promoting long term wellbeing and independence as it does to managing short term demand for health and social care.
- reductions in the amount of funding the Council receives for improving the health of residents through public health arrangements, and the end of the Public Health Grant in 2020.
- managing services which carry significant clinical risk.
- securing best value for money from current Public Health contracts and recommissioning a number of Public Health services for which current contracts are due to come to an end in March 2020.
- expectation that as many health interventions as possible are moved from hospital into the community combined with speeding up discharge processes from hospital requiring social care to rapidly put in place services for people with increasingly complex needs; and ensuring high levels of integration with existing healthcare provision.
- the NHS Long Term Plan, published in January 2019, which describes key areas of improvement for the NHS, including a new service model for the 21st century and more action on prevention, tackling health inequalities, self care and personalisation.
- legislative changes such as potential changes to Deprivation of Liberty Safeguards. A Green Paper for Adult Social Care from the Government has been delayed but is expected in 2019.
- national challenges regarding sustainability of social care providers (home based care, supported living, residential and nursing care) and their capacity to manage the complex needs of older people and people with disabilities and mental health needs.
- recruiting and retaining sufficient staff in frontline homecare and re-ablement services.
- securing sufficient supply and variety of housing options to develop the range of supported living services required to meet people's needs.
- financial gap in social care – there has been additional temporary funding nationally over the last few years, but this has not closed the gap and there are national conditions and targets attached to the funding (including the Better Care Fund), with a continued focus on avoiding delays in hospital discharge.

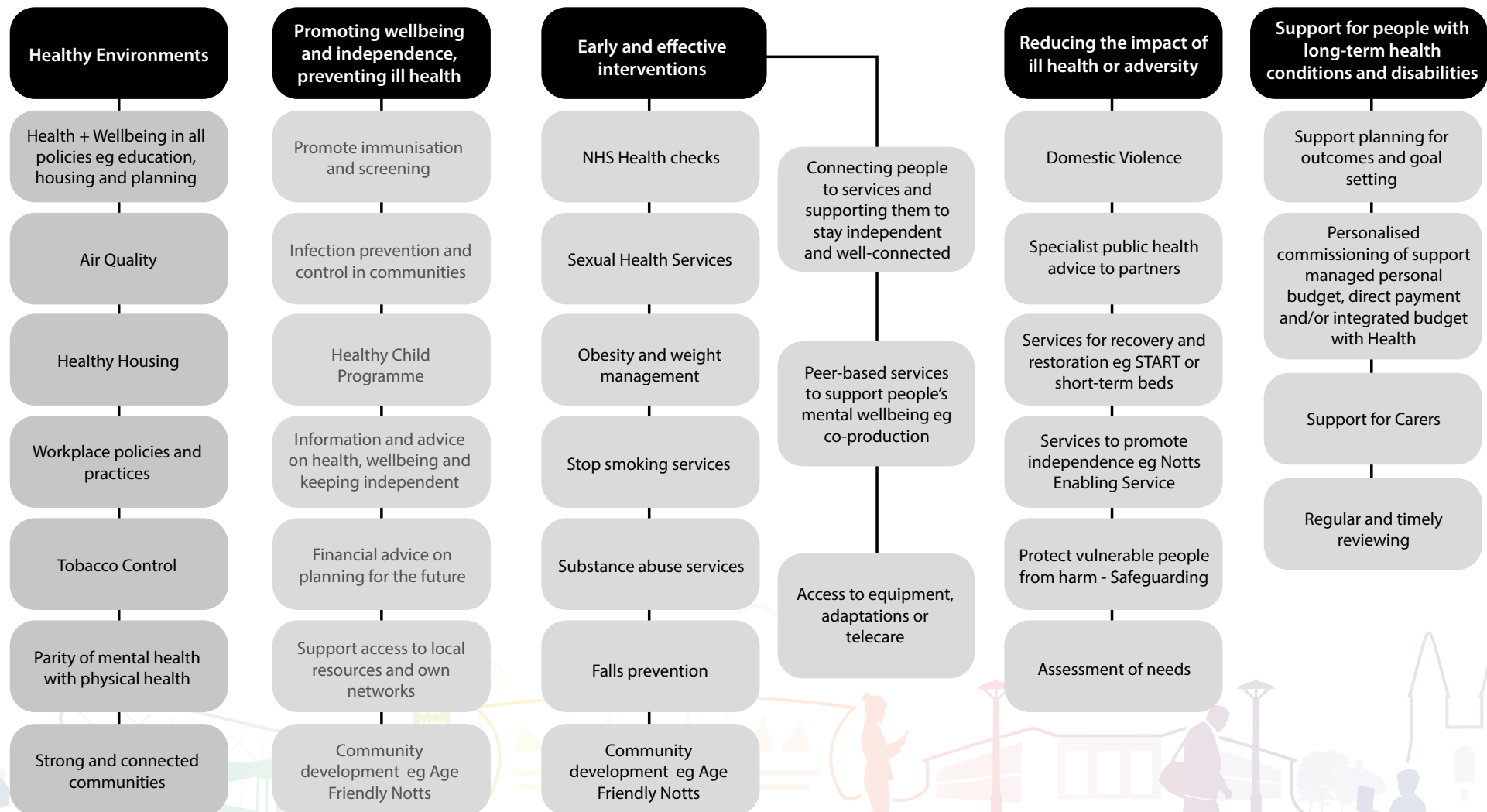


The Adult Social Care and Public Health commissioning priorities will be:

✓	increasing capacity in services to support and promote independence, for example reablement and enablement
✓	co-ordinated hospital discharge and hospital avoidance services that can respond rapidly
✓	provision of short term accommodation based assessment and reablement
✓	ensuring a sustainable homecare market
✓	provision of options for people with multiple complex conditions, including dementia, who may require residential or nursing care.
✓	provision of housing with care and support that enables people to be as independent as possible and live longer in their own homes
✓	increased use of technology enabled care
✓	jointly commissioned community provision (with Health and Nottingham City Council) for people covered by the Transforming Care agenda
✓	increased specialist services available for adults with behaviour which challenges
✓	increased autism awareness and specialist staff training
✓	increasing the opportunities for people to manage their own needs using digital media
✓	commissioning preventative services that have an evidence base for positive outcomes, for example falls reduction programmes and provision of aids and adaptations
✓	recommissioning public health services with the aim of improving access and outcomes for services which support people to improve their health and wellbeing, and reduce their exposure to risk factors for ill-health, whilst improving value for money
✓	exploring the use of digital technologies to extend the reach of public health services
✓	ensuring that public health services impact the health of all communities, and especially those whose health outcomes are poorest



Departmental Operating Model



Priorities and Key Activities that Support the Delivery of the Council Plan

The Department will have responsibility for delivering the following commitments, as set out in the Council Plan, over the next three years:

Commitment	Success measures	Activities
A great place to bring up your family		
Commitment 1: Families prosper and achieve their potential	Young people will have improved physical and mental health	We will lead the commissioning of services to promote healthy lifestyles and address ill-health amongst all children, young people and families.
Commitment 4 Nottinghamshire has a thriving jobs market	More people are in higher paid and skilled jobs More apprenticeships available for people of all ages	We will promote careers and career progression in social care and public health for people of all ages. We will work with partners and the wider community to improve the number of adults with disabilities in meaningful employment and seek to reduce the gap in the employment rate for people with long term health conditions.
A great place to fulfil your ambition		
Commitment 5 Nottinghamshire is a great place to live, work, visit and relax	People live in communities supported by good housing and infrastructure	We will work with partners to develop housing, built environment, and transport which supports healthy lifestyles and reduces exposure to poor air quality. We will work with partners to develop housing that will meet the needs of an ageing population and increasing numbers of people with disabilities.
Commitment 6: People are healthier	Healthy life expectancy increases Life expectancy rises fastest in those areas where outcomes have previously been poor	We will commission services which provide support for residents seeking a healthier life-style including reducing their exposure to substance misuse, tobacco, excess weight and low physical activity, and sexually transmitted infections.

Commitment	Success measures	Activities
A great place to enjoy your later life		
Commitment 7: People live in vibrant and supportive communities	Older people are treated with dignity and their independence is respected	We will work with people to connect them to their community and local networks in order to remain as independent as possible.
	Our most vulnerable residents will be protected and kept safe from harm	We will work with people to ensure they feel safe in their homes and communities. Where people experience abuse and neglect, we will provide support that is responsive to their needs and personalised. We will commission services to address the needs of people who experience domestic violence.
	Commitment 8: People live independently for as long as possible	We will provide support for carers, of all ages.
	Better access to financial advice so that older people can make more informed decisions	We will provide information, advice and guidance to support people to live independently.
	People will have the opportunity to live independently in their local community	We will provide effective short term interventions for people with care and support needs and invest in rapid response services to enable people to return home from hospital as quickly as possible. We will promote the use of technology, equipment and adaptations that supports people to stay in their own homes and in their community (such as sensors which can alert a monitoring centre if a person leaves their chair, bed or house).
	Commitment 9: People can access the right care and support	People's needs are met in a quick and responsive way Services improve as a result of better integration of health and social care
		We will provide good quality advice, information and support to people with disabilities and long term health conditions to enable them to lead productive and independent lives for as long as possible. We will provide intensive support at times of crisis and care needs will be reviewed once the immediate crisis has passed. We will work with health service colleagues to provide more seamless services (where there is a benefit) with people at the centre of the care and support provided. We will provide statutory specialist advice to NHS commissioners and co-ordinate joint strategic needs assessment across health and social care.

The Adult and Public Health Improvement and Change Portfolio

Senior responsible officer:

Corporate Director of Adult Social Care and Health and the Director of Public Health as delegated.

Lead Members:

Chairman of the Adult Social Care and Public Health Committee

Description

Improving health and wellbeing across the population and improving the way we deliver social care support to adults in Nottinghamshire.

There are 3 programmes of work that will support this portfolio.

Programmes

01

Improve wellbeing through prevention and promoting independence

We will embed prevention into both clinical and social care pathways, maximising opportunities to promote independence, with the ambition to prevent future or long term service need by acting early and identifying change and support opportunities.

We will continue to work with partners across the County Council and wider stakeholders to develop and deliver healthy environments and communities that promote health, wellbeing and independence.

We will work to review our employment offer and scope out work required from a social care and public health perspective to improve access to employment for disabled people / people with long term health conditions, supporting them to be economically active in their local communities.

Key milestones for the next year include:

- ▶ By March 2020, we will roll out the three-tier conversation so that more people will be supported to resolve their care needs as early as possible.
- ▶ By March 2020, we will increase the number of people who benefit from short term services to help them regain skills and confidence or recuperate after an illness.
- ▶ By March 2020, we will provide a therapy lead approach to assessment and support planning to maximise people's independence.
- ▶ By March 2020, we will implement a multi-agency strategy that aims to reduce the risk of abuse and/or neglect of adults with care and support needs.
- ▶ Review the current offer to disabled people to access employment by summer 2019.
- ▶ Develop an employment strategy for disabled people by winter 2019/20.
- ▶ Support more people with health and social care needs to access and/or sustain employment by March 2020.
- ▶ Work to standards laid out in the Wellbeing at Work toolkit for enhancement of staff wellbeing. For commissioned services, service specification will include requirements to adhere to Wellbeing at Work, adopting a Making Every Contact Count type approach and sign up to the tobacco declaration. Within Adult Social Care and Health, frontline staff will be supported to have healthy conversations with people by March 2021.

Develop our integrated health and social care system

We are working with health partners to develop and evaluate new models of care that meet both the social care and health needs of people in the County. This takes into account the priorities in the NHS 10 year plan and the forthcoming Adult Social Care Green Paper.

Whilst Public Health outcomes in Nottinghamshire are mostly the same as or better than England, there are some indicators which are of concern and for which the Council has a high level of influence in changing outcomes. Addressing these population health challenges is being done through development of action plans. Public Health reserves are also being used to test out innovative approaches to emerging population health needs.

The key projects for this work are:

- ▶ Agree prevention and early intervention pathways of care following the ambitions within the NHS 10 year plan and ensure Integrated Care System (ICS) workstreams and organisational workplans incorporate effective measures to improve prevention and population health, by March 2020.
- ▶ Work with NHS colleagues to ensure that the Joint Strategic Needs Assessment properly supports timely, evidence-based decision-making in the emerging ICS functions.
- ▶ Support Health and Wellbeing Board partners to implement place-based plans to contribute to food environment and physical activity objectives by March 2020, which will support residents to reduce their risk of obesity and diet related diseases.
- ▶ Implement the ICS Mental Health Strategy to achieve agreed actions working in partnership with health colleagues and providers as well as voluntary and community sector providers, by March 2020.
- ▶ Embed alcohol risk identification and brief advice provision in the wider workforce by providing training for 693 professionals, by March 2020, to help motivate at-risk drinkers to reduce their alcohol consumption and so their risk of alcohol-related harm.

- ▶ By March 2020 to support delivery of trauma-informed services, by training staff to Implement the Routine Enquiry into Childhood Adversity approach to equip 300 frontline workers to enquire into previous childhood trauma when assessing needs of adults for services. Anticipated benefits of this approach include improved engagement in services and improved health and social outcomes.
- ▶ Increase the number of people who receive support to manage their own health and well-being, by March 2020.
- ▶ Increase the number of people who benefit from personalised approaches through an increase in personal health budgets and personalised care and support plans, by March 2020.
- ▶ Roll out the best conditions needed for integrated health and social care frontline older adults' teams and pilot new approaches including joined up assessments, by March 2020.
- ▶ Work together with health colleagues to reduce Nottinghamshire delays to discharge to the national target and implement the 'Discharge to Assess' model, by March 2020.

Delivering high quality public health and social care services

The vast majority of adult social care services are commissioned from independent sector providers, with a mixture of large and small, national and local, private organisations and some not for profit/charitable organisations. There are various pressures faced by the care and support providers and there is wide recognition that the care market is not able to deliver sufficient volumes of care and support services to meet needs due to difficulties in staff recruitment and retention.

The Council is working with care providers to understand their pressures and to ensure the fees paid for care services reflect the cost of delivery of good quality care. The key projects that will deliver this work are increasing home care capacity and sustainability of care providers; review of older people's care home structure, and a review of residential care for younger adults in accordance with the savings and efficiencies programme.

We are also working to support recruitment and retention of staff and building a sustainable workforce within the independent sector and internally is central to the Council's vision for home-based care.

- ▶ Publication of the Market Position Statement by June 2019.
- ▶ Develop an ICT/Digital strategy to improve the customer experience and increase the efficiency and effectiveness with which we work by Summer 2019.
- ▶ Review the provision of Home First, Short Term Assessment and Reablement and homecare to ensure maximum effectiveness by September 2019.
- ▶ Confirm commissioning strategies for Housing with Care and Housing with Support to offer a range of housing options by May 2019 and specifically, increase the number of Shared Lives placements we can offer to customers, helping people with long term care needs live with support in a home environment by March 2020.

- ▶ Establish an integrated wellbeing service which delivers improved healthy lifestyle outcomes for groups with the greatest need, by March 2020.
- ▶ Establish an all-age substance misuse treatment and recovery service that tackles inter-generational substance misuse through a family-based approach, by March 2020. Recovery outcomes include successful completions from the service, improved mental wellbeing, increased engagement in education, training and employment and improved housing and accommodation where a need has been identified.
- ▶ Plan, attract and recruit people with the right qualifications, skills and knowledge and experience to work in frontline social care roles in the Council and home care by March 2020.



Departmental Core Data Set

To know if our services are effective we need to understand

Our Commitments - Families prosper and achieve their potential

- Proportion of children in Nottinghamshire who receive mandated review in line with the Healthy Child Programme
- Percentage of children in Nottinghamshire who achieve a good level of development at ages 2-2 ½ (measured via Ages and Stages Questionnaire)
- Proportion of children aged 2-2½ offered Ages and Stages Questionnaire-3 (PHOF 2.05)
- Number of people supported by the Council in apprenticeships and placements related to social care and public health
- Percentage of adults with Learning Disability in paid employment (ASCOF 1E)
- Number of adults with disabilities supported into employment by the Council
- Reduction in the gap in employment rate for people with long term health conditions

To know if our services are effective we need to understand

Our Commitments - Nottinghamshire has a thriving jobs market

- Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)
- Number of under 65s in settled accommodation
- Number of people who have received support from the Handy Persons Adaptations Service (HPAS)
- Number of new housing with care units in development
- Social care-related quality of life
- Proportion of people who use services who have control over their daily life
- Carer-reported quality of life
- Proportion of people who use services who reported that they had as much social contact as they would like
- Proportion of carers who reported that they had as much social contact as they would like
- Overall satisfaction of people who use services with their care and support
- Overall satisfaction of carers with social services
- Proportion of carers who report that they have been included or consulted in discussion about the person they care for
- Proportion of people who use services who find it easy to find information about services
- Proportion of carers who find it easy to find information about services
- Proportion of people who use services who feel safe
- Proportion of people who use services who say that those services have made them feel safe and secure

To know if our services are effective we need to understand

Our Commitments - People are healthier

- Healthy Life Expectancy (PHOF 0.1, male and female)
- Reduction in the proportion of adults who:
 - Smoke (pPHOF 2.14)
 - are overweight or obese (PHOF 2.12)
 - are physically inactive (PHOF 2.13)
- Cumulative percentage of population offered health check (PHOF 2.22)
- The rate of life-years lost in Notts due to poor air quality (Global Burden of Disease data)
- Proportion of dependent drinkers not in treatment (Public Health Dashboard)
- Chlamydia detection rate in 15-24 year olds (PHOF 3.02)

Our Commitments - People live in vibrant and supportive communities

- Number of adults supported through prevention services to promote their independence, connect with community resources and address social isolation
- Percentage of safeguarding service users who were asked what outcomes they wanted
- Percentage of safeguarding service users (of above) who were satisfied that their outcomes were achieved
- Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return)
- Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)
- Percentage of new assessments completed within 28 days
- Percentage of reviews of long term service users completed in year

Our Commitments - People live independently for as long as possible

- Admissions of younger adults per 100,000 popn (ASCOF 2A)
- Admissions of older adults per 100,000 popn (ASCOF 2A)
- Number of younger adults supported in residential or nursing placements (Stat return)
- Number of older adults supported in residential or nursing placements (Stat return)
- Delayed transfers of care attributable to adult social care (and joint) (ASCOF 2C)
- Delayed transfers of care (all) (ASCOF 2C)
- Percentage of older adults' admissions direct from hospital
- Percentage of completed Deprivation of Liberty Safeguards (DoLS) assessments
- Number of people who use assistive technology to support them in their own home



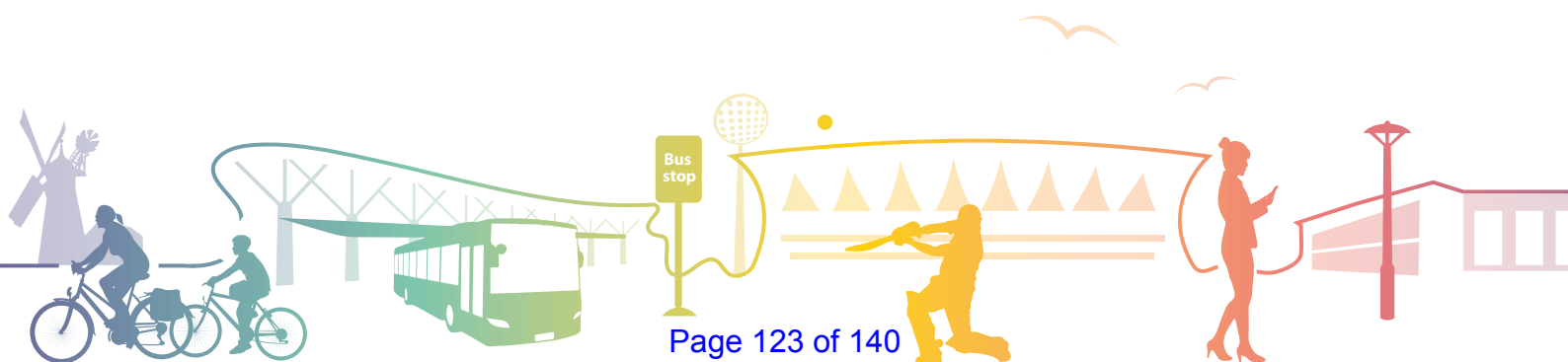


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10th June 2019**Agenda Item: 10****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE AND
HEALTH****ADULT SOCIAL CARE AND PUBLIC HEALTH - EVENTS, ACTIVITIES AND
COMMUNICATIONS****Purpose of the Report**

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

Information

2. Over the course of the year, the range of public events, publicity and promotional activities that may be undertaken by adult social care and public health are wide ranging and there are a variety of reasons for doing so, for example:
 - promotion of services to give information to people in need of social care and public health services and their carers
 - encouraging interest in recruitment campaigns for staff, carers and volunteers
 - engagement of communities with services in their locality
 - generation of income through public events.
3. Over the next quarter, Adult Social Care would like to undertake the events and activities detailed in **paragraphs 4 to 17**.

Independent Financial Information and Advice

4. The Care Act 2014 gave local authorities a duty to provide all their citizens with information and advice, not just those who are eligible for services. The Care Act guidance states that local authorities should “direct a person to a choice of advisors, regulated by the Financial Conduct Authority with appropriate qualifications and accreditation” (Care Act Guidance, 3.51).
5. It is estimated that approximately 8,200 people in Nottinghamshire are currently classed as self-funders. In June 2015 the Council commissioned an independent financial advice service. The contract was secured on a 2-year +1 basis by Age UK Nottingham and Nottinghamshire. During this period the service was utilised by 865 self-funders which represents approximately 9% of all self-funders within the County.

6. Following a review, the sign-posting service for independent financial advice was brought in-house in June 2018, utilising more effectively the existing skills and capacity held within the Customer Service Centre, the Benefits Advice Team and NottsHelpYourself.
7. To support this a £6,000 budget was maintained to fund an annual marketing campaign. Work with Corporate Communications colleagues has indicated that social media campaigns could be an effective and measurable way to reach a targeted audience. It is advised that £200 is allocated to a Facebook advertising campaign. It is also proposed that press releases and printed materials are produced to promote the value of receiving independent financial advice and the importance of forward planning. Publications such as the local NG magazines may also prove to be valuable marketing avenues.

Autism awareness

8. The Autism Act and its accompanying statutory guidance places an obligation on local authorities in relation to people with Autism.
9. Locally there are an estimated 6382 adults living with Autism as identified in the recent Joint Strategic Needs Assessment (JSNA) and it is therefore vital that people can access local community resources and services.
10. It is proposed that a local social media campaign is produced to encourage individuals to undertake Autism Awareness training to raise awareness about the condition and the difficulties people may face in a bid to make the County more 'Autism Friendly'. The training is free and can be accessed via the NottsHelpYourself website.
11. Social media messages can be boosted to a larger audience and the proposal is to spend £25 doing this. This would also be accompanied by a press release outlining the benefits to both people with Autism and to businesses of being Autism Aware (including quotes from service users and leisure facility providers).

Falls Prevention - Get Up and Go campaign Autumn 2019 events

12. Following the success of last autumn's 'Get Up and Go' events for older people, the Falls Prevention project is proposing to implement further partnership events across the County in September and October 2019 to coincide with International Older Person's Day on 1st October.
13. Last year, 14 events were hosted in supermarkets and other community settings in conjunction with numerous healthcare providers. The aims are primarily to:
 - encourage more reluctant older citizens to engage in physical activity to remain active and independent
 - promote 'ENGAGE' - the programme of 'strength & balance' classes that are targeted at older adults to help prevent falls
 - provide home safety advice to prevent falls related care and hospital admissions
 - provide information and advice to citizens through brief interventions on topics including healthy eating and ageing well.

14. As yet, the exact location and number of events have not been finalised, but the cost envelope is anticipated to be less than £1,000 for room hire, exercise taster sessions and promotional activities. The funds for this expenditure will be drawn from the existing project budget.
15. A specific communications plan will be produced to underpin the proposed events. This for instance will include media opportunities, using case studies, a free prize draw, social media, videos and Facebook advertising as a strand of the approved Falls Prevention project budget.

World Elder Abuse Awareness Day: 15th June 2019

16. There were over 2,500 safeguarding adult referrals for the over 65s in Nottinghamshire last year. As part of the Council's statutory role with the Nottinghamshire Safeguarding Adults Board (NSAB), the proposal is to raise awareness about adult abuse, what to look out for and how to report it and inform people how agencies are supporting those who may be at risk.
17. This year, World Elder Abuse Awareness Day takes place on 15th June. The recommendation is to use this day as a way of publicising the issue through the local media and social media and information stands. Any costs associated with this activity will be minimal and will be funded from the Strategic Safeguarding Team budget. This could also link with a social isolation campaign that NSAB is co-ordinating to encourage people to be good neighbours and look out for people who could be at risk of adult abuse.

Other Options Considered

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

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Financial Implications

21. The financial implications of the proposed activities in the report are identified in paragraphs 7, 11, 14 and 17.

RECOMMENDATION/S

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

Melanie Brooks

Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Jennie Kennington

Senior Executive Officer

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Constitutional Comments (AK 15/05/19)

22. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (DG 15/05/19)

23. The following costs are to be funded through the departmental budgets. Estimates of costs are £6,000 financial information and advice, £25 Autism awareness, £1,000 Falls and minimal costs for World Elder Abuse Awareness.

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH654 final

10th June 2019

Agenda Item: 11

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

1. The report seeks approval for changes required to the staffing establishment in Adult Social Care and Health to meet the statutory, operational and transformational requirements of the department. The report also requests approval to ensure that the East Midlands Improvement Programme Team is appropriately resourced to meet the requirements of current work including the review of the Sector Led Improvement process within the region.

Information

2. The posts in the report, covered in **paragraphs 3 to 24**, are required to meet operational needs and requirements, and to effect transformational change in relation to the integration of health and social care services. The Regional Improvement Programme post is hosted by the Council and leads improvement work across adult social care services in the region.

Transforming Care – extension of Social Worker post

3. Transforming Care: [A national response to Winterbourne View Hospital](#) published in December 2012, was the government's response and commitment to improving health and care services, so that more people with learning disabilities and / or autism who may have behaviours that challenge and who may have a mental health condition can be discharged from hospital, live in the community, with the right support, and close to home.
4. In June 2015 Nottinghamshire became one of six 'fast track' sites nationally. The Nottinghamshire Transforming Care Partnership (TCP) includes Nottingham City Council, Nottinghamshire County Council and the seven Clinical Commissioning Groups (CCGs) who along with NHS England are responsible for commissioning health and care services for people in the area. As of April 2019, 33 County service users have been discharged from hospital and Nottinghamshire currently has 31 people remaining in hospital settings. These include some people in Rampton Hospital (high secure setting) as well as medium and low secure, locked rehab and assessment and treatment beds.

5. A 0.5 FTE Social Worker post (Band B) in the Learning Disability Forensic Team was initially established for two years through Transforming Care Partnership funding granted by NHS England. Due to the uncertainty of this funding going forward but the continued need for the post to enable people to be discharged from hospital and to support the health professionals in the Forensic team, as a temporary solution the post was extended until August 2019 from underspend in the Council's Younger Adult Project Team staffing budget. The post is essential in supporting the statutory function to provide social supervision for 'restricted patients' - those that can only be released from hospital by agreement with the Ministry of Justice and where the conditions of release need to be monitored and reported on.
6. The Transforming Care Partnership has now confirmed that infrastructure funding for the programme for 2019/20 includes the funding of this post, and will therefore be available to fund the post from April 2019. The Committee is asked to approve the further extension of the post to the end of March 2020.

East Midlands Regional Improvement Programme for Care and Health - Association of Directors of Adult Social Services (ADASS)

7. Nottinghamshire County Council hosts the regional Improvement Programme for Care and Health in the East Midlands, with funding primarily from the Department of Health and Social Care. The Corporate Director oversees this work on behalf of the East Midlands Second Tier Councils.
8. The regional Improvement Programme Manager post provides coordination and oversight of regional improvement programmes such as the Sector-Led Improvement Programme, Workforce Development, and the Learning Disability and Transforming Care Programme.
9. On an annual basis this Committee receives a report requesting that the post be extended for 12 months to support the ongoing work of the Branch. Following the resignation of the current postholder the Branch is seeking to recruit a replacement for a period of two years. The current postholder's contract is a one year contract which is due to end on 31st March 2020.
10. The Branch has commenced a review of its approach to Sector Led Improvement and Branch members will be considering the resource requirements for the Programme Team going forward as a result.
11. As part of the review, the Branch has agreed to end the contract that it has with an external consultant to undertake the administration of the Peer Review function and to "re-invest" the subsequent saving back into the Programme Team by recruiting more capacity to manage the function in house.
12. Ensuring that there is capacity and stability in the Programme Team for the duration of the review and the implementation of any recommendations that come from it is a key consideration. To this end the Branch intend to recruit to the two year post on a full-time basis (the current postholder's contract is for 22 hours only).
13. There are no financial implications for the Council as the programme is fully funded through ADASS. Most of the programme funding comes from grant allocation from the Department

of Health and Social Care. Work has taken place to ensure that the Branch budget is sufficient to support the financial demands of making this change to the staffing within the Programme Team.

Integrated Care Teams Project Manager

14. The purpose of the Integrated Care Teams Project Manager post is to implement the recommendations from the evaluation of the Integrated Primary Care Teams for Older Adults across the three planning areas of North, Mid and South Nottinghamshire where social care costs and outcomes can be improved through a greater level of integrated working. The project is now showing signs of early success regarding reduced cost outcomes for social care, but further operational staff implementation and evaluation work is required.
15. The original 1 FTE Integrated Care Teams Project Manager (Band D) post was appointed to in June 2018 and the post-holder left the department on 31st December 2018; overall this left around five months funding without someone in post. The department appointed again to the Project Manager post from 18th February 2019 until the end of May 2019.
16. The Integrated Care Teams project is aligned with the overall ambition of the refreshed Adult Social Care and Public Health Departmental Strategy within Commitment 9 - to ensure people can access the right care and support in a quick and responsive way through the better integration of health and social care. The project also aligns with the NHS Long Term Plan to achieve greater and more efficient levels of integration across health and social care.
17. It is anticipated that the Project Manager will achieve improved outcomes for service users including a reduction in hospital admissions; a reduction in admissions to residential and nursing care; greater use of low level services that help to maintain wellbeing and independence and enable people to remain at home; helping people to help themselves through person centred care, and supporting the right intervention at the right time.
18. The brief case study below shows how the teams are currently working to improve outcomes:

Case study – Mansfield
<i>Service user with leg sores</i> Liaising closely with the district nurses enabled the social worker to know when the care package could safely be reduced as the service user's health improved. The family had been asking for residential care, but the nurses were able to give professional support in conversations and to reassure the family that the person's mobility would improve and that long term care was not needed.

19. The cost of the extended Project Manager (Band D) post will be met from the Transformation Team budget. Approval is therefore sought to continue the post from 1st June 2019 to the end of March 2020.

Better Care Fund Programme Manager

20. The national Better Care Fund (BCF) programme spans both the NHS and local government. It aims to increase the scale and pace of local integration, resulting in an improved experience and better health and wellbeing for local people.
21. Nottinghamshire's Better Care Partnership pooled budget totalled £80.5 million in 2018/19 and delivered a range of programmes. Partners are the six County Clinical Commissioning Groups, seven District Councils and the County Council. Plans are approved and monitored locally by Nottinghamshire's Health and Wellbeing Board with key performance targets for: reducing Delayed Transfers of Care; reducing hospital and residential care home admissions and improving reablement service and Disabled Facility Grant (DFG) outcomes. Quarterly national reports are required to be submitted.
22. Nottinghamshire County Council hosts the pooled budget arrangement and the Better Care Fund Steering Group is chaired by the Corporate Director for Adult Social Care and Health. New priorities have been agreed for the next 18 months including developing and implementing a cross-cutting housing strategy, exploring the potential for a more integrated approach to DFGs and implementing the Technology Enabled Care Strategy.
23. A BCF Programme Manager is required to work across the multiple partners to manage and monitor the programme, as well as provide leadership support to develop and implement new partnership strategies and plans. Previously the post was based in the Integrated Care System (ICS) structure and provided light touch support to the programme. It has however been decided that because the BCF and the ICSs are not integrated in Nottinghamshire that this is no longer the best option and the BCF requires its own dedicated support to maximise the strategic opportunities available.
24. Approval is therefore requested to establish a 0.81 FTE (30 hours per week) Better Care Fund Programme Manager (Grade F) post on a permanent basis, through the Better Care Fund partnership.

Other Options Considered

25. The option not to extend the Integrated Care Teams Project Officer post was considered but loss of Project Manager time during the last year has hindered progress with regard to further operational staff implementation and development of a robust evaluation of the project. The option of not establishing the BCF Programme Manager post has been considered; this would not however enable the programme to be robustly managed or maximise the potential strategic partnership opportunities of the BCF.

Reason/s for Recommendation/s

26. The Social Worker post in the Transforming Care partnership is required to support people who are 'restricted patients' and therefore subject to very specific conditions of release. The East Midlands Regional Improvement Programme is hosted by the County Council but supports adult social care development and improvement across the region. The Integrated Care Teams Project Manager supports the better integration of health and social care frontline support across the County, which is both a national and local priority.

Statutory and Policy Implications

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

Financial Implications

28. The East Midlands Programme Manager post is externally funded from the remains of legacy funding from the Joint Improvement Programme, together with Care and Health Improvement Programme funding via the Local Government Association and Department of Health and Social Care. The region was allocated £85,931 for 2019/20 to support learning networks and other regional activity. In previous years further funding has been made available over the winter period to address winter pressures. However, if this additional funding is not forthcoming there are still sufficient funds to resource the regional programme for 2019/20 and 2020/21.
29. The Social Worker post will be funded by the Transforming Care Partnership until the end of March 2020. The Integrated Care Teams Project Manager post will be funded by the Adult Social Care Transformation Team budget until the end of March 2020.
30. The Better Care Fund partnership jointly funds the Programme Manager post with a shared budget of £65,000 allocated for 2019/20. This is split on a 1/7th ratio across the County Council and the six CCGs.

Human Resources Implications

31. It is proposed that Nottinghamshire County Council continues to host the East Midlands Improvement Programme post, and that the Corporate Director, Adult Social Care and Health, together with Branch Chair of the Association of Directors of Adult Social Services, will provide oversight of the work of the post-holder.
32. The two temporary posts – Social Worker and Project Manager – will have their contracts extended within their current teams.
33. The BCF Programme Manager post will be established and managed in the Adult Social Care and Health department.

RECOMMENDATION/S

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

- 1) extension of the 0.5 FTE Social Worker (Band B) post in the Learning Disability Forensic Team to the end of March 2020, with funding provided through the Transforming Care Partnership

- 2) amendment of the contract for the East Midlands Improvement Programme Manager (Band F) post to full-time from 22 hours per week and to two years from one-year duration, with funding provided from the Joint Improvement Programme
- 3) extension of 1 FTE Project Manager (Band D) post for an additional 10 months from 1st June 2019 to 31st March 2020, with funding from the Adult Social Care Transformation Team.
- 4) establishment of 0.81 FTE (30 hrs per week) Better Care Fund Programme Manager (Grade F) post on a permanent basis within the Adult Social Care and Health department, funded by the Better Care Fund partnership.

Melanie Brooks

Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (LW 29/05/19)

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

Financial Comments (OC 29/05/19)

35. The East Midlands Programme Manager post is externally funded from the Joint Improvement Programme via the Local Government Association and Department of Health and Social Care.
36. The 0.5 FTE Social Worker (Band B) post will be funded by the Transforming Care Partnership until the end of March 2020 (£23,929). The 1 FTE Integrated Care Teams Project Manager (Band D) post will be funded by the Adult Social Care Transformation Team budget until the end of March 2020 (£48,673).
37. The 0.81 FTE Programme Manager (Band F) post (£65,000) will be jointly funded by the Better Care Fund Partnership (NCC and 6 CCGs); the post will cease if joint funding is not continued beyond 2019/20.

HR Comments (SJJ2 29/05/19)

38. The successful candidate for the East Midlands Improvement Programme post will be employed on the County Council's terms & conditions. All other implications are included in the report.

Background Papers and Published Documents

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

Extension of contracts for support to the East Midlands Improvement Programme in Adult Social Care: report to Adult Social Care and Public Health Committee on 12th March 2018

Evaluation of the impact of Social Care Staff embedded within Integrated Care Teams: report to Adult Social Care and Public Health Committee on 12th March 2018.

Electoral Division(s) and Member(s) Affected

All.

ASCPH657 final

10 June 2019**Agenda Item: 12****REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme.

Information

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

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

Marjorie Toward
Service Director, Customers, Governance & Employees

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
8 July 2019			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Engagement on local system plan		Transformation Programme Director	Jane North
Adult Social Care and Health – changes to staffing establishment	Report requesting approval for staffing changes within the department.	Corporate Director	Stacey Roe
Adult Social Care and Public Health – events, activities and communications	Approval for range of activities and events planned by the department over the coming months (as required).	Corporate Director/Director of Public Health	Jennie Kennington/Will Brealy
Update on individual contributions towards the cost of care and support		Service Director, Strategic Commissioning, Access and Safeguarding	Kathy Ross
Response to petition from Full Council	Report outlining response to petition on James Hince Court submitted to Full Council.	Service Director, South Notts/ Service Director, North Notts and Direct Services	Sue Batty/Ainsley MacDonnell
9 September 2019			
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Corporate Director	Matthew Garrard
Integrated Wellbeing Service and Substance Misuse Service	To inform committee of the outcome of procurements	Director of Public Health	Rebecca Atchinson / Sarah Quilty

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
7 October 2019			
Planning for winter pressures		Service Director, South Nottinghamshire	Sue Batty
Progress report on savings and efficiencies and update on Improving Lives portfolio	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Stacey Roe
Novel Psychoactive Substances: update	To provide information on service users presenting to CGL where NPS is stated as a drug used	Director of Public Health	Amanda Fletcher / Sarah Quilty
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Progress update on older adults' services	Report on progress across older adults' services, to include update on housing with care development.	Service Director, Mid-Nottinghamshire	Sue Batty
11 November 2019			
Adult Social Care and Public Health departmental strategy – 6 monthly performance report	Report on progress against the commitments and measures in the departmental strategy	Transformation Programme Director/Director of Public Health	Jennie Kennington/Will Brealy
9 December 2019			
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Corporate Director	Matthew Garrard
Update on Domestic Abuse Support Services Procurement	Update on services following contract award	Director of Public Health	Rebecca Atchinson
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett