

Adult Social Care and Public Health Committee

Monday, 10 July 2017 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 12 June 2017 | 5 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Public Health Consultant Portfolio - Economic Wellbeing, Oral Health, Obesity Prevention and Avoidable Injury Prevention | 9 - 12 |
| 5 | Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant, Quarter 4 2016-17 | 13 - 22 |
| 6 | Proposals for Use of Improved Better Care Fund 2017-18 | 23 - 36 |
| 7 | Progress Report on Savings and Efficiencies | 37 - 52 |
| 8 | Quality & Market Management Team Quality Auditing and Marketing Activity | 53 - 66 |
| 9 | Implementation of a Quality Assurance Framework for Adult Safeguarding Practice | 67 - 82 |
| 10 | Retford Extra Care and Poppyfields Extra Care Short Term Assessment Apartments | 83 - 92 |
| 11 | Work Programme | 93 - 98 |

12 EXCLUSION OF THE PUBLIC

The Committee will be invited to resolve:-

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

Note

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

EXEMPT INFORMATION ITEMS

13 Exempt Appendix to Item 8: Quality & Market Management Team Quality Auditing and Marketing Activity

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

14 Exempt Appendix to Item 11: Retford Extra Care and Poppyfields Extra Care Short Term Assessment Apartments

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);
- Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings;

Notes

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Date 12 June 2017 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Richard Butler
Boyd Elliott
Sybil Fielding
David Martin

Francis Purdue-Horan
Andy Sissons
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Resources
Caroline Baria, Service Director, ASCH&PP
Sue Batty, Corporate Director, ASCH&PP
Barbara Brady, Interim Director of Public Health
Jane Cashmore, Commissioning Manager, ASCH&PP
Paul Davies, Advanced Democratic Services Officer, Resources
Cherry Dunk, Group Manager, Quality and Market Management, ASCH&PP
Jennie Kennington, Senior Executive Officer, ASCH&PP
Ainsley MacDonnell, Service Director, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Philippa Milbourne, Business Support Administrator, Resources
David Pearson CBE, Corporate Director, ASCH&PP

OTHERS IN ATTENDANCE

Marion Wardill, Carer
Brian Weaver, Carer

CHAIRMAN AND VICE-CHAIRMAN

The appointment by the County Council on 25 May 2017 of Councillor Stuart Wallace as Chairman of the Committee and Councillor Steve Vickers and Ben Bradley as Vice-Chairmen was noted.

MINUTES OF THE LAST MEETINGS

The minutes of the meeting of Adult Social Care and Health Committee held on 18 April 2017 and Public Health Committee held on 30 March 2017 were confirmed and signed by the Chair.

MEMBERSHIP AND TERMS OF REFERENCE

It was reported that Councillor Richard Butler had been appointed to the committee in place of Councillor Ben Bradley, for this meeting only.

RESOLVED 2017/030

That the Committee's membership and terms of reference be noted.

APOLOGY FOR ABSENCE

An apology for absence was received from Councillor Jacky Williams (other reason).

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

INTRODUCTION TO ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Barbara Brady and David Pearson gave a presentation on the role of the committee, and responded to members' questions.

RESOLVED 2017/031

That the presentation be received.

CHANGES TO STRUCTURE OF PUBLIC HEALTH DIVISION

RESOLVED 2017/032

That an additional 0.36 FTE permanent post of Senior Public Health and Commissioning Manager be established on Band F, so that the total establishment at this level becomes 8.36 FTE posts.

TENDER FOR OLDER PEOPLE'S HOME BASED CARE AND SUPPORT SERVICES

Caroline Baria introduced the report by way of a presentation. She and colleagues responded to questions and comments, including a request for progress reports on the procurement process. Marion Wardill and Brian Weaver explained how they and the other experts by experience were helping to shape the tender.

RESOLVED 2017/033

That approval be given to:

- 1) the commencement of a tender for generic home care services, including the care provided in the Extra Care schemes. The services would include the following:
 - Dementia care

- End of life care
 - Respite care (non residential)
 - Support for people to access community resources
- 2) the commencement of a tender for a 24 hour urgent care and crisis/rapid response.
 - 3) the implementation of a new model of service based on the delivery of outcomes and which enables a change in payment arrangements, as of the second year of the contract, to a model of payment for outcomes.
 - 4) the proposal to build in a process for determining and allocating an annual inflationary increase to the home care and support contracts to take into account cost pressures arising from the increases in the National Living Wage over the contract period.

INTEGRATION OF HEALTH AND SOCIAL CARE IN SOUTH NOTTINGHAMSHIRE – TRANSFORMATION PROGRAMME UPDATE

RESOLVED 2017/034

- 1) That the progress of the Transformation Programme across South Nottinghamshire be noted.
- 2) That the Member Reference Group on Integration with Health be re-established from June 2017 onwards.
- 3) That 1 FTE post of Project Officer (Band B) be established for 12 months from the date of appointment.

PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH

RESOLVED 2017/035

That the performance update for Adult Social Care and Health for the period 1 April 2016 to 31 March 2017 be noted.

WORK PROGRAMME

The Chairman encouraged members to suggest possible items for inclusion in the work programme.

RESOLVED 2017/036

That the work programme be noted, subject to updates on the procurement of home based care and support services.

EXCUSION OF THE PUBLIC

RESOLVED: 2017/037

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

EXEMPT APPENDIX TO ITEM 10: PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH

RESOLVED: 2017/038

That the information in the exempt appendix be noted.

The meeting closed at 12.40 pm.

CHAIR

10 July 2017**Agenda Item: 4****REPORT OF DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH CONSULTANT PORTFOLIO – ECONOMIC WELLBEING,
ORAL HEALTH, OBESITY PREVENTION AND AVOIDABLE INJURY
PREVENTION.****Purpose of the Report**

1. To provide an overview of the Public Health portfolio covering Economic Wellbeing, Oral Health, Obesity Prevention and Weight Management and Avoidable Injury.

Information and Advice**What is Public Health?**

2. The Public Health Outcomes Framework sets out the desired outcomes and the indicators used to measure the health of the population. To ensure the delivery of the Public Health vision of protecting and improving population health.
3. Adult social care, benefits, carers, nurses and medicine are vital for helping and supporting people when they fall ill. Once people are being referred to services, it is too late - Public health is about helping people to be and stay healthy; protecting them from harms to their health and wellbeing.
4. It is defined by international scientists as the “science and art of preventing disease, prolonging life and promoting human health through organised efforts and informed choices of society, organisations, public and private, communities and individuals”ⁱ.
5. Health and wellbeing is something that starts in our families, in our schools, communities and workplaces, in our playgrounds and parks, it is the air we breathe and the water we drink. Scientists have found that the environment in which we live and work has an enormous impact on our health. Public Health is, firstly, concerned with maintaining good health, and secondly, how to get it back.

Key areas of service

6. **Oral health (Budget holder – commissioning – further detail in commissioning section below):** fulfil statutory requirement to fund fluoridation where this is provided. Strategic and partnership lead for Oral health promotion in children, which includes promoting correct brushing and fluoride varnish in areas of poor oral hygiene. Oral health advice for risk adults such as care homes.

7. **Obesity Prevention and Weight management (Budget holder – commissioning- Further detail in commissioning section below):** Provision of an integrated pathway for physical activity, weight loss and nutrition from the grass roots, availability of local programmes for local people (Tier 1), provision of weight loss programmes for those at risk of becoming morbidly obese (Tier 2) to psychological support for people who have severe and complex issues around their weight (Tier 3). Provision of mandated National Child Measurement Programme (NCMP). The programme supports patients post bariatric surgery to maintain weight loss and supports women to maintain a healthy weight before, during and after pregnancy. Leading the Health and Wellbeing Strategy priority for Tackling Excess Weight (TEW). Developing a strategic approach to ensuring the County is more physically active with Sport Nottinghamshire and pushing forward initiatives such as Healthy Option Takeaway (HOT).
8. **Avoidable Injury prevention (Small amount of budget - information and influence):** Strategy and partnership working covering three main areas of safe sleeping, Injuries in the home, involving children, young people, and vulnerable people including falls in the elderly and road safety.
9. **Economic Wellbeing (No budget - intelligence and influence):** Reviewing areas where Nottinghamshire can improve prosperity by reviewing and addressing the wellbeing needs of local people.
10. **Spatial planning (No budget - intelligence and influence):** Creation of the Planning Engagement protocol and supporting districts and the county to improve the uptake of public health advice around healthy environments for communities in Nottinghamshire.
11. **Other responsibilities:** Senior Responsible Officer to ensure delivery of the Prevention work stream of the STP (High Impact Area 1). Support whole Public Health team by being on daily rota for Clinical Governance Incidents. Such incidents need to be reviewed and where necessary actions deployed immediately. Provide Public Health expertise to all departments of the council when required and as an officer supporting the committee for Adult Social Care and Public Health.

Why does Nottinghamshire County Council need to commission an Obesity management and weight prevention service?

12. Obesity reduces disability free life years, and is estimated to reduce life expectancy by an average of 3 years; severe obesity reducing life expectancy by 8-10 years.
13. Children who are obese have a tenfold risk of being an obese adult, as a result there is national concern about the rise of childhood obesity. The risk of being an obese adult increases with age, therefore an obese child at 13 is more likely to become an obese adult than an obese 5 year old. The NCMP monitor the levels excess weight in 4-5 year olds (Reception) and 10-11 year olds (Year 6). The proportion of children overweight or obese in Nottinghamshire is 21.5%, similar to national average of 1 in 5 children. The proportions of children in Year 6 are 30.6% in Nottinghamshire and 33.3% nationally: 1 in 3 children. The health consequences of childhood obesity include glucose intolerance, Type 2 diabetes, hypertension, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.
14. Obesity is a main contributor to ill health leading to hospital admissions, disability, economic inactivity (becoming unable to contribute to the workforce), requiring adult social care such as nursing support and premature death. Women with excess weight before conception and excess weight gain during pregnancy contributes to a higher proportion of mother and baby deaths in this population group.

Why does Nottinghamshire County Council need to commission an Oral Health programme?

15. Tooth decay is the most common oral disease affecting children and young people and is a leading cause of A&E admissions in England. When children have toothache or need treatment it can affect their ability to learn and may mean repeated absence from school.
16. In Nottinghamshire, water fluoridation arrangements date back to the 1970s and serves approx. 300,000 people across Ashfield, Bassetlaw and Mansfield, including the towns of Harworth, Kirkby, Mansfield, Rainworth, Sutton, Warsop and Worksop.
17. In Nottinghamshire almost 1 in 4 children aged 5 (23%) have had tooth decay, 3.2% of children have had a tooth which decayed to pulp and 4.3% have had an extraction.
18. Tooth decay is largely preventable as such NCC commissions an Oral Health Promotion Service that offers a range of prevention programmes across the county. This delivers a targeted evidence-based brief advice intervention. It includes oral health training for the wider health, social care and education workforce (provision of information packs, toothbrushes and/or toothpaste) for midwives, health visitors, school nurses and social care workers and nurses in care homes for older people.
19. Good oral health benefits Nottinghamshire in terms of improved school attendance, school achievement and reduction in A&E admissions in the county.

Key Challenges:

20. The Public Health Grant will have the ring fence removed in 2019/2020. We are already seeing the impacts and cost pressures on wider services due to the dwindling provision of prevention. Many more people are being seen by inappropriate and more costly services as a result. Costs in other parts of the council and health economy are increasing due to exacerbation of ill health over time due to lack of prevention or lack of lower level services.

Opportunities:

21. Communities in many cases have accepted austerity measures and understand that if they value services they need to advocate for them to support them. However, some information and advice is not currently available to them. It is important therefore to inform people of the ways and means to stay healthy, facilitate community growth, utilise a self-care mind set (such as “helping you to help yourself”) to improve the health and wellbeing of the local people of Nottinghamshire .

Statutory and Policy Implications

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

RECOMMENDATION

24. That members scrutinise and comment on the contents of this report.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:

Liann Blunston, Consultant in Public Health. Liann.Blunston@nottscg.gov.uk

Constitutional Comments

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

Financial Comments

26. Not Applicable

Background Papers and Published Documents

Public Health Outcomes Framework. Sourced June 2017 and available from Government website <https://www.gov.uk/government/collections/public-health-outcomes-framework>

Oral health in Children and Young people (2014). Sourced June 2017 and available from <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx>

Excess weight in Children and Young People (2014). Sourced June 2017 and available from <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx>

Falls and Bone Health (2015). Sourced June 2017 and available from <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx>

Diet and nutrition 2015 / Physical Activity 2015. Sourced June 2017 and available from <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx>

Annual Director of Public Health Report 2016. Sourced June 2017 and available from <http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/report>

Health and wellbeing strategy 2014 – 2017. Sourced June 2017 and available from <http://www.nottinghamshire.gov.uk/media/1938/02-our-strategy-for-health-and-wellbeing-in-nottinghamshire-2014-2017.pdf>

Electoral Division(s) and Member(s) Affected

- All

ⁱ"What is Public Health". Centers for Disease Control Foundation. Atlanta, GA: Centers for Disease Control. Retrieved 9th June 2017.

10 July 2017

Agenda Item: 5

REPORT OF DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT

QUARTER 4, 2016/17

Purpose of the Report

1. To enable the scrutiny of the performance and quality of services commissioned by Public Health (PH) before noting the report.

Background

2. The Authority has a duty under the Health and Social Care Act 2012 to take appropriate steps to improve the health and wellbeing of the local population.
3. The NHS Act 2006 and Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (SI 2013/351) provides for certain mandatory functions to be provided by the Authority, including:
 - **Regulation 3** requires local authorities to provide for the weighing and measuring of certain children in their area (including age and school type).
 - **Regulations 4 and 5** relate to the duties of local authorities to provide or make arrangements to provide for health checks for eligible people.
 - **Regulation 6** requires local authorities to secure open access sexual health services in its area.
 - **Regulation 8** imposes a duty on local authorities to provide information and advice to certain persons and bodies with a view to promoting health protection arrangements.
4. The PH Contract and Performance Team robustly reviews and monitors performance and quality data received from the providers of services commissioned directly by PH.
5. PH grant is used to fund services commissioned by other teams and departments of the Authority.
6. Whilst the PH Contract and Performance Team does not directly contract manage the services commissioned by other teams, the Team has endeavoured to engage with the

commissioners and providers to ensure PH grant is spent on PH outcomes and in accordance with the grant conditions and guidance that governs the use of the PH grant.

Information and Advice

7. This report provides the Committee with an overview of performance for Public Health directly commissioned services and services funded either in whole or in part by PH grant, in Quarter 4 (January to March 2017) against key performance indicators related to Public Health priorities, outcomes and actions within:
 - i) the Public Health Service Plan 2016-2017;
 - ii) the Health and Wellbeing Strategy for Nottinghamshire 2014-17; and
 - iii) the Authority's priorities following the adoption of the Strategic Plan 2014-18.
8. A summary of the performance measures is set out at **Appendix A**.

Key Issues in Performance in Quarter 4 of 2016-17

9. The majority of Public Health commissioned services are on track and performing well. For those contracts where performance against plan is an issue or actual performance is not fully explained by the numbers, more detail is provided below.
10. Health check numbers are down against target and are lower than the totals achieved last year. The PH team have focussed this past year on improving the quality of health checks that are done and on getting a more streamlined IT system in place that will facilitate future improvements in both activity and quality. The reduction in activity may be partly a result of this and also we are seeing that many comparably mature programmes around the country are having similar results (loss of momentum). There is confidence that this will be reversed with the new IT system that is due to go live in Q2.
11. The tobacco control and smoking cessation provider has not performed to target this year. However there has been a rise in 4 week quitters against the total achieved last year by the previous provider. The provider is keen to ensure that numbers of smoking quitters improve as this is a 'payment by results' contract.
12. The Obesity Prevention and Weight Management provider is performing to plan in a number of key areas and overall is exceeding target. However, the numbers are still below target in children's and maternity services. Action plans have been provided to address these issues and the public health team will continue to robustly monitor this.
13. The domestic abuse service is an October to September contract and whilst this quarter 4 report provides figures that make it look like the providers have underperformed, this is not the case and the providers are performing to plan.
14. The numbers of people attending training courses provided by the Healthy Housing service has not achieved target. The provider has had issues with venues and attendees simply not turning up. However, the provider has over performed on the target set for county residents given energy efficiency advice.

15. The provider for homelessness support is still experiencing problems of finding move on accommodation for their service users. A robust review is planned with commissioning colleagues.

Statutory and Policy Implications

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

Financial Implications

17. Robust performance and quality reporting ensures that financial implications are monitored and reviewed effectively to minimise financial risk to the council.

Public Sector Equality Duty implications

18. Monitoring of the contracts ensures providers of services comply with their equality duty. Equality performance is a standing agenda item of review meetings and providers are asked to provide case studies celebrating success and showing how complaints, if applicable, are resolved.

Implications for Service Users/Safeguarding of Children and Vulnerable Adults Implications

19. The performance and quality monitoring and reporting of contracts is a mechanism for providers to assure commissioners regarding patient safety and quality of service.

RECOMMENDATION

The recommendations are:

- 1) That the Adult Social Care and Public Health Committee receives the report and notes the performance and quality information provided together with the mitigating and monitoring actions of Public Health officers.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:
Nathalie Birkett
Group Manager, Public Health Contracts and Performance

Constitutional Comments

20. Because this report is for noting only, no Constitutional Comments are required.

Financial Comments

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

Background Papers and Published Documents

Public Health Outcomes Framework 2016-19 at a glance.

Electoral Division(s) and Member(s) Affected

All

| Annual Financial Value of Contract Range | Category |
|--|-------------|
| More than or equal to £1,000,000 | High |
| £100,000 to £999,999 | Medium High |
| £20,000 to £99,999 | Medium |
| Less than or equal to £19,999 | Low |

| | |
|---|-----------------------------------|
| ↑ | Change from previous month > 5% |
| ↔ | Equal to previous month by +/- 5% |
| ↓ | Change from previous month < 5% |

| Service, Provider and Outcome | Contract Value Category | Public Health Outcomes Indicator | Performance Indicators | Q1 | Q2 | Q3 | Q4 | 2016/17 Total Achieved | Annual Target | % of target met | Notes | Trend |
|---|-----------------------------------|----------------------------------|--|------------|--------------|---------------|---------------|------------------------|---------------|-----------------|--|-------|
| NHS Health Check Assessments To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC) County & Bassetlaw GP's | Medium High | 2.22 | No. of eligible patients who have been offered health checks | 8539 | ↗ 8539 | ↘ 8310 | ↗ 9022 | 34410 | 51,497 | 67% | | |
| | | | No. of patients offered who have received health checks | 5299 | ↗ 5292 | ↘ 4738 | ↗ 5021 | 20350 | 33,988 | 60% | | |
| | | | No. of patients who have been identified as high risk and referred to other services as a result of a health check | 291 | ↗ 250 | ↘ 148 | ↗ 215 | 904 | n/a | n/a | No target as there is no 'good' or 'bad' direction | |
| Integrated Sexual Health Services Promotion of the prevention of Sexually Transmitted Infections including HIV Increased knowledge and awareness of all methods of contraception amongst all groups in the local population | Doncaster and Bassetlaw Hospitals | | | | | | | | | | | |
| | High | 2.04, 3.02, 3.04 | Total number of filled appointments | 2431 | ↗ 2426 | ↗ 2431 | ↘ 2198 | 9486 | Baseline | n/a | | |
| | | | Total number patients who receive full sexual health screen | 527 | ↗ 622 | ↘ 489 | ↗ 505 | 2143 | TBA | n/a | | |
| | | | Number and % new service users accepting a HIV test | 613 (30%) | ↘ 498 (44%) | ↘ 386 (49%) | ↘ 147 (48%) | 43% | 60% | 71% | | |
| | | | % 15-24 year olds in contact with the service accepting a chlamydia screen | 68% | ↗ 77% | ↗ 80% | ↗ 81% | 76% | 75% | 102% | | |
| | | | Number and % screens with a positive Chlamydia result | 88 (9%) | ↗ 79 (8%) | ↘ 65 (7.4%) | ↗ 71 (8%) | 8% | 7.50% | 108% | | |
| | | | % of women aged 15-24 receiving contraception who accept LARC | 42% | ↗ 44% | ↗ 44% | ↗ 50% | 45% | 30% | 150% | | |
| | | | Number of women accessing Emergency Hormonal Contraception accept LARC | 25 | ↗ 43 | ↗ 70 | ↘ 53 | 191 | Baseline | n/a | | |
| | Sherwood Forest Hospital Trust | | | | | | | | | | | |
| | High | 2.04, 3.02, 3.04 | Total number of filled appointments | 5763 | ↗ 5964 | ↘ 5615 | ↗ 6201 | 23543 | Baseline | n/a | | |
| | | | Total number patients who receive full sexual health screen | 1344 | ↗ 1388 | ↘ 1292 | ↗ 1514 | 5538 | TBA | n/a | | |
| | | | Number and % new service users accepting a HIV test | 1363 (36%) | ↗ 1424 (30%) | ↘ 1318 (30%) | ↗ 1531 (114%) | 53% | 60% | 88% | | |
| | | | % 15-24 year olds in contact with the service accepting a chlamydia screen | 56% | ↘ 44% | ↗ 44% | ↗ 45% | 47% | 75% | 63% | | |
| | | | Number and % screens with a positive Chlamydia result | 355 (18%) | ↘ 251 (12%) | ↗ 242 (12.6%) | ↗ 288 (12.9%) | 14% | 7.50% | 185% | | |
| | | | % of women aged 15-24 receiving contraception who accept LARC | 49% | ↗ 47% | ↗ 45% | ↗ 44% | 46% | 30% | 154% | | |
| | | | Number of women accessing Emergency Hormonal Contraception accept LARC | 29 | ↗ 45 | ↗ 53 | ↗ 65 | 192 | Baseline | n/a | | |
| | Nottingham University Hospital | | | | | | | | | | | |
| | High | 2.04, 3.02, 3.04 | Total number of filled appointments | 3043 | ↗ 7653 | ↗ 8516 | ↘ 3973 | 23185 | Baseline | n/a | | |
| | | | Total number patients who receive full sexual health screen | 1089 | ↗ 1312 | ↗ 1314 | ↗ 1395 | 5110 | TBA | n/a | | |
| | | | Number and % new service users accepting a HIV test | 1272 (74%) | ↗ 1352 (76%) | ↗ 1395 (82%) | ↗ 1456 (94%) | 82% | 60% | 136% | | |
| | | | % 15-24 year olds in contact with the service accepting a chlamydia screen | 55% | ↗ 58% | ↗ 64% | ↗ 67% | 61% | 75% | 81% | | |
| | | | Number and % screens with a positive Chlamydia result | 11 (12%) | ↘ 6 (6%) | ↗ 25 (12%) | ↗ 23 (8%) | 10% | 7.50% | 127% | | |

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| Indicator | Period | England | | | | | | | |
|---|-----------------|---------|-------|--------|-------|---------------|---|---------------|--|
| | | Notts | | Region | | England | | England | |
| | | Count | Value | Value | Value | Worst/ Lowest | Range | Best/ Highest | |
| Reception: Prevalence of overweight (including obese) | 2014/15 | 1,775 | 20.7% | 21.7 | 21.9 | 27.4% | <div><div></div><div></div><div></div><div></div></div> | 14.9% | |
| 2.22iii - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check | 2013/14 - 15/16 | 113,526 | 40.7% | 54.4 | 56.4 | 17.0% | <div><div></div><div></div><div></div><div></div></div> | 100% | |
| 2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check | 2013/14 - 15/16 | 62,763 | 55.3% | 53.8 | 48.6 | 19.7% | <div><div></div><div></div><div></div><div></div></div> | 100.0% | |
| 2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check | 2013/14 - 15/16 | 62,763 | 22.5% | 29.3 | 27.4 | 11.0% | <div><div></div><div></div><div></div><div></div></div> | 55.7% | |

| Indicator | Period | England | | | | | | | |
|--|-----------|---------|-------|--------|-------|---------------|---|---------------|--|
| | | Notts | | Region | | England | | England | |
| | | Count | Value | Value | Value | Worst/ Lowest | Range | Best/ Highest | |
| Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) (Female) | 2015 | 947 | 2,113 | 2470 | 2492 | 1,414 | <div><div></div><div></div><div></div><div></div></div> | 6,586 | |
| Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) (Male) | 2015 | 462 | 978 | 1216 | 1276 | 0 | <div><div></div><div></div><div></div><div></div></div> | 4,205 | |
| Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) | 2015 | 1,418 | 1,540 | 1835 | 1887 | 1,054 | <div><div></div><div></div><div></div><div></div></div> | 5,434 | |
| HIV late diagnosis (%) (PHOF indicator 3.04) | 2013 - 15 | 28 | 38.9% | 51.2 | 40.3 | 4,205% | <div><div></div><div></div><div></div><div></div></div> | 0% | |
| Under 18s conception rate / 1,000 (PHOF indicator 2.04) | 2014 | 294 | 21.1 | 21.6 | 22.8 | 42.4 | <div><div></div><div></div><div></div><div></div></div> | 8.4 | |
| Under 16s conception rate / 1,000 (PHOF indicator 2.04) | 2014 | 60 | 4.6 | 4.4 | 4.4 | 11.9 | <div><div></div><div></div><div></div><div></div></div> | 0.7 | |

Table 17: Women¹ using Sexual and Reproductive Health Services, by Local Services in England, 2015/16

| | | Thousands / percentages | | |
|---------------------------------------|--|---|-------------|-----------|
| | | Percent with | | |
| | | main | Long acting | User |
| | | reversible | method | dependent |
| Region & Local Authority of residence | | Total women (with a main method in use) | | Total |
| Total ³ | | 905.8 | | 38 |
| E12000001 North East | | 54.3 | | 44 |

| | | | | | | | | | | | | | | |
|--|--|------------------------------------|---|------------------------|--------|--------|--------|-------|----------------------|------|---|---|---|--|
| | | | % of women aged 15-24 receiving contraception who accept LARC | 33% | ↗ 34% | ↗ 40% | ↘ 34% | 35% | 30% | 118% | | <div><div></div><div></div><div></div><div></div></div> | <div><div>E12000002North West177.33763</div><div>E12000003Yorkshire and the Humber62.64258</div><div>E12000004East Midlands49.64555</div><div>E06000015Derby2.14951</div><div>E10000007Derbyshire8.84951</div><div>E06000016Leicester5.64060</div><div>E10000018Leicestershire 44.84951</div><div>E10000019Lincolnshire4.05743</div><div>E10000021Northamptonshire4.74159</div><div>E06000018Nottingham8.04060</div><div>E10000024Nottinghamshire11.64357</div><div>E12000005West Midlands84.93664</div><div>E12000006East of England64.93961</div><div>E12000007London189.23565</div><div>E12000008South East116.13763</div><div>E12000009South West63.04456</div></div> | |
| | | | Number of women accessing Emergency Hormonal Contraception accept LARC | 55 | ↗ 81 | ↘ 76 | ↗ 75 | 287 | Baseline | n/a | | <div><div></div><div></div><div></div><div></div></div> | | |
| | Community Pharmacies - Nottinghamshire County & Bassetlaw LCPHS - Emergency Hormonal Contraception (EHC) | | | | | | | | | | | | | |
| | Medium | 2.04, 3.02, 3.04 | Number of women under the age of 20 accessing EHC from Community Pharmacies within the county | 63 | ↗ 97 | ↗ 218 | ↗ 237 | 615 | n/a | n/a | | <div><div></div><div></div><div></div><div></div></div> | | |
| | GP's - Nottinghamshire County & Bassetlaw LCPHS - Sub Dermal Implants/Long Acting Reversible Contraception (LARC) | | | | | | | | | | | | | |
| Medium High | 2.04, 3.02, 3.04 | Total number of LARC insertions | 1037 | ↗ 1024 | ↗ 1041 | ↘ 943 | 4045 | n/a | n/a | | <div><div></div><div></div><div></div><div></div></div> | | | |
| <div>Alcohol and Drug Misuse Services</div> <div>Reduction in Alcohol related admissions to hospital</div> <div>Reduction in mortality from liver disease</div> <div>Successful completion of drug treatment</div> <div>Change Grow Live</div> | High | 1.05, 1.03, 1.15, 1.04, 2.18, 1.13 | Number of successful exits (ie planned) | 285 | ↘ 242 | ↗ 242 | ↗ 229 | 998 | April-Dec Target 642 | 120% | Targets set quarterly | <div><div></div><div></div><div></div><div></div></div> | | |
| | | | Number of new treatment journeys | 1456 | ↗ 1647 | ↗ 1619 | ↗ 1931 | 6653 | n/a | n/a | | <div><div></div><div></div><div></div><div></div></div> | | |
| | | | Number of unplanned exits | 144 | ↗ 167 | ↗ 234 | ↘ 203 | 748 | n/a | n/a | | <div><div></div><div></div><div></div><div></div></div> | | |
| | | | Total number of service users | 4097 | ↗ 4234 | ↗ 4107 | ↘ 3839 | 16277 | 10301 | 158% | | 50% 9954 year 2 50% 10,647 year 3 | <div><div></div><div></div><div></div><div></div></div> | |
| | | | | | | | | | | | | | | |
| <div>Tobacco Control and Smoking Cessation</div> <div>Reduce adult (aged 18 or over) smoking prevalence</div> <div>Behaviour change and social attitudes towards smoking</div> <div>Prevalence rate of 18.5% by the end of 2015/16</div> <div>Solutions4Health</div> | Four-week smoking quitter rate | | | | | | | | | | | | | |
| | High | 2.9, 2.3, 2.14 | Pregnant Smokers | 31 | ↗ 32 | ↘ 11 | ↗ 21 | 95 | 500 | 19% | | <div><div></div><div></div><div></div><div></div></div> | | |
| | | | Routine and Manual Workers | 150 | ↗ 292 | ↘ 186 | ↘ 129 | 757 | 1500 | 50% | | <div><div></div><div></div><div></div><div></div></div> | | |
| | | | Under 18 Smokers | 17 | ↗ 28 | ↗ 33 | ↘ 7 | 85 | 200 | 43% | | <div><div></div><div></div><div></div><div></div></div> | | |
| | | | Other Smokers | 389 | ↗ 710 | ↘ 404 | ↘ 287 | 1790 | 2800 | 64% | | <div><div></div><div></div><div></div><div></div></div> | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <div>Obesity Prevention and Weight Management (OPWM)</div> <div>To achieve a downward trend in the level of excess weight in adults by 2020</div> <div>A sustained downward trend in the level of excess weight in children by 2020</div> <div>Utilisation of green space for exercise/health reasons</div> <div>Everyone Health</div> | Number of new assessments | | | | | | | | | | | | | |
| | High | 1.16, 2.06, 2.11, 2.12, 2.13 | Adults - Tier 2 | 134 | ↘ 68 | ↗ 65 | ↗ 64 | 331 | 258 | 128% | | <div><div></div><div></div><div></div><div></div></div> | | |
| | | | Adults - Tier 3 | 227 | ↘ 133 | ↘ 117 | ↗ 125 | 602 | 400 | 151% | <div><div></div><div></div><div></div><div></div></div> | | | |
| | | | Children & Young People - Tier 2 | 17 | ↗ 28 | ↘ 10 | ↗ 21 | 76 | 108 | 70% | <div><div></div><div></div><div></div><div></div></div> | | | |
| | | | Children & Young People - Tier 3 | 15 | ↗ 14 | ↗ 20 | ↘ 10 | 59 | 98 | 60% | <div><div></div><div></div><div></div><div></div></div> | | | |
| | | | Maternity | 5 | ↗ 8 | ↗ 10 | ↘ 3 | 26 | 104 | 25% | <div><div></div><div></div><div></div><div></div></div> | | | |
| | | | Post-bariatric reviews | 5 | ↗ 13 | ↗ 18 | ↗ 24 | 60 | 60 | 100% | <div><div></div><div></div><div></div><div></div></div> | | | |
| | | | Adults, Children & Young People combined service users | 1509 | ↗ 6704 | ↘ 2600 | ↗ 5192 | 16005 | 6,794 | 236% | <div><div></div><div></div><div></div><div></div></div> | | | |
| | | | | | | | | | | | | | | |
| | <div>Domestic Abuse Services</div> <div>Reduction in Violent crime</div> <div>Reduction in Domestic violence</div> <div>WAIS & NWA</div> | Medium | 1.11 | No of adults supported | 572 | ↘ 392 | ↗ 504 | ↘ 472 | 1940 | 2504 | 77% | | <div><div></div><div></div><div></div><div></div></div> | |
| No of children, young people & teenagers supported | | | | 114 | ↗ 136 | ↘ 119 | ↗ 145 | 514 | 776 | 66% | <div><div></div><div></div><div></div><div></div></div> | | | |












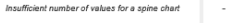
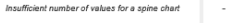
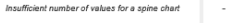

























































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|---|--------|------------------------------------|--|------|------|------|------|------|-------------|------|--|--|---------------------|--------|-------|-------|-------|-------|---|-------|
| Seasonal Mortality Reduction in excess winter deaths Nottingham Energy Partnership - Healthy Housing | Medium | 4.15 | Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff | 30 | 56 | 117 | 95 | 298 | 288 | 103% | | 4.15i - Excess winter deaths index (single year, age 85+) (Persons) 4.15i - Excess winter deaths index (single year, age 85+) (Female) 4.15i - Excess winter deaths index (single year, age 85+) (Male) | Aug 2014 - Jul 2015 | 508 | 53.8 | 44.8 | 40.1 | 72.6 | | 11.5 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses | 19 | 56 | 32 | 49 | 156 | 185 | 84% | | | | | | | | | | |
| Social Exclusion To improve outcomes for older people by reducing risk and health impacts of loneliness The Friary Drop-in Centre | Medium | 1.18 | Number of one-to-one specialist advice interviews undertaken | 2042 | 1447 | 1854 | 1785 | 7128 | n/a | n/a | | 1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like | 2015/16 | - | 38.1% | 43.4 | 45.4 | 35.8% | | 55.1% |
| | | | Number of emergency parcels provided | 1294 | 1091 | 1585 | 1475 | 5445 | Baseline Q1 | n/a | | | | | | | | | | |
| Public Health Services for Children and Young People aged 0-19 | High | 1.01, 1.02, 2.02, 2.03, 2.05, 2.06 | % of mothers who receive a face to face antenatal contact | 73% | 76% | 79% | 46% | 69% | 75% | 91% | | 1.01i - Children in low income families (all dependent children under 20) | 2013 | 26,065 | 15.9% | 17.0 | 18.0 | 35.5% | | 5.9% |
| | | | Number of brief interventions offered by school nurses and delivered with children and young people by public health topic | 1830 | 562 | 955 | 965 | 4312 | n/a | n/a | | 1.01ii - Children in low income families (under 16s) | 2013 | 23,325 | 16.8% | 17.8 | 18.6 | 34.4% | | 6.1% |
| | | | % of children who received a 2.5 year review | 88% | 88% | 87% | 89% | 88% | 95% | 93% | | 1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Persons) | 2014/15 | 6,163 | 65.2% | 64.0 | 66.3 | 50.7% | | 77.5% |
| | | | % of under 18 years or low income mothers who qualify for Healthy Start that have received Healthy Start advice | 75% | 65% | 64% | 49% | 63% | 75% | 84% | | 1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Persons) | 2014/15 | 455 | 41.2% | 47.8 | 51.2 | 37.8% | | 70.8% |
| | | | % of family nurse partnership clients enrolled by 16th week of pregnancy | 64% | 100% | 83% | 65% | 78% | 60% | 130% | | 2.05ii - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review | 2015/16 | 7,111 | 82.6% | 87.2 | 81.3* | - | Insufficient number of values for a spine chart | - |
| | | | | | | | | | | | | | | | | | | | | |
| Oral Health Promotion Services | Medium | 4.02 | % of service users surveyed who receive oral health advice/resources who report that it is very useful. | 93% | 92% | 95% | 97% | 94% | 80% | 118% | | | | | | | | | | |
| | | | % of frontline staff trained who say they have gained knowledge and confidence in delivering oral health brief interventions. | 100% | 100% | 100% | 100% | 100% | 80% | 125% | | 4.02 - Proportion of five year old children free from dental decay | 2014/15 | 1,116 | 79.0% | 72.5 | 75.2 | 43.9% | | 85.9% |
| | | | % of parents/carers with a child aged 1 year who receive oral health brief advice. | 98% | 77% | 75% | 60% | 78% | 75% | 103% | | | | | | | | | | |
| Suicide prevention and Mental Health Awareness Training Kaleidoscope | Medium | 2.23, 4.10 | Tiers 1& 2 Population based suicide prevention awareness campaigns in line with national suicide prevention & Mental health community workshops focusing on building resilience & preventing mental health problems using Five Ways to Wellbeing | 4 | 4 | 7 | 3 | 18 | 18 | 100% | | Hospital stays for self-harm 2.23i - Self-reported wellbeing - people with a low satisfaction score 2.23ii - Self-reported wellbeing - people with a low wellbeing score 2.23iii - Self-reported wellbeing - people with a low happiness score 2.23iv - Self-reported wellbeing - people with a high anxiety score 4.10 - Suicide rate (Male) 4.10 - Suicide rate (Female) | 2014/15 | 1,383 | 175.3 | 194.9 | 191.4 | 629.9 | | 58.9 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

PUBLIC HEALTH CONTRACT QUALITY & PERFORMANCE REPORT QUARTER FOUR 2016/17



Note: this summary contains performance information on activities being supported with Public Health grant outside of the Public Health division.

| Service and Outcome | Public Health grant realignment allocation | Actual realignment expenditure 2015/16 | Performance Indicators | Q1 | Q2 | Q3 | Q4 | 2016/17 Total Achieved | Annual Target | % of target met | Notes | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | Indicator | Period | Notts | | Region | England | England | | | | Best/Highest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Healthy Ageing Schemes Improve health related quality of life for older people | Medium High | 4.13 | Age UK - Total number of Short term and Brief intervention units of support provided | 2401 | 📈 3495 | 📈 4424 | 📊 4455 | 14775 | 10220 | 145% | Targets are 3 quarters |  | <div>4.13 - Health related quality of life for older people</div> <table><tr><td>2013/14</td><td>-</td><td>0.727</td><td>0.730</td><td>0.727</td><td>0.628</td><td></td><td>0.788</td></tr></table> | 2013/14 | - | 0.727 | 0.730 | 0.727 | 0.628 |  | 0.788 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------------|--|--------------|---------------|--|---|---|---|--------------------------------------|---|--|--|--|-----------|--------|-------------|-------------|---|---|---------------|---------------|---------------|--|---------|-------|-------|---|-------|------|---|-------|---|---------|------|---|-------|------|-----|---|------|------|-------|--|-------|
| | | | 2013/14 | - | 0.727 | 0.730 | 0.727 | 0.628 |  | 0.788 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Metropolitan - Total number of Short term and Brief intervention units of support provided | 2912 | 📈 3097 | 📉 2257 | 📉 1612 | 9878 | 9832 | 100% | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NCHA - Total number of Short term and Brief intervention units of support provided | 1398 | 📉 1280 | 📉 759 | 📉 719 | 4156 | 4484 | 93% |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Notts Help Yourself | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medium | 4.03, 4.13 | Website hits (millions) | | | | 1.24 | 1.238648 | 1.5 | 83% | Reported annually |  | <div>4.03 - Mortality rate from causes considered preventable (Persons)</div> <table><tr><td>2013 - 15</td><td>4,445</td><td>183.3</td><td>186.3</td><td>184.5</td><td>320.5</td><td></td><td>114.0</td></tr></table> | 2013 - 15 | 4,445 | 183.3 | 186.3 | 184.5 | 320.5 |  | 114.0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2013 - 15 | 4,445 | 183.3 | 186.3 | 184.5 | 320.5 |  | 114.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | % satisfaction in user surveys | | | | 0.01% | n/a | n/a | n/a | Reported annually | 140 people completed satisfaction form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children's Centres To improve school readiness among children, contribute to targets around dental health, breastfeeding, healthy weight, smoking, hospital admissions for non-accidental injury | High | 2.05 | % of children under five registered with a children's centre | 95% | 📊 96% | 📊 96% | 📊 96% | 96% | 95% | 101% | |  | <div>2.05ii - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review</div> <table><tr><td>2015/16</td><td>7,111</td><td>82.6%</td><td>87.2</td><td>81.3*</td><td>-</td><td></td><td>-</td></tr></table> | 2015/16 | 7,111 | 82.6% | 87.2 | 81.3* | - |  | - | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2015/16 | 7,111 | 82.6% | 87.2 | 81.3* | - |  | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Parents completing evidence based parenting programme | 1359 | 📉 856 | Data no longer collected | Data no longer collected | 2215 | 2,000 | 111% | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % of children achieving a good level of development at end of the Early Years Foundation Stage | 65% | 📊 67% | 📊 67% | 📊 67% | 67% | 69% | 96% | Reported annually in Q2 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Nurse Partnership Improve breastfeeding initiation rates and prevalence; contribute to outcomes around smoking status at time of delivery, birth weights, hospital admissions for non-accidental injury | Medium High | 2.02 | Percentage of clients enrolled by 16th week of pregnancy | 64% | 📈 100% | 📉 83% | 📉 65% | 78% | 60% | 130% | |  | <div>2.02i - Breastfeeding - breastfeeding initiation</div> <table><tr><td>2014/15</td><td>5,690</td><td>69.0%</td><td>71.6</td><td>74.3</td><td>47.2%</td><td></td><td>100%</td></tr></table> | 2014/15 | 5,690 | 69.0% | 71.6 | 74.3 | 47.2% |  | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2014/15 | 5,690 | 69.0% | 71.6 | 74.3 | 47.2% |  | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of mothers initiating breastfeeding | 44% | 📈 61% | 📉 55% | 📉 49% | 52% | 70% | 75% | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Young People's Sexual Health: C-Card scheme Reduce teenage conceptions | Low | 2.04 | Number of young people returning to use the scheme | 542 | 📈 561 | 📈 791 | 📉 604 | 2498 | 1700 | 81% | |  | <div>Under 18s conception rate / 1,000 (PHOF indicator 2.04)</div> <table><tr><td>2014</td><td>294</td><td>21.1</td><td>21.6</td><td>22.8</td><td>42.4</td><td></td><td>8.4</td></tr></table> | 2014 | 294 | 21.1 | 21.6 | 22.8 | 42.4 |  | 8.4 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2014 | 294 | 21.1 | 21.6 | 22.8 | 42.4 |  | 8.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No of new sites established | 9 | 📉 7 | 📉 6 | 📉 3 | 25 | 20 | 110% | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Young People's Substance Misuse Services Successful completion of drug treatment. Reduce numbers of young people not in education, employment or training | Medium High | 2.15 | % of planned exits | 96% | 📊 95% | 📊 99% | 📊 100% | 98% | 80% | 122% | |  | <div>1.01i - Children in low income families (all)</div> <table><tr><td>2013</td><td>26,065</td><td>15.0%</td><td>17.0</td><td>19.0</td><td>35.6%</td><td></td><td>5.0%</td></tr></table> <div>2.15i - Successful completion of drug treatment - opiate users</div> <table><tr><td>2015</td><td>122</td><td>5.4%</td><td>6.7</td><td>6.7</td><td>19.0%</td><td></td><td>61.8%</td></tr></table> <div>2.15ii - Successful completion of drug treatment - non-opiate users</div> <table><tr><td>2015</td><td>176</td><td>28.5%</td><td>35.8</td><td>37.3</td><td>2.5%</td><td></td><td>17.8%</td></tr></table> <div>2.15iii - Successful completion of alcohol treatment</div> <table><tr><td>2015</td><td>427</td><td>29.8%</td><td>35.4</td><td>38.4</td><td>16.8%</td><td></td><td>64.9%</td></tr></table> | 2013 | 26,065 | 15.0% | 17.0 | 19.0 | 35.6% |  | 5.0% | 2015 | 122 | 5.4% | 6.7 | 6.7 | 19.0% |  | 61.8% | 2015 | 176 | 28.5% | 35.8 | 37.3 | 2.5% |  | 17.8% | 2015 | 427 | 29.8% | 35.4 | 38.4 | 16.8% |  | 64.9% |
| 2013 | 26,065 | 15.0% | 17.0 | 19.0 | 35.6% |  | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2015 | 122 | 5.4% | 6.7 | 6.7 | 19.0% |  | 61.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2015 | 176 | 28.5% | 35.8 | 37.3 | 2.5% |  | 17.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2015 | 427 | 29.8% | 35.4 | 38.4 | 16.8% |  | 64.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supporting People: Homelessness Support Reduction in statutory homelessness, impacts on alcohol related admissions to hospital | High | 1.15 | Total Number of Individual Service Users Receiving Support | 317 | 📊 328 | 📉 306 | 📊 327 | 1278 | n/a | n/a | Target is 75% of those moving on in a planned way |  | <div>1.04 - First time entrants to the youth justice system</div> <table><tr><td>2015</td><td>254</td><td>358</td><td>358</td><td>369</td><td>822</td><td></td><td>127</td></tr></table> | 2015 | 254 | 358 | 358 | 369 | 822 |  | 127 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2015 | 254 | 358 | 358 | 369 | 822 |  | 127 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | People moving on in a planned way | 68 | 📈 89 | 📉 54 | 📈 74 | 285 | 75% | 22% | |  | | <table><tr><th>Indicator</th><th>Period</th><th>Notts Count</th><th>Notts Value</th><th>Region Value</th><th>England Value</th><th>Worst/ Lowest</th><th>England Range</th><th>Best/ Highest</th></tr><tr><td>1.15i - Statutory homelessness - Eligible homeless people not in priority need</td><td>2015/16</td><td>101</td><td>0.3*</td><td>0.5*</td><td>0.9</td><td>35.0</td><td></td><td>-1.0</td></tr><tr><td>1.15ii - Statutory homelessness - households in temporary accommodation</td><td>2015/16</td><td>92</td><td>0.3*</td><td>0.4*</td><td>3.1</td><td>8.9</td><td></td><td>0.1</td></tr></table> | Indicator | Period | Notts Count | Notts Value | Region Value | England Value | Worst/ Lowest | England Range | Best/ Highest | 1.15i - Statutory homelessness - Eligible homeless people not in priority need | 2015/16 | 101 | 0.3* | 0.5* | 0.9 | 35.0 |  | -1.0 | 1.15ii - Statutory homelessness - households in temporary accommodation | 2015/16 | 92 | 0.3* | 0.4* | 3.1 | 8.9 |  | 0.1 | | | | |
| Indicator | Period | Notts Count | Notts Value | Region Value | England Value | Worst/ Lowest | England Range | Best/ Highest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.15i - Statutory homelessness - Eligible homeless people not in priority need | 2015/16 | 101 | 0.3* | 0.5* | 0.9 | 35.0 |  | -1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.15ii - Statutory homelessness - households in temporary accommodation | 2015/16 | 92 | 0.3* | 0.4* | 3.1 | 8.9 |  | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utilisation of accommodation | 99.8% | 📊 100.4% | 📊 101.9% | 📊 101.40% | 100.9% | n/a | n/a |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Self reported wellbeing, Adults in contact with secondary mental health services who live in stable and appropriate accommodation CoProduction | Medium | 4.09 | % Improvement in mental health and wellbeing from entry and at 12 months (based on WEMWBS) - mean WEMWBS score | 50% | 📈 80% | 📉 51% | 📈 67% | 62% | increase over year | achieved | |  | <div>4.09ii - Proportion of adults in the population in contact with secondary mental health services</div> <table><tr><td>2013/14</td><td>27,466</td><td>4.9%</td><td>5.6</td><td>5.3</td><td>14.6%</td><td></td><td>2.4%</td></tr></table> <div>4.09i - Excess under 75 mortality rate in adults with serious mental illness</div> <table><tr><td>2013/14</td><td>-</td><td>370.1</td><td>337.1</td><td>351.8</td><td>587.7</td><td></td><td>135.4</td></tr></table> | 2013/14 | 27,466 | 4.9% | 5.6 | 5.3 | 14.6% |  | 2.4% | 2013/14 | - | 370.1 | 337.1 | 351.8 | 587.7 |  | 135.4 | | | | | | | | | | | | | | | | |
| | | | 2013/14 | 27,466 | 4.9% | 5.6 | 5.3 | 14.6% |  | 2.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2013/14 | - | 370.1 | 337.1 | 351.8 | 587.7 |  | 135.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % of clients with improvement in WEMWBS scores | 50% | 📈 80% | 📉 64% | 📊 64% | 65% | increase over year | achieved | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % of clients in stable accommodation | 100% | 📊 100% | 📊 100% | 📊 100% | 100% | increase over year | Achieved | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduction in statutory homelessness Adults in contact with mental health services who live in stable and appropriate accommodation Moving Forward | Medium | 1.15 | Number of clients entered the service by quarter | 134 | 📈 142 | 📈 207 | 📉 139 | 622 | n/a | n/a | |  | <div>1.15i - Statutory homelessness - Eligible homeless people not in priority need</div> <table><tr><td>2015/16</td><td>101</td><td>0.3*</td><td>0.5*</td><td>0.9</td><td>35.0</td><td></td><td>-1.0</td></tr></table> <div>1.15ii - Statutory homelessness - households in temporary accommodation</div> <table><tr><td>2015/16</td><td>92</td><td>0.3*</td><td>0.4*</td><td>3.1</td><td>8.9</td><td></td><td>0.1</td></tr></table> | 2015/16 | 101 | 0.3* | 0.5* | 0.9 | 35.0 |  | -1.0 | 2015/16 | 92 | 0.3* | 0.4* | 3.1 | 8.9 |  | 0.1 | | | | | | | | | | | | | | | | |
| | | | 2015/16 | 101 | 0.3* | 0.5* | 0.9 | 35.0 |  | -1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2015/16 | 92 | 0.3* | 0.4* | 3.1 | 8.9 |  | 0.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Number and % of entry clients completing WEMWBS on entry in to the service | 78 (58%) | 📈 100 (70%) | 📉 96 (46%) | 📈 110 (79%) | 63% | Q1 40% Q2 60% Q3 75% Q4 80% | Q1 58% Q2 70% Q3 46% Q4 79% | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Number of clients exited the service by quarter | 218 | 📉 140 | 📈 202 | 📈 212 | 772 | n/a | n/a | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number and % of entry clients completing WEMWBS on exit from the service | 7 (3%) | 📊 8 (6%) | 📈 35 (17%) | 📊 35 (17%) | 10.8% | Q1 40% Q2 60% Q3 75% Q4 80% | Q1 3% Q2 6% Q3 17% Q4 17% | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On exit WEMWBS score had increased by 3 or more from entry | 5 | 📉 4 | 📈 8 | 📈 22 | 39 | n/a | n/a | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Public Health Area | Complaints relating to Health Contracts | | | Summary of Serious Incidents (SI's) | | | Freedom of Information |
|--|---|---|--------------------------------------|-------------------------------------|--|--------------------------------|---|
| | No.of new Complaints in period | No.of Complaints under investigation in | No.of Complaints concluded in period | No.of new SI's in period | No.of SI's under investigation in period | No.of SI's concluded in period | Freedom of Information Requests relating to |
| Alcohol and Drug Misuse Services | | | | 3 | 2 | 1 | 1 |
| Pharmacy | | | | | | | |
| Mental Health | | | | | | | |
| Information relating to management functions | | | | | | | |
| Sexual Health | | | | | | | 1 |
| Cross Departmental | | | | | | | |
| Obesity Prevention | | | | | | | 1 |
| NHS Health Checks | | | | | | | |
| Tobacco Control | | | | 2 | | | |
| CYP | | | | 1 | | | 1 |
| Domestic Abuse | | | | | | | 1 |

Complaints

None received, under investigation or concluded in period.

Serious Incidents

Due to the confidential nature of the Serious Incidents, further information is not shared in this report. These are managed by the Public Health Clinical Governance Panel.

Freedom of information act requests:

Information requests about commissioning – costs, type of contract, dates, plans for recommissioning (Substance misuse, sexual health, domestic abuse)

Information request about service performance – numbers of participants, outcomes (weight management service)

Information request about service delivery – numbers of staff commissioned (CYP 0-19 contract)

10th July 2017

Agenda Item: 6

**REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****PROPOSALS FOR THE USE OF THE IMPROVED BETTER CARE FUND
2017/18****Purpose of the Report**

1. The report presents how the Council intends to spend the additional funding announced in the Chancellor's budget statement on 8th March 2017, in line with the associated conditions, and requests approval from the Committee for the specific expenditure and establishment of posts where required.

Information and Advice

2. The Spending Reviews of 2015 and 2017 have identified new money for adult social care in the form of the Improved Better Care Fund. This new element of the Better Care Fund is to be paid directly to local authorities for adult social care - amounting to £2.6bn by the end of the Parliament. In Nottinghamshire the original Improved Better Care Fund and the additional Improved Better Care Fund will provide an additional £64.13m over three years - with £16.06m in 2017/18, £21.56m in 2018/19 and £26.51m in 2019/20. The additional money announced is temporary.
3. The additional funding was announced by the Chancellor of the Exchequer in his budget statement of 8th March 2017 in response to national widespread concerns and calls for action about the funding of adult social care. The grant conditions for the additional funding to be paid to a local authority under this determination were confirmed on 27th April. The conditions are that the funding is to be spent on:
 - adult social care and used for the purposes of meeting adult social care needs
 - reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and
 - stabilising the social care provider market.
4. In terms of the wider context, the funding is also intended to support councils to continue to focus on core services, including to help cover the costs of the National Living Wage, which is expected to benefit up to 900,000 care workers. This includes maintaining adult social care services, which could not otherwise be maintained, as well as investing in new services, such as those which support best practice in managing transfers of care.

5. The Government will be writing to local authorities asking them to certify that the additional funding provided in the budget will be additional to existing plans for spending on adult social care in 2017/18.
6. The funding is provided through the Better Care Fund (BCF), which is a pooled budget arrangement overseen locally by the Health and Wellbeing Board. This Fund requires agreement between the Council and local Clinical Commissioning Groups (CCGs) through the Health and Wellbeing Board. Discussions have taken place with the Chief Officers of the Clinical Commissioning Groups. A summary of the proposals and the approach to allocating the funding was presented to the Nottinghamshire Health and Wellbeing Board on 28th June 2017.
7. In 2017/18 the total pooled budget for Nottinghamshire is £72.752 million. The latest policy framework for integration and the Better Care Fund was published in March. For 2017-19, there are four national conditions for BCF plans, rather than the previous eight:
 - Plans to be jointly agreed
 - NHS contribution to adult social care is maintained in line with inflation
 - Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
 - Managing Transfers of Care (a new condition to ensure people's care transfers smoothly between services and settings).
8. Local authorities and CCGs also have a joint responsibility to implement each of the best practices set out in the High Impact Change Model for reducing delayed transfers of care, developed by the Local Government Association (LGA), NHS England and NHS Improvement (NHSI). The 7 changes listed in the High Impact Change Model are listed in **Appendix 1**.
9. The Council has received notification from the regional Better Care Fund Manager that an audit of the Improved Better Care Fund – led by the Department of Communities and Local Government (DCLG) - will be undertaken during this financial year, to demonstrate that the funding is being spent appropriately. The audit will be based on the changes identified in the High Impact Model. In addition at least 20 reviews of health and social care systems will be undertaken by the Care Quality Commission with a focus on how the funding is being spent.

The proposed plan for use of the new element of the Improved Better Care Fund in Nottinghamshire 2017/18

10. The proposed plan for the additional money is based on:
 - the need to meet the grant conditions
 - maintaining and improving performance of adult social care services
 - meeting targets in the Improved BCF and the High Impact Change Model (as above)
 - dealing with some of the current resource and performance risk areas
 - reducing dependence on Council reserves next year
 - offsetting some challenging savings targets.

11. Planning for use of the additional money also took into account the principles of the Council's Adult Social Care Strategy, as well as ongoing work to support current programmes focused on the transformation of social care provision and the delivery of savings targets identified over the last few years. The Adult Social Care Strategy seeks to manage demand and cost by:
 - promoting independence and wellbeing
 - ensuring value for money, and
 - promoting choice and control.
12. The Adult Social Care Strategy has sought to provide a legal and ethical framework for delivering sustainable savings in response to unprecedented reductions in central government funding. It is intended to protect support for people with the highest long term needs and lowest incomes, while encouraging other people to be more independent through offering alternatives to social care support or short term support to enable a return to independence. The County Council is approaching a savings target of £100 million from its adult social care budget (from 2011/12 - 2019/20).
13. The priority areas identified for allocation of the existing Improved Better Care Fund and the new element of the Improved Better Care Fund in 2017/18 are shown below. This amounts to £16.06m for 2017/18. They are listed under the headings of the three grant conditions. It should be noted that the costs shown are for 2017/18 only at this stage, as it is plans for this year that are required for national submission. A number of the areas of activity identified will also have funding requirements in the following 2 years that the temporary funding is available.
14. The costs are presented on a pro rata basis to show what will be required in the year 2017/18, and what the full year effect is. A table summarising all the posts requested for approval can be found in the recommendations below. The posts to be established for approval in the table, and those identified in the body of the report that will be funded from the Improved Better Care Fund, are requested for the period of up to 3 years that the funding is available, during which time the Council would reasonably anticipate further national announcements on the future of adult social care funding.

Grant condition 1 - adult social care and meeting adult social care needs

Enhanced capacity to support Team Managers to meet new statutory obligations and staff to undertake complex care assessments, and temporary capacity to undertake a review of the assessment and care management structure - £384,000 (pro rata, full year effect £768,000 for Team Manager and frontline staffing capacity), £40,000 (pro rata, full year effect £80,000 – for review of the structure over 2 years)

15. An additional 4 peripatetic FTE Team Managers across the County will create the capacity to support managers with growing areas of responsibility, such as Deprivation of Liberty authorisations, safeguarding audit work and the new competency framework.
16. Enhanced social worker capacity is required to meet statutory duties relating to four key areas of work, where there is increasing demand and pressures on current staffing due to the complexity of the work involved. These are Community Deprivation of Liberty Safeguards, Care and Treatment Reviews, increased safeguarding referrals and

investigations and Advanced Mental Health Practitioner (AMHP) assessments. The funding will cover the cost of 9.3 FTE Social Workers, 2 FTE AMHPs and 2 x 0.5 FTE Team Manager posts.

17. Temporary funding for one year over a two year period will also enable a review of resources, capacity, pressures and activity to inform a future structure for the whole of assessment and care management staffing. The associated posts required are 1 FTE Project Manager and 0.5 FTE Programme Officer.

Demand in younger adults' services - £3.368m (full year effect)

18. This is a known pressure on the adult social care budget resulting from an increased demographic demand for care and support services for younger adults with learning disabilities, mental health needs and Autism Spectrum Disorders. Many of these adults have complex health and social care needs, are living longer and are reliant on ageing carers.
19. The national policy under the Transforming Care Programme to move people with complex needs relating to learning disabilities and autism out of long stay hospitals into smaller scale community provision has also meant more people require bespoke community provision to meet their needs. Changes to national policy in relation to housing benefit has affected the development of supported living facilities and the level of demand for appropriate residential care has made it more difficult to manage costs in the care market. The funding will be used to secure the appropriate care and support services for people, in their communities wherever possible.

Implementation of safeguarding audits - £40,000 (pro rata, full year effect £80,000)

20. This capacity is required to support new work to be introduced as a result of the recent independent review of current practice in relation to adult safeguarding interventions. The additional staffing resource will support implementation of a robust and sustainable quality assurance framework to provide the Council with confidence that adult safeguarding practice is sound. The Care Act 2014 places a statutory duty on local authorities to lead and to have in place robust systems and processes in relation to adult safeguarding. The requirement is for 1 FTE Designated Adult Safeguarding Manager, and 1 FTE Business Support Officer.

Enhanced staffing capacity in the Adult Access Service - £123,000 (pro rata, full year effect £262,000)

21. This will support transformation at the point of contact with the Council, especially with development of the 3 Tier Model. The aim of this model is to resolve enquiries at the earliest possible stage by connecting people to existing community resources or short-term support that avoids or delays the need for long-term packages of care. The posts required are 1 FTE Advanced Social Work Practitioner, 1 FTE Social Worker and 2 FTE Community Care Officers, in the first year of implementation of the new model.

Immediate capacity at the Adult Access Service to support auto-scheduling work - £33,000 (pro rata, full year effect £66,000)

22. Auto-scheduling allows service users to make an appointment for an assessment or review at a convenient time for them. This represents a significant customer service improvement, as previously this would be done much later in the process after being picked up by a district social worker. It has also contributed to an improvement in workflow management for the department and has seen an increase in the number of assessments completed within the 28 day timescale. The Adult Access Service has also taken on the triaging of Customer Service Centre Update Messages. These are queries from existing service users that can often be resolved at an early stage but were previously directed to district teams. The proposal is for 2 FTE Community Care Officers in the Adult Access Service to absorb general work and allow additional capacity to support auto-scheduling.

Pressures on the service user transport budget - £478,000 (full year effect)

23. An appropriate budget for service user transport is required to allow people to access services that help them to remain at home and in their communities, e.g. day services, respite care. Historically there has not been sufficient funding to meet identified needs in this area. The proposal focuses on the day services element of the overall adult social care transport budget.

Continued investment in prevention services – £1,214,000 (full year effect)

24. Prevention services are a critical component of the Adult Social Care Strategy, and reducing demand for statutory services. The Care Act made prevention a statutory duty for local authorities. Currently services are supported via the Public Health grant, however the outcomes of the services are more closely aligned to adult social care priorities, and do not meet the conditions for expenditure from Public Health. This proposal relates to continued funding to support Nottinghamshire Help Yourself (£7,700), Connect services (£200,000), the Adult Social Care Co-production team (£206,000) and the Moving Forward service (£800,000).
25. The Nottinghamshire Help Yourself website is a partnership between health, the voluntary sector and the Council to bring information and advice for the public into a central place. The service budget funds the site licence, maintenance and development of the site, including officer time involved in growing the content, developing partnerships and supporting others to make best use of the site.
26. Connect prevention services are commissioned from three external providers: NCHA covering Bassetlaw; Age UK covering mid Nottinghamshire and Metropolitan covering south Nottinghamshire. The service provides two tiers of support: brief interventions and short term support with a view to maintaining people's independence and finding solutions for them within their local community.
27. The Co-production team consists of a team leader and three workers who engage with people with mental health needs to improve health and well-being. Co-production is managed as a project with members who are active participants in their own health and wellbeing. The service can provide evidence of a significant impact on improving

people's health and well-being, therefore reducing instances of mental ill-health re-occurring. The Moving Forward service is a mental health support service commissioned from Framework Housing Association. The core service now mostly provides support for people with mental health needs that also have housing, debt and financial difficulties that adversely affect their mental health and wellbeing.

Strategic change programmes to deliver social care in line with the Adult Social Care Strategy and the Sustainability and Transformation Plan - £2.0m

28. There are a number of posts approved at previous committees in order to support the implementation of current savings programmes and transformation plans in adult social care. In 2017/18 the Adult Social Care budget includes £6.9m of recurrent permanent savings; the current overall recurrent permanent savings agreed until 2019/20 is £14.8m. These posts are essential to delivery of the savings and closing the Council's long term funding gap. The department has been successful in delivering significant savings with £67m delivered to date. The posts include frontline social work practitioners, finance officers and project and programme management capacity supporting the transformation of adult social care.
29. The funding required for all the current posts is £2.4m in 2017/18 but the intention is to fund these posts, for the most part, from the Improved Better Care Fund in 2017/18. The posts are temporary and are subject to review, as they are aligned to the delivery of a range of savings projects.
30. In addition, there is some infrastructure funding required to support savings and transformation in adult social care, including the system review to align the Council's information systems.

Grant condition 2 - reducing pressures on the NHS, including supporting more people to be discharged from hospital

Increased social work capacity based at hospitals due to increased demand - £782,130 (total for County) (South - £396,000, Mid - £200,500, North - £185,000)

31. This proposal is to maintain and increase permanent social work assessment and management capacity to support hospital discharge and the 'ward linked cluster' model across the county. This includes funding social care posts in hospitals that Clinical Commissioning Groups are no longer able to fund. The funding will ensure a social care presence in emergency departments, support weekend working and have an impact on the high profile issue of Delayed Transfers of Care, with the aim of keeping these to a minimum.
32. The additional capacity put in place to cover winter 2016/17 has enabled social care staff to be linked to wards with the highest number of people requiring social care input prior to discharge. This closer way of working has demonstrated benefits for service users and the partner organisations involved, with Nottinghamshire rated between 5th and 12th best in the country for delays attributable to social care in the period from November 2016. Therefore the report requests approval for six of the Community Care Officer posts to be established - two each at Queen's Medical Centre (QMC), King's Mill Hospital (KMH) and Bassetlaw Hospital.

33. Historically, the South and Mid Nottinghamshire Clinical Commissioning Groups (CCGs) have funded some social care assessor posts in the acute hospitals to provide additional capacity to reduce delays in hospital discharge. Due to financial pressures experienced by the CCGs they are unable to continue to fund all of these posts from April 2017. The posts that deliver the Council's core functions in relation to hospital discharge planning therefore require future funding.
34. In South Nottinghamshire these posts are 2 FTE Social Workers, 3 FTE Community Care Officers, 2 Advanced Social Work Practitioners plus funding for weekend working. In Mid Nottinghamshire the posts required are 2 FTE Social Workers, 1 FTE Community Care Officer and funding for weekend working. These are all existing posts, so the intention is to fund these from the Improved Better Care Fund. In Bassetlaw, the additional posts requested for approval are 0.5 FTE Team Manager in the hospital team, and 2 FTE Social Workers supporting Transfer to Assess schemes. These are new posts that require approval for establishment.

New Models of Care – new types of social care services required to support Home First and Discharge to Assess models - £1.45m

35. There is an evidenced need to increase capacity to allow both older and younger adults to have more access to reablement services that help people to gain or regain the skills needed to live a more, or fully, independent life. These services will help service users to have access earlier and more quickly to the support they need to acquire or re-learn skills for independent living, including at weekends. This will support the whole social care sector in Nottinghamshire by ensuring resources are concentrated on individuals who have the most pressing needs, reducing the number of people who require hospital admission and ensuring that more people are able to leave hospital in a timely fashion. It will also help to reduce the cost to both health and social care as the cost of care and support will reduce as independence for people increases.
36. The funding will be used to increase front line and assessment capacity in the Council's Short Term Assessment and Reablement Team (START) service to increase the number of people being supported, and widen the criteria to younger adults (£950,000). This also includes the associated IT purchases in connection with these posts. The funding will also cover the cost of extending the current Programme Officer post to the end of March 2018. This role is essential in supporting recruitment of the new staff, and training them to use the new technology, which is critical in scheduling support to service users and ensuring the capacity of the service is maximised.
37. The proposal would also enhance capacity in the Notts Enabling Service to work with people with disabilities who approach the Council and people who are already receiving longer term support from social care services (£450,000). In addition more capacity will be created in the Brighter Futures service, which is commissioned from an independent provider, to support people with a learning disability, autism or brain injuries to live more independent lives with greater levels of self-esteem (£50,000). The additional posts associated with START and the Notts Enabling Service are listed in the table below.

Implementation of an Information Technology project to improve exchange of information and speed up decision making and processes across health and social care - £345,000 (full year effect)

38. An exploratory IT project across health and social care has devised a simple way of accessing key information for health and social care professionals from each other's systems. This project has been tested out at Kings Mill Hospital, allowing health employees based in the Emergency Admission Unit to have access to agreed social care information held on the Council's electronic record system. This has helped to speed up clinicians' decision making, improve discharge planning and reduce requests generated to hospital based social care employees, who can spend much of their time looking up simple information. The second phase of the project will allow social workers to have access to information they regularly request from health colleagues. The Council is keen to implement this solution between health and social care information systems throughout Nottinghamshire, as it shows high potential for significant savings of staff time. The funding to support this project is required for three years.

Grant condition 3 – Stabilising the social care provider market

National Living Wage (NLW) increases and inflation for Fair Price for Care - £5.645m (full year effect)

39. This is a known budget pressure, relating to ensuring sustainability and stability of the social care market. It has arisen as a result of legislative changes which came into effect from April 2016 with the introduction of the National Living Wage. In addition there are pressures in relation to inflationary increases applied to older adults' care homes in accordance with the Fair Price for Care. The financial impact of the NLW increase and the Fair Price for Care index linked inflationary increase for 2017/18 is £5.645m.
40. The Council contracts with a large number of external providers for adult social care services. In order to ensure that the Council can continue to commission the services to meet its statutory duties in relation to the provision of adult social care services, the Council needs to pay increased fees to meet the increased costs that the care providers are now incurring arising from the implementation of the National Living Wage. Concerns remain about the sustainability of the adult social care market and providers continue to report considerable difficulties in recruiting and retaining care staff including nursing staff. There is a risk that some providers may not be able to sustain delivery of care services that are financially viable as a result of increased costs relating to staff pay and on-costs including National Insurance and pensions contributions. Evidence in other parts of the country is that providers are handing back contracts where their cost pressures are not being reflected in the fees paid by local authorities.

Capacity in Quality and Market Management Team - £80,000 (pro rata, full year effect £160,000)

41. The main role of the Quality and Market Management Team is to monitor the quality of services delivered across the county by social care providers. These include residential and nursing care homes, homecare providers, extra-care housing schemes, day services and care, support and enablement services.

42. In recent years there has been increased public awareness about the standards of care and support services brought about in part by local and national media coverage. This has led to an increase in concerns reported and also the necessity to undertake additional quality monitoring visits to services across the County in addition to visits planned by the team. These visits are often undertaken with health and Care Quality Commission colleagues and can take place outside of normal working hours. This proposal is to ensure sufficient capacity to deal with quality issues and safeguarding concerns related to the services listed above. The posts required are 4 FTE Quality Development Officers.

Increased capacity in Strategic Commissioning - £79,736 (pro rata, full year effect £159,471)

43. This proposal will enable capacity in the oversight and delivery of Direct Payments (DP). Direct Payments are a growing area of work and the additional staffing requested will ensure appropriate support to both service users and assessment and care management teams. It will enable monitoring of the effective use of Direct Payments to ensure value for money, and prevent the need for significant annual recoups from service users. The proposal will also ensure market development is supported to ensure a choice of cost effective options. The posts required are 1 FTE DP Co-ordinator, 2 FTE DP Quality Development Officers and 1 FTE Commissioning Officer.

Other Options Considered

44. The department considered a range of options for allocation of the funding within a short period of time, once the grant conditions for the funding were confirmed in late April. A number of proposals were not prioritised as they were not felt to meet the national requirements. The proposals were also presented to the Chief Executive and the Council's Section 151 Officer as well as being subject to initial discussions with the Chief Officers of the Clinical Commissioning Groups.

Reason/s for Recommendation/s

45. The Council is required to develop and submit a plan for allocation of this temporary funding for 2017/18 and to use the funding to meet the required grant conditions within the financial year. Use of the temporary funding will be subject to monitoring and audit by the Department of Communities and Local Government and there will also be reviews of local health and care systems by the Care Quality Commission.

Statutory and Policy Implications

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

Financial Implications

47. The proposed allocation of the existing and the additional funding in the Improved Better Care Fund for 2017/18 are identified in the body of the report. The total funding available in 2017/18 is £16.06m. The funding also covers the cost of some current temporary posts during 2017/18 including hospital based social care staff and staff supporting the delivery of savings projects and the transformation of adult social care services to meet current demands and respond to recent legislative changes.

Human Resources Implications (SJJ 13/06/17)

48. Any specific HR implications are identified in the body of the report. All the new posts will be recruited to in line with the authority's recruitment policy with and will be subject to the agreed employment policies. It is anticipated that the department will consider a recruitment programme to enable them to effectively appoint to all the new posts.

Implications in relation to the NHS Constitution

49. Some of the proposed allocation of the Improved Better Care Fund will meet the grant condition relating to reducing pressures on the Health Service, especially with regard to hospital discharge planning.

Safeguarding of Children and Adults at Risk Implications

50. The proposals in relation to enhancing the capacity of the Quality and Market Management team in the department, and the implementation of the safeguarding audits, will help to ensure that the Council's statutory responsibility for safeguarding adults is embedded in practice.

Implications for Service Users

51. Service users will benefit from increased capacity and a more immediate response in relation to care and support, in a number of the areas highlighted in the report.

Ways of Working Implications

52. There will be implications in teams and services where new posts are established. Managers will need to identify any implications in their areas and seek support from relevant colleagues to address these.

RECOMMENDATION/S

That the Committee:

- 1) approves the specific expenditure of the existing and the additional Improved Better Care Fund allocation for Nottinghamshire in 2017/18.
- 2) approves the establishment of the posts listed below until 31st March 2020 (unless otherwise stated).

| Proposal | Post titles |
|--|--|
| Enhanced capacity to support Team Managers to meet new statutory obligations and staff to undertake complex care assessments, and capacity to undertake a review of the assessment and care management structure | <p>4 FTE peripatetic Team Managers (Band D)</p> <p>Community DoLS 4 FTE Social Workers (Band B) 0.5 FTE Team Manager (Band D)</p> <p>Care and Treatment Reviews 1 FTE peripatetic (backfill) Social Worker (Band B)</p> <p>Safeguarding 4.3 FTE Social Workers (Band B)</p> <p>Advanced Mental Health Practitioners 2 FTE AMHPs (Band C) 0.5 FTE Team Manager (Band D)</p> <p>Assessment and care management structure review (Posts required for 12 months from date of appointment) 1 FTE Project Manager (Band D) 1 FTE Programme Officer (Band B)</p> |
| Implementation of Safeguarding audits | <p>1 FTE Designated Adult Safeguarding Manager (Band D)</p> <p>1 FTE Business Support Officer (Grade 3)</p> |
| Enhanced staffing capacity in the Adult Access Service | <p>1 FTE Advanced Social Work Practitioner (Band C) 1 FTE Social Worker (Band B) 2 FTE Community Care Officers (Grade 5)</p> <p>(Posts required for 2 years from date of appointment)</p> |
| Immediate capacity at the Adult Access Service to support auto-scheduling work | 2 FTE Community Care Officers (Grade 5) |
| Increased social work capacity based at hospitals due to increased demand | <p>South Notts 2 FTE Community Care Officers (Grade 5)</p> <p>Mid-Notts 2 FTE Community Care Officers (Grade 5)</p> <p>Bassetlaw 0.5 FTE Team Manager (Band D) 2 FTE Community Care Officers (Grade 5) 2 FTE Social Workers (Band B)</p> |

| | |
|---|--|
| New Models of Care – new types of social care services required to support Home First, Discharge to assess models | START 21.4 FTE Reablement Support workers (Grade 2) 4 FTE Peripatetic workers (Grade 3) 2.3 FTE Reablement Managers (Band A) 3 FTE Occupational Therapists (Band B) 3.3 FTE Community Care Officers (Grade 5) 1 FTE Team Manager (Band D) 1 FTE Programme Officer (Band B) (Extension of current post from Oct 2017 to 31 st March 2018) Notts Enabling Service 1 FTE Team Manager (Band D) 2 FTE Social Workers or Occupational Therapists (Band B) 1 FTE Team Leader (Band A) 9.5 FTE Promoting Independence Workers (Grade 3) 0.5 FTE Business Support Assistant (Grade 3) |
| Capacity in Quality and Market Management Team | 4 FTE Quality Development Officers (Band A) |
| Increased capacity in Strategic Commissioning | 1 FTE DP Co-ordinator (Grade 4) 2 FTE DP Quality Development Officers (Band A) 1 Commissioning Officer (Band C) |

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Constitutional Comments (LM 28/06/17)

53. The recommendations in the report fall within the Terms of reference of the Adult Social care and Public Health Committee.

Financial Comments (KAS 22/06/17)

54. The financial implications are contained within paragraph 47 of the report.

Background Papers and Published Documents

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

Better Care Fund Performance and 2017-19 plan, Health and Wellbeing Board, 28th June 2017

Adult Social Care Strategy

Electoral Division(s) and Member(s) Affected

All.

ASCPH476

10 July 2017**Agenda Item: 7****REPORT OF THE PROGRAMME DIRECTOR OF TRANSFORMATION,
ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION****PROGRESS REPORT ON SAVINGS AND EFFICIENCIES****Purpose of the Report**

1. To provide a progress report to the Committee on budget savings projects being delivered by the Adult Social Care, Health and Public Protection (ASCH&PP) department over the period 2016/17 to 2019/20. Please note that this report excludes progress on the savings projects falling under the remit of the Community Safety and Public Health portfolios, and the Business Support Services Review (ASCH&PP and Children, Families & Cultural Services) project, which falls under the remit of the Personnel Committee.
2. To provide a progress report to the Committee on developing Community Living Networks in Nottinghamshire.
3. To notify Committee of a correction to the grade at which a part-time Commissioning Manager for Carers post is to be recruited at. The temporary post (to March 2019) was approved at the Adult Social Care & Health (ASCH) Committee meeting on 18 April 2017 at Grade D. However, approval should have been sought to recruit the post at Grade E.
4. To provide a progress report to the Committee on the Adults Portfolio of Redefining Your Council.

Information and Advice**ASCH&PP Department's Savings and Efficiency Programme 2016/17 to 2019/20**

5. The ASCH&PP department has already delivered efficiency savings of £67m over the period 2011/12 to 2015/16 through the delivery of savings and efficiency projects relating to Adult Social Care (excluding Public Protection and Public Health savings).
6. Whilst validation of year end savings for 2016/17 is still taking place for some projects, it is anticipated that it will be confirmed that a further £12m savings have been delivered, taking the total over 2011/12 to 2016/17 to £79m (excluding Public Protection and Public Health savings).
7. The department's remaining savings targets (excluding Public Protection and Public Health) are profiled as follows:

| | 2017/18 £m | 2018/19 £m | 2019/20 £m | Total £m |
|-------------------------|--------------|--------------|--------------|---------------|
| Project Savings | 6.857 | 7.575 | 0.329 | 14.761 |
| Base Budget Adjustments | 2.066 | 0.017 | | 2.083 |
| Total | 8.923 | 7.592 | 0.329 | 16.844 |

8. There are eleven high governance savings projects remaining and fourteen low governance projects. A list of these projects and their current status as at Period 2 2017/18 is provided in **Appendix 1**. This also shows any projects reporting exceptions and savings at risk of either slippage into future financial years and / or at risk of non-delivery.
9. The £2.066m base budget adjustments for 2017/18 has already been undertaken. In summary, the current position regarding the achievement of the remaining £6.857m savings in 2017/18 is as follows:
 - a) £5.012m savings (73%) are on target to be realised by year end.
 - b) £0.439m savings (6.5%) are at risk of non-delivery during 2017/18.
 - c) Delivery of £0.100m savings (1.5%) is currently anticipated to be at risk of non-delivery during 2017/18 but this is anticipated to be made up by 2019/20.
 - d) Projects with a total target of £1.306m (19%) savings are highlighting that some aspects are 'off target', though this does not necessarily mean that there will be a resultant risk to overall savings delivery. In effect, this is an early warning that action needs to be taken to rectify a problem and / or stop a position worsening. However, at this stage the scale of the issue, and any potential savings at risk of slippage or non-delivery may be unknown, and further work is required to ascertain this.
10. Within a portfolio(s) of programmes and projects of the scale of that being undertaken by the Department, it is to be expected that some projects will have delivery issues, which ultimately may result in failure to meet some or all of the savings. This is particularly the case where change has been overlaid on change and where projects are more transformational. For those projects reporting exceptions in **Appendix 1**, further detail on the reasons for these, and mitigating action in place to manage these, is provided in **Appendix 2**.
11. The overall departmental position in terms of agreed budget savings, including savings at risk, is contained within the body of the financial monitoring report that is considered by the Finance and Major Contracts Management Committee, and its associated appendix. Any change requests approved to amend projects' savings targets and / or their profile of savings are also reported to Finance and Major Contracts Management Committee.

Progress in Developing Community Living Networks in Nottinghamshire.

12. In October 2016 ASCH Committee gave approval to take forward and develop the proposal for Community Living Networks (CLN) in Nottinghamshire. The aim is to expand the choice of support available in local communities and to deliver further savings of £0.070m over three years from April 2017. At the time, Committee asked for an update in nine months.
13. Community Living Networks typically consist of up to ten service users and one Community Living Volunteer (support worker). Each service user has their own home

within a close radius of other network members and the support worker. Service users are encouraged to help and assist one another through peer support, in addition to formal support from their Community Living Volunteer. The support worker also provides a telephone and emergency response service, in much the same way as a parent or friend would. This arrangement typically suits individuals with low level learning disabilities or mental health issues who require the additional reassurance of a support network to complement the formal 3-4 hours of support they would get on a face to face basis from the support worker.

14. Work to date has focussed on establishing a working model in Worksop, with a view to using the lessons learned from this to roll out to other districts. Worksop was selected as the initial district to focus on as the District Council had expressed interest in working in partnership to develop support solutions in their area. A partnership between Nottinghamshire County Council, Bassetlaw District Council, A1 Housing, and two third sector housing providers is subsequently being developed.
15. Ten individuals currently living in self-contained supported living tenancies with 24 hour support have been identified as suitable candidates for a CLN in Worksop. Over the coming months, work will be undertaken to support them through a phased transfer to their own individual homes within a close radius of other network members and a Community Living Volunteer.
16. Based on the positive indications from work to date in Worksop, the model will now be rolled out to Newark and Mansfield. To support delivery of this, the 1.0 FTE Community Care Officer (CCO) post approved at the October 2016 ASCH Committee will now be recruited to, for commencement from October 2017 for a period of 18 months. The CCO will take the lead in the reassessment of the service users put forward for the scheme, and work closely with them and their circles of support to assist them to move. The post will also provide the key departmental link to the district councils in respect of lettings and tenancy issues in the early phases of the schemes.

Correction to 18 April 2017 ASCH Committee Update on the Integrated Commissioning Carers Strategy

17. In the Integrated Commissioning Carers Strategy Update report to the ASCH Committee on 18 April 2017, approval was sought to recruit a part-time (0.6 FTE) Commissioning Manager post for two years to March 2019, funded by the Better Care Fund (Carers Fund). Approval was obtained to recruit the post at Grade D, at an annual cost of £36,000, including on-costs. However, approval should have been sought to recruit the post at Grade E, in line with other Commissioning Manager posts within the Strategic Commissioning Team.

Adults Transformation Portfolio Update

18. A quarterly update on key achievements for the five programmes that comprise the Adults Portfolio of Redefining Your Council is contained in **Appendix 3**. The Portfolio is reporting good progress in achieving key outcomes and benefits required from the programme. The update also provides a forward view for the next three months. Policy Committee also receives quarterly reports on progress against the Council's Strategic

Plan and Redefining Your Council. This report was last presented at the meeting on 26th June 2017.

Other Options Considered

19. There are no other options to outline in relation to this report as it updates Committee on:
- a) Existing budget saving projects currently being delivered by the ASCH&PP Department
 - b) Progress in developing Community Living Networks in Nottinghamshire
 - c) A clarification relating to the grading of a post approved at its March 2017 meeting; and
 - d) Progress on the Adults Portfolio of Redefining Your Council.

Reason/s for Recommendation/s

20. To continue to support delivery of the Adults Transformation Portfolio, including the savings and efficiency programme.

Statutory and Policy Implications

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

Financial Implications

22. Progress in achieving the 2016/17 to 2019/20 savings targets for each existing project is detailed in **Appendices 1 and 2**.
23. The 1.0 FTE Community Care Officer post that will support delivery of the Community Living Networks in Nottinghamshire will be funded through existing reserves, at a cost of £48,000, as approved at ASCH Committee on 10 October 2016.
24. There are no additional cost associated with the change of Grade from D to E for the 0.6 FTE Commissioning Manager post, as the annual cost (including on-costs) of £36,000 referenced in the original approval applies to a Grade E post. This will be covered by the Better Care Fund.

Public Sector Equality Duty implications

25. The equality implications of the projects have been considered during the development of the projects and, where required, Equality Impact Assessments undertaken.

Implications for Service Users

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

RECOMMENDATION/S

That the Committee:

- 1) notes the progress with budget saving projects being delivered by the Adult Social Care, Health and Public Protection department over the period 2016/17 to 2019/20, as detailed in **Appendices 1 and 2**.
- 2) notes the progress being made in developing Community Living Networks in Nottinghamshire.
- 3) notes the clarification relating to the change of grade for the part-time Commissioning Officer post approved at Adult Social Care and Health Committee on 18 April 2017.
- 4) notes the key achievements of the Adults Portfolio of Redefining Your Council, as outlined in **Appendix 3**.

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Constitutional Comments

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

Financial Comments (KAS 23/06/17)

28. The financial implications are contained within paragraphs 22-24 of the report.

Background Papers and Published Documents

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

- Report to Adult Social Care and Health Committee, 10 October 2016. *Development of KeyRing Services*.

- Report to Adult Social Care and Health Committee, 12 December 2016. *Outcome of Two Consultations: Brokerage for Self-Funders and Mid-Nottinghamshire Savings Proposals.*
- Report to Adult Social Care and Health Committee, 6 February 2017. *Savings and Efficiencies Update.*
- Report to Adult Social Care and Health Committee, 18 April 2017. *Integrated Commissioning Carers Strategy Update.*
- Report to Policy Committee, 26 June 2017: *Quarterly Performance Report on Progress Against the Strategic Plan and Redefining Your Council.*
- Report to Adult Social Care and Health Committee, 10 July 2017. *Implementation of Charges for Brokerage and Increases in Charges for Money Management, Meals and Transport.*

Electoral Division(s) and Member(s) Affected

All.

ASCPH478

Appendix 1: Project Statuses as at May 2017 Highlight Reports and Period 02 Budget Monitoring Information - ASCH

Appendix 1

| Project Name | Project Status (Last Month) April 2017 | Project Status (This Month) May 2017 | | | | | | | | | | Savings delivered in an alternative way | Net at risk amount |
|--------------|--|--|--------------------|--------------------|--------------------|------------------|--------------------|--------------------|--------------------|--------------------|------------------|---|--------------------------|
| | | | 2017/18 (£000)s | 2018/19 (£000)s | 2019/20 (£000)s | Total (£000)s | 2016/17 (£000)s | 2017/18 (£000)s | 2018/19 (£000)s | 2019/20 (£000)s | Total (£000)s | | |

High Governance Projects

| | | | | | | | | | | | | | |
|--|------------------------|------------------------|-------|-------|-----|--------|------|------|------|------|------|---|------|
| Living at Home Phase II | Closed or Completed | Closed or Completed | 0 | 0 | 0 | 0 | 52 | | -114 | | -62 | | -62 |
| Reduction in long-term care placements | At Risk | At Risk | 300 | 435 | 35 | 770 | 95 | 100 | 200 | -395 | 0 | | 0 |
| Reducing the Costs of residential Placements - Younger Adults | At Risk | At Risk | 0 | 500 | 0 | 500 | 742 | -502 | 236 | | 476 | | 476 |
| Care and Support Centres | Experiencing Obstacles | Experiencing Obstacles | 292 | 3,268 | 294 | 3,854 | | | | | 0 | | 0 |
| Direct Payments | On Target | On Target | 580 | 1,280 | 0 | 1,860 | | | | | 0 | | 0 |
| Promoting Independence in supported living and outreach services | Experiencing Obstacles | On Target | 500 | 250 | 0 | 750 | -111 | | | | -111 | | -111 |
| Promoting Independent Travel | At Risk | At Risk | 389 | 0 | 0 | 389 | 167 | 389 | | | 556 | | 556 |
| Early Resolution (Consulted on as - C05 New operating model for the Social Care Pathway) | On Target | On Target | 176 | 176 | 0 | 352 | | | | | 0 | | 0 |
| Targeted Reviews | On Target | On Target | 1,010 | 1,010 | 0 | 2,020 | -692 | -4 | | | -696 | | -696 |
| Further Expansion of Assistive Technology to Promote Independence | On Target | On Target | 543 | 40 | 0 | 583 | | | | | 0 | | 0 |
| ASCH Strategy Phase II | Experiencing Obstacles | Experiencing Obstacles | 750 | 375 | 0 | 1,125 | | | | | 0 | | 0 |
| High Governance | | | | | | | | | | | | | |
| | | | 4,540 | 7,334 | 329 | 12,203 | 253 | -17 | 322 | -395 | 163 | 0 | 163 |

Low / Medium Governance Projects

| | | | | | | | | | | | | | |
|--|------------------------|------------------------|-----|----|--|-----|----|----|----|--|-----|--|-----|
| Various options to reduce the cost of the intermediate care service | On Target | On Target | 800 | | | 800 | | | | | 0 | | 0 |
| Gain alternative paid employment for remaining Sherwood Industries staff | On Target | Closed or Completed | 35 | | | 35 | | | | | 0 | | 0 |
| Partnership Homes | On Target | On Target | 292 | | | 292 | | | | | 0 | | 0 |
| Reduction in transport budget | At Risk | At Risk | 50 | 50 | | 100 | 50 | 50 | 50 | | 150 | | 150 |
| Investment in Shared lives | Experiencing Obstacles | Experiencing Obstacles | 60 | 60 | | 120 | | | | | 0 | | 0 |
| Improving collection of Continuing Healthcare funding | Closed or Completed | Closed or Completed | 350 | | | 350 | | | | | 0 | | 0 |

| Project Name | Project Status (Last Month) April 2017 | Project Status (This Month) May 2017 | | | | | | | | | | Savings delivered in an alternative way | Net at risk amount |
|---|--|--|--------------------|--------------------|--------------------|------------------|--------------------|--------------------|--------------------|--------------------|------------------|---|--------------------------|
| | | | 2017/18 (£000)s | 2018/19 (£000)s | 2019/20 (£000)s | Total (£000)s | 2016/17 (£000)s | 2017/18 (£000)s | 2018/19 (£000)s | 2019/20 (£000)s | Total (£000)s | | |
| Increase in transport charge | On Target | On Target | 80 | | | 80 | -99 | | | | -99 | | -99 |
| Charge for Money Management service | At Risk | At Risk | 134 | | | 134 | | | | | 0 | | 0 |
| Integrated Community Equipment Loan Scheme (ICELS) | Experiencing Obstacles | Experiencing Obstacles | 350 | | | 350 | | | | | 0 | | 0 |
| Review of partnership expenditure in Mid-Notts | On Target | On Target | 67 | | | 67 | | | | | 0 | | 0 |
| Maximise the income available to the Council's directly provided adult social care services | On Target | On Target | 60 | 70 | | 130 | | | | | 0 | | 0 |
| Cessation of First Contact | On Target | On Target | 21 | | | 21 | | | | | 0 | | 0 |
| Brokerage for Self-Funders - full cost recovery | At Risk | At Risk | 12 | 28 | | 40 | | | | | 0 | | 0 |
| START scheduling service users visits | On Target | On Target | 6 | 33 | | 39 | | | | | 0 | | 0 |
| Low / Medium Governance | | | 2,317 | 241 | 0 | 2,558 | -49 | 50 | 50 | 0 | 51 | 0 | 51 |
| Total | | | 6,857 | 7,575 | 329 | 14,761 | 204 | 33 | 372 | -395 | 214 | 0 | 214 |

Key for Status

| | |
|------------------------|---|
| On Target | 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. |
| Experiencing Obstacles | ##### |
| 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. |
| Compromised | 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. |
| Closed or Completed | 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. |
| No Status | Awaiting major points of clarification / decision-making to enable PID and plan to be completed. |

Project exceptions for 2017/18 – reasons and mitigating action

| Project | Reason for Exception | Mitigating Action |
|--|--|---|
| Living at Home (Phase II) | <p>Under delivery of £0.052m on 2016/17 target.</p> <p>There has also been slower than projected progress with partners regarding the development of some of the new Extra Care schemes, some of which are linked to the closure of the Care and Support Centres</p> | <p>The £0.052m shortfall will be made up by Full Year Effect in 2018/19, with a total of £0.114m savings projected to be delivered with no savings target currently allocated.</p> |
| Reduction in long-term care placements | <p>Although the project exceeded its 2016/17 savings target by £0.102m, there is still a short-fall against target savings over 2014/15 to 2016/17 of £0.095m. In addition, there is a risk of under delivery of up to £0.100m of the 2017/18 savings target. However, it is anticipated that this, together with savings at risk of under delivery over 2014/15 to 2018/19 will be made up in 2019/20.</p> <p>A lack of supply of suitable housing in Nottinghamshire has meant that less people have been able to move out of residential care and into supported living than planned.</p> <p>The government's decision to remove the top up element of housing benefit that essentially funds supported housing from the housing benefit system and place it under local authority control (now from 2019), has meant that investment in supported housing is now riskier for housing associations and their investors. As a consequence, only two new supported living developments were completed in 2016/17.</p> | <p>The Council is playing an active part in the national consultation on funding arrangements from 2019.</p> <p>Local mechanisms for assuring providers were approved by Policy Committee in October 2016, including possible rent underwriting in order to help offset provider risks.</p> <p>The Council has continued to develop a list of approved housing providers and there has been a focus on filling existing vacancies in supported living settings.</p> <p>Soft market testing is being undertaken with providers and in some circumstances competitive dialogue may be the preferred tender option to enable the best use of current housing supply / options until the housing market regains confidence.</p> |

| Project | Reason for Exception | Mitigating Action |
|---|--|---|
| Reducing the Costs of residential Placements - Younger Adults | <p>It is currently anticipated that £0.502m of the £0.742m under delivery over 2015/16 and 2016/17 will be made up in 2017/18. However, a further £0.236m may be at risk of under delivery in 2018/19, meaning a total of up to £0.476m may be at risk on non-delivery by the end of the project's lifetime in March 2019.</p> <p>Progress with negotiating and agreeing changes to care packages with providers' remains slower than originally anticipated as this is the first detailed work of its kind with the residential market, requiring time to implement change management. For example, some providers are having to adjust their business cases, re-train staff and consult with them over restructuring and rota changes. In some cases new models of care need to be slowly introduced.</p> <p>In addition, negotiations have to take account wider cost pressures and manage requests for increases as part of the reviews, particularly for placements where fee increases were not approved in 2016/17 or from April 2017, other than where providers can evidence current prices are below market value.</p> <p>The government's decision to remove the top up element of housing benefit that essentially funds supported housing from the housing benefit system and place it under local authority control from 2019 is also having a knock on effect on this project.</p> <p>A number of project staff have left during 2016/17 to seek permanent positions, and it has proved difficult to quickly re-fill these vacancies.</p> | <p>External recruitment of replacement staff being undertaken, and use of the supply register. Staff are being used across both this project and the <i>Promoting Independence in Supported Living and Outreach</i> project, in order to deploy it effectively.</p> <p>The Dynamic Purchasing System is being used to manage future fees and promote independence. This complements the ongoing use of the Care Funding Calculator for new placements.</p> <p>Providers are being asked to risk assess recommendations presented to them, when required. Support and training is being given to relevant providers on how to promote the independence of service users and build on people's strengths.</p> <p>Where viable, the use of Assistive Technology is being considered, and joint reviews with Health colleagues has been agreed, on placements receiving Continuing Healthcare funding.</p> <p>The review work is providing the opportunity to talk to providers about the direction of travel and services required in the future. This should mean that, over time, the market can respond to the need for high quality services that aim to move people on, promoting independence and offering good value for money.</p> <p>During phases III and IV of the project some reviews undertaken during Phases I and II are being re-visited.</p> |

| Project | Reason for Exception | Mitigating Action |
|--------------------------------|---|---|
| Care and Support Centres (CSC) | There is the potential for delayed delivery of savings due to the linkage between the closure of care and support centres and the delivery of Extra Care schemes. The impact of this requires further assessment, and timescales may need to be adjusted accordingly in the future. | The impact of this, and the timing of establishing alternative services, e.g. short term beds, is being assessed. |
| Promoting Independent Travel | <p>Of the £0.191m savings target of 2016/17, only £0.024m was achieved, and all of the £0.389m savings profiled for 2017/18 are at risk of non-delivery.</p> <p>The revised transport criteria that supports delivery of the target savings was launched in July 2016. Since then, 765 service users have had a transport eligibility assessment undertaken. Of these, 80% have gone on to be provided with transport assistance, with only 20% travelling independently.</p> <p>Although some savings have been realised by a small reduction in the number of people being supported to travel by taxi, not enough people travelling on fleet transport services have been supported to travel independently in order to facilitate a re-routing or removal of any of the fleet vehicles.</p> | <p>An options report was taken to the Corporate Leadership Team for consideration in May 2017 proposing a range of initiatives to support the department to achieve a balanced transport budget. Subsequently, a change request is being considered, seeking approval to write off the project's remaining savings target.</p> <p>In addition, alternative mitigating initiatives are to be explored that would help to reduce ongoing transport spend (or to at least manage demand within revised budgets).</p> <p>In the meantime, case studies of successful cases have been developed and promoted to relevant staff, and a web-page has been developed promoting the Independent Travel Training offer in ASCH.</p> |

| Project | Reason for Exception | Mitigating Action |
|-------------------------------|--|---|
| ASCH Strategy Phase II | <p>This new project is reporting an '<i>Experiencing Obstacles</i>' status due to the following reasons, though no savings have yet been quantified at risk of slippage or non-delivery:</p> <ul style="list-style-type: none"> • It has proved difficult to recruit the required numbers of new Promoting Independence Workers (PIWs). • The number of referrals to the new Community Independence Workers from the Older Adults teams is lower than required to achieve associated savings targets this year. • There have been a low level of progression reviews undertaken by CLDTs to date. | <p>Recruitment of the remaining PIWs continues. The external advert is to be reviewed.</p> <p>An Implementation Group is to be established for three months, including operational younger adults and older adults group and team managers, to identify ways to drive up the number of referrals and to test the approach with different teams.</p> <p>A joint session is being scheduled involving promoting independence staff and community learning disability staff to promote good working relationships between teams and to begin to embed the use of periods of promoting independence for all younger adults with social care needs.</p> <p>CLDT Team Managers have been asked to prioritise progression reviews.</p> |
| Reduction in Transport Budget | <p>This project aims to reduce the amount spent on adult social care transport by £0.150m over three years (2016/17 to 2018/19) by reducing the number of fleet vehicles, using some vehicles for public transport routes, joining up transport with health services, where appropriate, and renegotiating external transport contracts. Current projections suggest that all of this is at risk of non-delivery, as an overspend is currently projected on the Adult Social Care transport budget. The budget is made up of various elements, some of which have historical overspends.</p> | <p>As with the Promoting Independent Travel project, a change request is being considered, seeking approval to write off the project's savings target.</p> <p>In addition, alternative mitigating initiatives are to be explored that would help to reduce ongoing transport spend (or to at least manage demand within revised budgets).</p> |

| Project | Reason for Exception | Mitigating Action |
|--|---|--|
| Shared Lives | The project is reporting an ' <i>Experiencing Obstacles</i> ' status, though no savings have been quantified at risk of slippage or non-delivery. The status is due to delays to the recruitment of the full complement of additional staff required to support project delivery, compounded by long term-sickness and the loss of a Team Manager during 2016/17. | <p>Any shortfall against the £0.060m target savings for 2016/17 was made up by a temporary underspend. Longer-term, there is confidence that the £0.180m savings target can be achieved over the three year period 2016/17 to 2018/19.</p> <p>A new Team Manager commenced post in mid-April 2017 and is considering alternative mechanisms for income generation.</p> |
| Charge for Money Management Service | 'At Risk' status applied to the project's status until ratification is in place from Members for an increase of £6 to the weekly charge for money management services for the appointeeship and deputyship functions which are provided to service users who are unable to manage their own finances. | This is the subject of a separate report going to 10 July ASCH Committee – see background papers. |
| Brokerage for Self-Funders - full cost recovery | 'At Risk' status applied to the project's status until ratification is in place from Members to implement a new charge for brokerage services for self-funders at a cost of £10.26 each four-week period, as previously approved at Adult Social Care and Health Committee on 12 December 2016 (see background papers), to be applied from 1 October 2017. | This is the subject of a separate report going to 10 July ASCH Committee – see background papers. |
| Integrated Community Equipment Loan Scheme (ICELS) | 'Experiencing Obstacles' status applied to the project's status since April 2017 as achievement of the savings requires a change in the split of funding between partners or an overall reduction in spend. | <p>All partners currently seeking to achieve maximum efficiency out of the ICELS contract.</p> <p>Work ongoing internally around minor adaptations, which previously contributed to the savings for the Council, and additional work is being undertaken in regard to non-catalogue items (i.e. specialist equipment).</p> <p>An additional OT has been recruited to support embedding cultural change amongst prescribing staff across all ICEL partners.</p> |

Redefining Your Council – Adult and Health Portfolio as at March 2017

| Progs. | <ul style="list-style-type: none"> • Adult Social Care Strategy & market development – preventing & reducing care needs by promoting independence • Integration with health – implementing joined-up working practices and initiatives with health • Public Health Outcomes – working with key stakeholders to establish how to allocate the current budget • Care Act Implementation – implementing the changes needed for the next stage of the Care Act • Direct Services Provision – developing different ways of delivering services |
|---|--|
| Benefits to be delivered | <ul style="list-style-type: none"> • Promoting independence and preventing, reducing and delaying the need for care and support (including providing information and advice to encourage people to look after themselves and each other) • Better and more joined-up working with partners (e.g. health) to improve outcomes for service users • More efficient, flexible and mobile staff by using technology to maximise staff time and help manage demand • Providing services that are creative, sustainable, value for money and legally compliant |
| Key achievements in last 3 months | |
| Expected delivery over next 3 months | |
| <ul style="list-style-type: none"> • Plans are in place to trial the 3 Tier Model approach across Broxtowe starting in the summer. The 3 Tier Model is designed to help people get support at an earlier time and reduce the need for long term packages of support. • The new support planning tool was launched. The new tool allows a greater focus on activity promoting people's independence, encourages setting short term goals and how to explore increased use of existing free resources. • The Notts Enabling Service (a team that looks to find community and informal alternatives to formal paid for support for new and existing service users) is now operational. Promoting independence workers in the team will teach new skills or enhance existing skills to enable the person to become more independent. This will include daily living skills, travel training and connecting people to local amenities and helping them to use them. By increasing a person's independence, formal packages of care and support can then safely be reduced. • The Adult Access Service are now scheduling appointments for all older adults who require a social care or occupational therapy appointment. This has helped reduce the amount of time people wait for an appointment. The percentage of older adults receiving a social care assessments within a 28 day timeframe has been steadily increasing from 68% in April 2016 to an average of 82% since January 2017. Removing the administration of arranging appointments from social care staff allows them to focus more time on promoting the independence of the people they are working with. | <ul style="list-style-type: none"> • Trial of the 3 Tier Model approach in Broxtowe will commence. This pilot will roll out a new approach based on 3 conversations and it will be monitored to understand how effective it is, how it should work and make comparisons with the existing approach to inform future practice. • Additional support for staff using the new support planning tool will be developed. The aim is to ensure that promoting people's independence through better support planning is a key focus of all social care teams. • As part of the work to support service users to be more independent, we are looking at how more people can travel independently across Nottinghamshire. A workshop will be undertaken with key partners to discuss ideas for further development of work to reduce the number of service users who need ongoing assistance with transport. • Further areas for improved efficiency of teams will be explored and this will include deciding if scheduling appointments and social care clinics could be more widely used either for different types of work or with different teams. Any proposals will be considered on the basis of ensuring that any efficiency gains can be channelled into promoting people's independence through better support planning and increasing reviewing activity. • The Adult Social Care Strategy will be refreshed, it will give a new focus to promoting people's independence, sharing responsibility with individuals, |

| | |
|--|--|
| <ul style="list-style-type: none"> • Nottingham Trent University has been engaged to research the costs and benefits of embedding Social Care staff within integrated Care Teams across the county. Phase 1 work with Newark West has been completed; this involved interviews with service users and carers, a focus group with staff and collecting information about what happened to 10 people supported by the team. • Work has been undertaken with health to create an integrated database called healthscope. This database will allow primary health staff such as GP's to check if patients already have a social care package in place. • Work is taking place to understand the information that is available on health systems and would be of help to social care staff but is currently not accessible for them. A pilot to share information between health and social care is running at Kings Mill Hospital and has demonstrated how increased data sharing can be achieved. • The Short Term Independence Service (STIS) in Mansfield and Ashfield was launched. Bringing together all the services that work with people on a short term basis. Often after receiving a short term service people require less or no ongoing formal support. The STIS will mean short term services can be managed more effectively and coherently. • Work to develop the business case for an Alternative Service Delivery Model for Direct services has been undertaken. This has involved developing the business case and in particular testing assumptions made about financial viability, options appraisals, governance and new business opportunities. • Mobilisation phase of the new 0-19 Health Child Programme and Public Health Nursing Service has been completed and both went live on 1 April 2017 | <p>existing networks and greater use of available community resource.</p> <ul style="list-style-type: none"> • Information collected through the Nottingham Trent University led research will be utilised to compare the effectiveness of the different routes for this group of people in to social care to inform future practice. • Further work to develop healthscope, the integrated database will take place and regular information updates will be made to keep the system up to date. • A 3-year programme plan will be put in place to implement the necessary technical and business changes across health and social care services, to improve information sharing between frontline staff. Wider rollout of the pilot at Kings Mills Hospital will be underway to ensure that more health staff can request key data on patients from the social care systems and also to provide health information to social care staff. • Further reconfiguration and recruitment will have been completed so that the Short Term Independence Service (STIS) teams can be launched in Newark and Sherwood, and Bassetlaw. Discussions will take place with Health colleagues in those areas to ensure good communication and alignment. • An updated Options Appraisal and Business Case for an Alternative Service Delivery Model (ASDM) will be finalised and made available for consideration by Members. The Business Case considers how services currently directly provided by NCC, such as Day Service and Short Breaks might be run in the future. |
| <p>Key risks to delivery</p> | <ul style="list-style-type: none"> • Pressures from changing demographics and increased responsibilities from legislation may increase demand for services. • There won't be the community based support available to provide alternatives to paid support in order to reduce demand. • Maintaining service quality as much as possible in the face of falling budgets and the continued need to find savings. • Maintaining care provision in the face of increased costs and problems with staff recruitment and retention. • Adoption of nationally proposed health models may increase demand for social care services, it is important to assess their impacts to ensure that they are implemented in a way that supports the Adult Social Care strategy. |



10 July 2017

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING ACCESS AND SAFEGUARDING

QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY

Purpose of the Report

1. The purpose of this report is to provide an update about some of the work undertaken within the Quality & Market Management Team (QMMT) including;
 - quality monitoring activity of residential and nursing care homes across the County
 - to advise about the care homes that currently have had their contracts with the Council suspended.
2. The report also advises Committee about the proposed plan for Members to undertake visits to care homes as a part of the quality monitoring of the services and seeks approval of the proposal.

Information and Advice

3. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).
4. The QMMT has responsibility for monitoring both community and care home services for adults over the age of 18 years. This includes care homes for both older and younger adults, Care Support and Enablement Services (Supported Living), Home Care and Day Care. In total there are over 350 providers delivering a range of services.
5. The Care Act 2014 places a duty on all local authorities in terms of them shaping the market to ensure that sufficient capacity is available for everyone living within the County whether they pay for the service themselves or whether they are supported by the Council.
6. There are currently 293 care homes in Nottinghamshire for both older and younger adults, 172 are for older adults and 121 for younger adults. Some of the homes are residential homes and some are nursing homes. The difference between the two is that

nursing homes have nurses on duty within the home 24 hours a day along with care support staff, and residential care homes do not employ nurses. Whilst people with very complex care needs live in residential homes, people in nursing homes need constant medical support which can be only be provided by nurses such as the dressing of wounds or the administration of some medications.

7. The number of care homes in Nottinghamshire is rising slowly and the Council is currently aware of five further care homes that are to be built in Worksop, Bingham, Chilwell, West Bridgford and the Ashfield District. One of the homes has 80 bedrooms and the rest it is understood at this point are to have 60 bedrooms, which will mean 320 additional beds available in the new homes.
8. However, whilst the Council is aware of the homes it does not have any say in where or how many homes are built, or whether the new homes will support people that need nursing care or residential care. This is relevant for both older and younger adults.
9. For older people there is a need for more nursing homes across the County and also more care homes that can support people with dementia. In Mansfield and Ashfield there is an over-provision of residential care homes and providers often contact the Council to advise that they have vacancies. This can be a problem for them in terms of ensuring that their care home is financially viable.
10. It is also already known that there is a shortage of specialist residential care placements for young people with complex care needs coming out of long stay hospitals. They need to have support that will promote their skills and enable them to be able to move in to supported living accommodation in the community over time. This type of support requires investment from providers as the more traditional care homes do not have appropriate facilities and self-contained accommodation that enables independence.
11. Whilst the Council is limited in what it can do regarding care homes that open without consultation, officers do liaise with district and borough councils and discuss the needs of local people and social care support that is available locally and the current gaps in the market. An annual Market Position Statement is also published on the Council's web site and on the Notts Help Yourself website; this explains the Council's commissioning intentions for the coming year. Ultimately though the decision about whether a care home will be built is down to individual service providers.
12. However, the impact of having an over-provision of care homes in some areas is that providers have vacancies within their homes which in turn means that their service may become financially unviable if high occupancy is not maintained. Over the past 12 months three older adults care homes (78 beds) and two younger adults care homes (15 beds) have closed making a total of 93 beds lost in the sector.
13. Providers are encouraged to look at developing services to support people with more complex care needs like dementia and providing services in different ways, for example by inviting people to have meals at the home, by offering respite for carers for short periods during the day or evening, or organising events for local people. A number of homes are developing in this way and becoming much more a part of their local community. Where people are able to build a relationship with a local care home they

may then feel more confident if support is needed in the future either for individuals themselves or for carers to have respite support.

14. Providers are also experiencing issues regarding recruitment and retention of managers and also nursing staff which is a national issue. One way that the Council in Nottinghamshire is supporting providers is by developing support networks for managers to meet and Continuous Professional Development (CPD) opportunities and network forums for nurses. The forums for nurses are arranged by health colleagues across the County. Experience has shown that where a service does not have an established manager then there are more likely to be quality issues with the service because of a lack of leadership.
15. The QMMT also works with Optimum which is a workforce development company that used to be a part of the Council but now sits outside of the organisation. Optimum distributes grant funding and is able to support providers in a number of ways, including accessing funding for training and follow up competency assessments. They also work with QMM staff to focus on homes that have had issues raised as a part of the quality monitoring and support and advise them in making required improvements to their service.
16. The Council has a proactive relationship with providers which includes both the Nottingham Care Association and individual providers who are not members of the association. Over several years it has undertaken detailed work with providers looking at fees in an attempt to ensure that it pays a fair price for care placements. As a part of the Council's Care Act duty to ensure that there is a sustainable and viable care home market across the County for both people that are funded by the Council and also for people that fund their own care, it is looking to review the previous Fair Price for Care Framework.
17. Older adults care homes are paid via a quality banding system which was introduced in 2008 and is unique to Nottinghamshire. There are five bands with band 5 being the highest quality. It is important to note that all of the homes are registered with the Care Quality Commission (CQC) and must have met their regulatory standards to be so.
18. The table below shows the bandings in 2008 compared to 2016/17; it shows very clearly how the quality of the care homes has improved as there are far more band 4 and band 5 homes now than there were previously;

| Banding | 2008/2009 | 2016/2017 |
|---------|-----------|-----------|
| Band 5 | 2 | 64 |
| Band 4 | 21 | 36 |
| Band 3 | 57 | 30 |
| Band 2 | 46 | 20 |
| Band 1 | 37 | 22 |
| Total | 163 | 172 |

19. Younger adult care homes are not paid via the banding system, they are paid on individual placements dependent on the individual's needs. They are audited in the same way as older adults care homes.

20. In addition to the quality audits older adults care homes can also apply for the Dementia Quality Mark (DQM) which attracts a payment for individuals where the service provides exceptional innovative support to people with dementia. It is anticipated that 30 homes will be awarded the DQM for 2017/18 which is a similar figure to the previous year.
21. The quality monitoring of care services, including the annual quality audit, is undertaken by Quality Monitoring Officers (QMOs) and over the past year they have been working differently and have been allocated a portfolio of care homes. They are then able to have an overview of the service and be better placed to be more responsive in supporting homes where there may be issues.
22. The team is also continuing to work with the CQC and the individual Clinical Commissioning Groups (CCGs) across the County and joint visits are also now being undertaken where possible. Where concerns about a service have been indicated a meeting is arranged with partners to address the concerns together and have a proactive approach to support the provider and the residents and also their families.
23. The team holds regular information sharing meetings which are also attended by representatives from local CCGs, CQC, Healthwatch, operational teams and the Multi-Agency Safeguarding Hub (MASH). The sharing of information and local intelligence enables the team to take a more proactive approach to quality monitoring and they now visit care homes more regularly than the annual visit to undertake the quality audit.
24. The audit tool used is currently being reviewed and adapted so that it is possible to highlight good practice and ensure that the “lived experience” of residents within a service is as good as it can possibly be and also that staff and providers are encouraged and supported to share their good news stories.
25. This work is being undertaken with providers and also partners in a co - produced way and the Care Home Forum Events are also very much a joint enterprise. The most recent event had an Expert by Experience (someone who uses services) as the Keynote Speaker and the afternoon of the event was the Optimum Annual Conference. The event was also attended by both the CQC and also CCG representatives.
26. Throughout the year the team also receives information about quality from a number of sources including families, operational staff, health, members of the public and whistleblowers, As the public becomes increasingly aware about social care services because of publicity in the media, there has been an increase in activity within the team both in terms of quality monitoring activity and in the number of Freedom of Information Act (FOIA) requests. The requests for information are submitted by members of the public, providers and the local and national media.
27. Nottinghamshire County Council has the highest number of services that are inspected and rated by the CQC in the whole of the East Midlands and whilst there are a small number of services that do have on-going issues with the quality of their service the overall picture is an improving one with the CQC reporting that the numbers of services rated as outstanding or good is increasing.

28. There are also six care homes in the County that have been rated as 'Outstanding', four are older people's care homes, Landermeads, Hatzfeld House, Wrenhall, and The Byars, and two are younger adults homes, Sutton House and Thistle Hill Hall.

Proposed plan for Members to visit residential services

29. Consideration had previously been given as to how Members can be directly involved in a quality assurance role in the care homes. In the past Members undertook rota visits to Council owned care homes but this ceased some years ago. A workshop has been held with Members and it was agreed that a proposal about how Members could be involved in quality assurance would be brought to the Committee.
30. As previously advised, QMOs hold portfolios of services (approximately 35 to 55 homes in total) and it is proposed that Members each link with a QMO to arrange visits to a number of care homes in their district. Members may also want to visit care homes across the County to be able to compare and contrast what is available locally.
31. Also, there will be support available to Members from the QMMT before the visits commence as some Members may have more experience than others of care homes and require more detailed briefings.
32. A full audit often takes the whole day and it is proposed that Members initially visit a care home when an audit is being undertaken to become familiar with the process. A check list will be provided for Members to use which will allow them to record details of their visit (see **Appendix 1**). The list links to the different domains within the Quality Audit Tool Guidance notes will also accompany the check list (see **Appendix 2**).
33. It is proposed that Members visit a mix of both younger and older adults care homes and a mix of both residential care and nursing homes from each of the five quality bandings so that they can get an overview of the different types of services available.
34. Dependent on Members' availability visits can be scheduled in for the forthcoming year. The table below shows the number of homes in each district of the County and it is proposed that Members visit either on a monthly or bi-monthly basis dependent on their availability and perhaps 6 over the year which will include two homes from each of the five bandings and a mix of residential and nursing care homes.

Younger Adults Care Homes

| District | Residential | Nursing | Total |
|------------|-------------|---------|-------|
| Ashfield | 21 | 4 | 25 |
| Bassetlaw | 16 | 2 | 18 |
| Broxtowe | 7 | 2 | 9 |
| Gedling | 13 | 0 | 13 |
| Mansfield | 19 | 2 | 21 |
| Newark | 18 | 1 | 19 |
| Rushcliffe | 15 | 1 | 16 |
| Total | | | 121 |

Older Adults Care Homes

| District | Residential | Nursing | Total |
|------------|-------------|---------|-------|
| Ashfield | 16 | 9 | 25 |
| Bassetlaw | 19 | 10 | 29 |
| Broxtowe | 11 | 11 | 22 |
| Gedling | 14 | 13 | 27 |
| Mansfield | 13 | 8 | 21 |
| Newark | 18 | 9 | 27 |
| Rushcliffe | 12 | 9 | 21 |
| Total | | | 172 |

35. Lists of all care homes (with addresses and phone numbers) within the areas of the seven borough and district councils will be made available for Members. These lists will show the type and size of the care home (residential or nursing) and whether the service is for older people or younger adults. For the care homes for older people the relevant Quality Band will be detailed. These lists will also provide details of linked Market Management Officers who oversee the work of the QMO and who deal with the DQM and Audit appeals.
36. Members requiring more information or who would like the support of a QMO will be able to contact them directly.
37. The completed check list information will be incorporated in to the audit and Members will be updated about the overall result of the audit undertaken.

Current Contract Suspensions

38. There are 293 care homes across the County that have a contract with the Council. Out of these, seven homes currently have their contracts suspended temporarily which means that the Council will not make any new placements at the service until required improvements have been made. There is also one Care, Support and Enablement Provider with a contract suspension in place. Further detail about these services can be found in the **Exempt Appendix** to this report.
39. Contracts with care homes and other providers are only suspended where there are identified areas of concern about the quality of the care at a home which are not being resolved in a timely manner. Occasionally a suspension may be as a result of a safeguarding referral about harm caused to an individual.
40. Where a suspension of contract has been implemented then representatives from the QMMT meet with residents and relatives at the home with the owner/manager to offer support and advise them about the reasons for the suspension and to give them the opportunity to discuss any issues and explain what is required of the provider. The CQC and CCG also attend these meetings when appropriate.
41. Where a suspension has been implemented the provider is required to develop an action plan that details all of the improvements required and the timescales by which they will be made. This is monitored by the relevant QMO who monitors progress and ensures that the improvements can be sustained. It is only at this point that a suspension is lifted.

Reason/s for Recommendation/s

42. The recommendation about Members' visits to care homes is being made following previous requests by Members to be involved in quality assurance visits to care homes. The update about suspensions to contracts is for noting.

Statutory and Policy Implications

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

Financial Implications

44. There are no financial implications arising from this report

Implications for Service Users

45. The Council has a duty to ensure that services available for people in Nottinghamshire are monitored to ensure that they are of good quality and that they treat people with dignity and respect. The proactive approach of quality monitoring undertaken in Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service

RECOMMENDATION/S

That:

- 1) the update about the quality monitoring activity undertaken in the residential care homes for older and younger adults is noted.
- 2) approval is given to the proposal about Members' visits to residential care homes as a part of the quality assurance of the services.

Caroline Baria

Service Director Strategic Commissioning, Access & Safeguarding

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Constitutional Comments (LM 26/06/17)

46. The recommendations in the report fall within the Terms of Reference of the Adult Social care and Public Health Committee.

Financial Comments (DG 26/06/17)

47. There are no financial implications, as per paragraph 44.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH475

CARE HOME CHECK LIST

Name/address of the Care Home

Date of visit to the Care Home (Please submit to Quality Monitoring Officer or QMM email within 2 weeks of the visit).

Name of Elected Member undertaking visit

Was visit undertaken independently Yes/No

If no, please provide name and designation of other attendee/s

| | | A few quick hints | Comments/observations |
|---|---|---|-----------------------|
| 1 | What is your opinion about the environment? | <ul style="list-style-type: none"> • Can be homely/modern but is it clean – ask to use a toilet - what is the carpet like ('busy' carpets can hide the dirt but lead to trips and falls. • Some care homes for people with dementia can appear 'messy' but articles may have been left around to stimulate people • 'Smelly' homes are not acceptable but some may be more 'smelly' early in day due to beds being changed • Is the building in need of up- | |

| | | | |
|---|--|---|--|
| | | dating or decorating? | |
| 2 | Are residents being treated with respect and dignity | <ul style="list-style-type: none"> • Do staff respond quickly and respectfully when someone has a query – and discretely if someone requires the bathroom? • Check if residents' clothes are clean, is hair tidy, are men shaved and are spectacles clean? • Is interaction between staff and residents respectful | |
| 3 | What is the meal-time/drinking experience like? | <ul style="list-style-type: none"> • Are mealtimes relaxed, enjoyable – do people have a choice? • Are drinks freely accessible and within reach? • Do staff support residents when needed or do they have to wait a long time? | |
| 4 | How are people occupied/stimulated - are any 'activities' taking place or planned? | <ul style="list-style-type: none"> • Do residents with a particular interest, such as sport/gardening get to watch it on telly or indeed partake? • How do staff interact with residents – any one-to one time observed whilst being aware that staff may be occupied elsewhere at certain times • Are residents supported in helping in the home (where | |

| | | | |
|---|---|---|--|
| | | safe) – dressing tables, preparing vegetables etc.? | |
| 5 | Any notable feedback (directly/indirectly) from residents, their visitors, the care staff etc.? | <ul style="list-style-type: none"> • Was anything particularly good said? • Did the staff seem happy? • A good question to ask residents is “Is there anything about living here that you would change?” | |
| 6 | Any general observations/comments? | | |

Please note: Anything that is seen, or heard, that raises significant concerns about the health, safety and well-being of a residents should be reported at the earliest opportunity.

If you suspect that abuse has taken place it should be reported on 0300 500 80 80. If your concerns relate to the general practices within a care home then please contact one Quality and Market Management Team on gmm@nottsccl.gov.uk

DRAFT

Guidance for Elected Members undertaking visits to care homes

1. If Members would like to discuss which care homes to visit then please contact one of the Market Management Officers (list to be supplied).
2. Things to consider when undertaking unannounced visits:
 - There may be activities/outings taking place or other professionals may have a planned visit, i.e. staff from the Clinical Commissioning Groups, the Care Quality Commission, the Fire Service, and Nottinghamshire County Council etc. There may also be occasions when a care home is closed because of an 'outbreak' such as scabies, flu or norovirus.
 - In the smaller care homes for younger adults some, or all, of the residents may be out attending day-activities.
 - Members should also be aware that some residents, in certain care homes for Younger Adults, may become distressed if people they don't know visit or ask them questions. It is particularly recommended that contact is made with these care homes prior to visiting.
 - If Members would like general guidance on whether to undertake an announced/unannounced visit to any particular care home then please contact the relevant Quality Monitoring Officer for advice.
3. Think about the timing of a visit – just after breakfast can be very busy, medication rounds can be taking place. Visits around lunch time/tea time can be useful to observe the mealtime experience but some residents can be distracted by visitors.
4. When visiting a care home take the opportunity, if you can, to just sit and observe quietly for 10 minutes – it can be surprising how quickly people start to ignore you. Note the interactions between residents (and any visitors) and staff – including their body language. On the surface some homes can seem noisy and chaotic but then you hear the laughter!

10 July 2017**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
ACCESS AND SAFEGUARDING****IMPLEMENTATION OF A QUALITY ASSURANCE FRAMEWORK FOR
ADULT SAFEGUARDING PRACTICE****Purpose of the Report**

1. This report informs Members of the outcome of the review recently undertaken in relation to quality assurance of adult safeguarding practice and the implementation of a robust quality assurance framework.
2. The report outlines for information the resource and capacity required to implement the quality assurance framework.

Information and Advice

3. The Care Act, 2014, placed a statutory duty on local authorities to lead and to have in place robust systems and processes in relation to adult safeguarding. This includes having lead responsibility to make enquiries, or require other agencies to do so, where it is believed that an adult is experiencing, or is at risk of, abuse or neglect. The Care Act also requires each local area to have in place a multi-agency Safeguarding Adults Board.
4. In addition, the Care Act requires local authorities to ensure that safeguarding practice is in keeping with the principles of Making Safeguarding Personal (MSP). The Care Act defines MSP as follows:

'Making safeguarding personal means it [safeguarding practice] should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.' Care and Support Statutory Guidance, Section 14.14.

5. The Council has had a quality assurance process in place which includes case file auditing to ensure that safeguarding practice and activities are sound. Managers have rigorous quality assurance processes in relation to oversight of safeguarding practice on a day to day basis, through regular supervision and case discussions with their team members. However, following a previous restructure, the safeguarding case audit role has not been applied consistently by managers. This has meant that the department has not retained oversight of the overall quality of safeguarding interventions and practice and have missed the opportunity to share learning from best practice.

6. During 2015/16, there were two Local Government Ombudsman (LGO) investigations where there were findings which both related to the management oversight of a safeguarding investigation and to the quality of recording and documentation of the safeguarding interventions. Actions were agreed and implemented to address the issues and recommendations of the reports. At the same time, consideration was given to the need for the department to have and to maintain an overview of the quality of safeguarding practice and a process for collating and sharing the learning amongst social care staff involved in safeguarding work.
7. As a result of the LGO investigations and findings, and in light of the changes brought about by the Care Act in relation to Making Safeguarding Personal, a review was commissioned in relation to existing quality assurance processes in relation to safeguarding practice, including the audit process, and to develop and embed a revised Quality Assurance Framework.
8. The aims and objectives of the review were to:
 - Assess and evaluate the standard and effectiveness of current safeguarding practice and processes and of Deprivation of Liberty Safeguards
 - Develop and implement a revised Quality Assurance Framework and auditing process in line with Making Safeguarding Personal principles
 - Develop a feedback process to enable learning and to embed high standards of safeguarding practice.
9. The review was undertaken during the second half of 2016/17 and consisted of two time-limited projects that were undertaken in parallel. One of the projects involved an in-depth audit of recent cases where a safeguarding intervention had been instigated following a safeguarding referral. An experienced team manager was temporarily seconded to complete the work. The other project was to complete a comprehensive review of current practice in relation to safeguarding investigations and interventions and best interest assessments relating to Deprivation of Liberty Safeguards (DoLS). This element of work was undertaken by independent consultants, Lowe Consultancy Services (LCS). Following completion of the review, the consultants were required to return after six months in order to evaluate the implementation of the new audit process once it has had the opportunity to become embedded into practice.

The case file audit

10. This project involved auditing a significant number of recent safeguarding interventions across the different service areas and the purpose of the case file audit was to:
 - Assess and take stock of the quality of safeguarding interventions undertaken by social care staff
 - Gauge the standard of practice across the department
 - Gauge the robustness and understanding of current safeguarding processes
 - Identify any recurring themes and trends relating to safeguarding practice
 - Identify areas of good practice including the application of MSP principles
 - Identify areas where practice needs to improve

- Roll out early learning to teams in relation to good practice and areas for development
11. The seconded team manager initially reviewed the existing audit tool and revised the template to ensure it was compliant with and able to determine how well the MSP principles were being applied by staff undertaking safeguarding interventions. A small number of audits were completed to test the tool to ensure that it was simple to use and could help identify best practice and areas of concern. The team manager also developed some staff guidance on the completion of the audit process (see **Appendices 1 and 2**).
 12. The audit tool enables the auditor give an overall rating of Gold (Exemplary); Green (Good); Amber (Requires Improvement) or Red (Inadequate) in relation to the quality of the safeguarding intervention, including the application of MSP principles, the decisions and judgements of the safeguarding investigator and the role of the safeguarding manager, including the actions taken to support the individual to mitigate against or reduce further risks, and the quality of the recording.
 13. Between August 2016 and February 2017, the team manager completed an in-depth audit of 140 cases files which were from all service areas and all teams. Following completion of the audits the team manager completed an analysis of her findings, reporting that out of the 140 safeguarding adults cases, 58% were deemed to be of an exemplary or good standard, with 29% where there was some acceptable practice but with some scope for improvement, and 13% where the practice and recording required improvement. The team manager subsequently made some recommendations arising from her findings.
 14. As part of her work, the team manager also established a Safeguarding Audit Reference Group consisting of staff from the different operational teams across different service areas. The purpose of the reference group was to discuss and consider the audit tool itself but also to discuss the findings of the audit and identify appropriate ways to undertake reflective practice so as to share best practice and to learn from poor practice examples as part of continuous improvement. The representatives of the reference group have asked for the forum to be continued beyond the team manager's secondment period.
 15. Following completion of the audit, the team manager produced a report containing an analysis of her findings with recommendations relating to the implementation of the audit tool and audit process.

The review of the existing quality assurance processes

16. Three consultants from Lowe Consultancy Services Ltd completed the review on adult safeguarding and DoLS practice and processes. The review was undertaken between November 2016 and March 2017 and culminated in a feedback workshop with staff to share their findings and recommendations.
17. The work consisted of:
 - a desktop review of the Council's Safeguarding Adults Board policies, procedures, processes and overview of training and development

- interviews with over 40 staff and some key external stakeholders
- focus groups with cross sections of social work practitioners and managers for both safeguarding and DoLS
- audit of a selection of case files and supervision notes
- benchmark of 'best-in-class QA processes' nationally
- review and benchmarking of performance management information
- mapping of current assurance processes
- presentation of initial findings and recommendations to a wider group of staff to influence the final recommendations.

18. The consultants acknowledged the work the Council had undertaken in relation to the considerable pressure all social care departments have faced over the past few years relating to significant increases in the volume of safeguarding and DoLS work. They observed that Nottinghamshire had responded well to the pressures:

*'Many other authorities have responded to a substantial increase in demand for social care services, alongside reduced funding, by becoming very task orientated and inward looking. In contrast, we found the department, in Nottinghamshire, to be very outward looking with a passion to improve and to make people who use services continually more central to the work of the department.'*¹ LCS Limited, April 2017

19. The consultants identified particular strengths in relation to the Council's work on and approach to adult safeguarding, noting 'a very positive organisational culture', a 'strong commitment to high standard' and 'a very strong management desire to improve'. They noted that there was an equally strong commitment to improving the user experience to ensure Making Safeguarding Personal principles were being applied. Whilst noting the good operational practice across many of the operational teams, the consultants also highlighted that there is room for further improvement and the 'scope to make this good practice more robust and more consistent'.
20. The consultants made a number of recommendations as follows:
- the implementation of a comprehensive quality assurance framework for both safeguarding and DoLS practice
 - a sustainable case file audit programme
 - systems for developing and utilising user feedback to enable continuous improvement.
21. The consultants recognised that some financial investment may be required to implement the action plan arising from the recommendations.
22. As part of the review work commissioned by the Council, the consultants are required to return in six months' time to assess and evaluate the progress made in implementing the quality assurance framework. It is anticipated that the consultants will return in October 2017 to complete this final part of the work.

¹ Lowe Consultancy Services Limited: Review of Existing Adult Safeguarding and Deprivation of Liberty Safeguards (DoLS) Quality Assurance Processes and the Development of Revised Quality Assurance Frameworks. April 2017 p6.

Next steps

23. The department is taking the findings from the review and case file audit process to inform the implementation of a revised comprehensive quality assurance framework which will enable access to robust qualitative information about safeguarding practice across all service areas. This will enable best practice to be identified and shared and to identify and address any practice issues which require further improvement.
24. Having reviewed the existing quality assurance framework and processes, it is evident that case file auditing can provide a very good overview of the quality of safeguarding practice and case recording. It is also of considerable value to team managers in terms of identifying and learning from best practice. Equally, the auditing of case files will enable identification of inadequate or poor practice so that targeted support and training can be provided where needed to help improve practice, including to specific individuals or teams as and where required.
25. It is proposed that the case audit template and guidance document for staff, developed and tested by the seconded team manager, are used to complete case file audits on a routine basis. The audits will be undertaken by team managers, with group managers and service directors playing a key role throughout the audit and learning process. Part of this will be to consider how the audits are used in terms of reflective practice on a day to day basis and through the team managers' supervision with their staff.
26. Additionally, it is proposed that the findings from the case file audits are collated to identify examples of best practice, and analysis undertaken to identify trends, patterns and reasons for any inadequate practice. This qualitative information will then be used to inform and shape further learning and training to ensure continuous improvement. This would include facilitation of themed learning events similar to those undertaken following Safeguarding Adults Reviews. Findings from the 140 case audits have already been summarised and a series of learning events are being undertaken with all teams, identifying best practice and enabling discussion on areas that require improvement.
27. Regular reports on the analysis of the trends and patterns in relation to safeguarding practice will also be presented to the Nottinghamshire Safeguarding Adults Board to enable scrutiny and challenge, and also to enable learning to be shared across the different statutory agencies in accordance with the remit of the Board.
28. In parallel to the case file audit process, an action plan is also being developed in response to the findings and recommendations from Lowe Consultancy. This relates specifically to an assessment and evaluation of the extent to which safeguarding practice centres on the needs and wishes of the individuals to whom the safeguarding interventions relate, the extent to which those individuals are involved throughout the safeguarding intervention, and the extent to which people are being supported to manage risk and to maintain control over their wellbeing and safety. This includes seeking feedback from a small percentage of people who have been subject to a safeguarding intervention, in accordance with their informed consent. This is a critical part of any quality assurance process as user and carer feedback is essential in helping to understand the impact of safeguarding interventions.

29. It is proposed that additional staffing capacity is identified to enable the learning from case file audits to be collated and analysed, and to lead learning events with staff to help share good practice and to ensure continuous improvement in relation to safeguarding and DoLS activities and interventions. Following the introduction of the Care Act, the Council established a temporary post of Designated Adults' Safeguarding Manager (DASM) for a two year period. The post was initially successfully recruited to but has been vacant for the past 12 months as the post holder returned to her substantive post after the first year of her secondment. It is proposed that this post is established for a three year period, at Band D, to facilitate the learning activities arising from the case file audits and also to oversee the work in relation to service user and carer feedback following safeguarding interventions. It is also proposed that 1 FTE Business Support Officer post is established for a three year period to help co-ordinate and support the scheduling of the case file audits and to support the work undertaken by the DASM.

Other Options Considered

30. Consideration has been given to the establishment of a central team of auditors to complete the case file audits. However, it is agreed that the team managers will benefit greatly from the learning derived from the case auditing activities. This will enable the team managers to develop reflective practice and should help them in their day to day line management and supervision of staff that are involved in completing safeguarding interventions and investigations. The staff that have been part of the Safeguarding Audit Reference Group have also indicated that their learning will be enhanced by routinely completing the case file audits. It is recognised that this additional activity will place further pressures on team managers who are already stretched in relation to their existing role and activities. Consideration has therefore been given to the establishment of an additional four team manager posts and this is the subject of a separate report to this meeting of the Adult Social Care and Public Health Committee.
31. Consideration has been given to utilising existing staff to co-ordinate and analyse the learning from case file audits and to develop and embed the learning to ensure continuous improvement and to oversee the process of service user and carer feedback but there is insufficient capacity to do this. This work will require some dedicated full time staffing capacity and the DASM role had previously been developed to provide this type of support to staff for their on-going learning and development.

Reason/s for Recommendation/s

32. A robust and sustainable quality assurance framework will provide the Council with confidence that safeguarding practice is sound and that service users and carers are at the centre of the safeguarding interventions in accordance with MSP principles. The Council is keen to implement the recommendations arising from the external review and to ensure continuous improvement through routine and regular case file auditing. Some additional staffing capacity is required to implement the framework.

Statutory and Policy Implications

33. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health

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

Crime and Disorder Implications

34. Many safeguarding cases are subject to criminal investigations and proceedings and there is a comprehensive mechanism already in place through the Multi Agency Safeguarding Hub (MASH) for information to be shared between the statutory agencies in relation to safeguarding matters.

Financial Implications

35. The proposals include the establishment of two posts for a three year period as follows:
- 1 FTE Designated Adults Safeguarding Manager, Band D, at a cost of £55,865 including on-costs
 - 1 FTE Business Support Officer, Grade 3, at a cost of £23,412 including on-costs.
36. It is proposed that the posts will initially be funded from the additional funding allocated to local authorities as part of the Improved Better Care Fund.

Human Resources Implications

37. Following approval from Members, the post of 1 FTE Designated Adults Safeguarding Manager, at Band D, and the post of 1 FTE Business Support Officer, Grade 3, will be recruited to in accordance with the Council's recruitment processes.

Safeguarding of Children and Adults at Risk Implications

38. The proposals contained in this report will help the Council to ensure there is sound practice in place when responding to referrals in relation to adults at risk of abuse and neglect, and to ensure that all safeguarding interventions seek to reduce or to help people to manage risk of harm.

Implications for Service Users

39. The quality assurance process will include implementation of mechanisms to seek service user feedback in relation to their experience of a safeguarding intervention. This should help to ensure that safeguarding practice is undertaken in accordance with the needs and wishes of the service users.

RECOMMENDATION/S

That the Committee:

- 1) notes the outcome of the review recently undertaken in relation to quality assurance of adult safeguarding practice and the implementation of a robust quality assurance framework.

- 2) notes the resource and capacity required to implement the quality assurance framework, which is the establishment for a three year period of the post of 1 FTE Designated Adults Safeguarding Manager, at Band D, and the post of 1 FTE Business Support Officer, at Grade 3. Approval for these is sought in a separate report on the proposals for the use of the Improved Better Care Fund.

Caroline Baria

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Constitutional Comments

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

Financial Comments (DG 16/06/17)

41. There are no Financial Comments as the report is for noting only. The additional posts in paragraph 35 are being approved as part of a separate report to the Committee on proposals for the use of the Improved Better Care Fund 2017/18.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH473

| | |
|---------------------------|--|
| Auditor's Name | |
| Auditor's Job Role | |
| Telephone Number | |
| Email Address | |
| Date of audit | |

| | |
|------------------------------------|--|
| Service User's Name | |
| Framework ID | |
| Enquiry episode ID | |
| Date of enquiry | |
| Safeguarding Manager's Name | |
| Date completed SG Training | |
| SAIO Name | |
| Date completed SG Training | |
| Team | |
| Referrer details | |
| Method of Referral | |

Brief Summary of the concerns raised:

| |
|--|
| |
|--|

| 1 | The Enquiry | Yes | No |
|----------|--|------------|-----------|
| 1.1 | Was the enquiry completed correctly and comprehensively, with relevant information? (Were all necessary fields completed?) | | |
| 1.2 | Has the adult at risk (or their representative) been informed that a referral has been made and have they given their consent? | | |
| 1.3 | Was the adult at risk's desired outcomes clearly identified at the point of referral? | | |

Comments on the enquiry episode and any feedback to MASHO required. (if required)

| |
|--|
| |
|--|

Choose Grade – **RED** ☐ **AMBER** ☐ **GREEN** ☐ Page 74 of 97

| | | | |
|--|--|--------------------------|--------------------------|
| 2 | Information Sharing/Gathering | Yes | No |
| 2.1 | Was the enquiry passed for information sharing? | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES: | | | |
| 2.2 | Was the RAG rating and decision to gather information congruent with the risk presented? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | Was there a clear rationale and detail about what information was required from partners and why? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | Was all information gathered presented in the relevant section of the form? (including that from ASCHPP and information gathered from Framework) | <input type="checkbox"/> | <input type="checkbox"/> |
| If NO: | | | |
| 2.5 | Was the decision not to gather information congruent with the risk presented? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 | Was all other information gathered, outside of the formal process, presented in the relevant section of the form? | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments on information sharing/gathering and any feedback to ASWP/SW required. (if required) | | | |
| | | | |
| Choose Grade – RED <input type="checkbox"/> AMBER <input type="checkbox"/> GREEN <input type="checkbox"/> | | | |

| | | | |
|--|--|--------------------------|--------------------------|
| 3 | Decisions and Actions | Yes | No |
| 3.1 | Was the decision and reasons for the decision presented in the relevant section of the form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | Are the reasons for the decision congruent with the risk presented and the information gathered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | Have all relevant additional actions been identified within the relevant section of the form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | Was the referrer informed of the decision to proceed or not to proceed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments on the decisions and actions and any feedback to ASWP/SW required. (if required) | | | |
| | | | |
| Choose Grade – RED <input type="checkbox"/> AMBER <input type="checkbox"/> GREEN <input type="checkbox"/> | | | |

| | | | | |
|----------|--|--------------------------|--------------------------|--------------------------|
| 4 | Initial Discussion | Yes | No | N/A |
| 4.1 | Was there a record of an initial discussion which considered the points detailed on framework? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|---|--|--|--|
| 4.2 | Were the level of discussions/meetings and agreed actions congruent with the level of risk presented and did they involve the relevant people/agencies? | | | |
| 4.3 | Did the initial discussion include details of how the individual would be engaged with, or evidence of why this was not possible? | | | |
| 4.4 | Was the need for a Mental Capacity assessment and Best interests decision considered/carried out? | | | |
| 4.5 | Was the need for an Advocate considered/accessed? | | | |
| Comments on the quality of the initial discussion. | | | | |
| | | | | |
| Choose Grade – RED <input type="checkbox"/> AMBER <input type="checkbox"/> GREEN <input type="checkbox"/> | | | | |

| | | | | |
|---|--|------------|-----------|------------|
| 5 | Section 42 Enquiry | Yes | No | N/A |
| 5.1 | Was there a discussion with the adult (or their representative) about their desired outcomes and how to achieve these? | | | |
| 5.2 | Were the adult's (or their representative's) desired outcomes clearly recorded and relevant, in line with the concerns raised? | | | |
| 5.3 | Was there a clear action plan recorded, detailing how the adult's outcomes would be achieved? | | | |
| 5.4 | Were other enquiries, in addition to the outcome focused work, congruent with the level of risk presented and undertaken by relevant agencies? | | | |
| 5.5 | Were running records used effectively and comprehensively, in line with local authority recording protocols? | | | |
| 5.6 | If a 'safeguarding officer's investigation report' was completed, was this recorded fully and was it congruent to the level of risk presented? | | | |
| Comments on the quality of the enquiries | | | | |
| | | | | |
| Choose Grade – RED <input type="checkbox"/> AMBER <input type="checkbox"/> GREEN <input type="checkbox"/> | | | | |

| | | | | |
|----------|---|------------|-----------|------------|
| 6 | Other Enquiries | Yes | No | N/A |
| 6.1 | Did the Local Authority 'cause others' to make enquiries on their behalf? | | | |

| | | | | |
|---|--|--|--|--|
| 6.2 | Were all appropriate actions taken by other organisations? | | | |
| Comments on the quality of any other enquiries. | | | | |
| | | | | |
| Choose Grade – RED <input type="checkbox"/> AMBER <input type="checkbox"/> GREEN <input type="checkbox"/> | | | | |

| | | | | |
|---|--|-----|----|-----|
| 7 | Safeguarding Protection Plan | Yes | No | N/A |
| 7.1 | Was a safeguarding protection plan required? | | | |
| 7.2 | If yes, was the 'safeguarding protection plan' recorded correctly and comprehensively and was it congruent to the level of risk presented? | | | |
| Comments on the quality of the Safeguarding Protection plan | | | | |
| | | | | |
| Choose Grade – RED <input type="checkbox"/> AMBER <input type="checkbox"/> GREEN <input type="checkbox"/> | | | | |

| | | | | |
|---|---|-----|----|-----|
| 8 | Manager's Summary and Case Closure | Yes | No | N/A |
| 8.1 | Was a manager's summary completed correctly and comprehensively? | | | |
| 8.2 | Was the case closed in a timely manner and using the correct framework outcomes? | | | |
| 8.3 | Does the manager's summary analyse the work undertaken and detail clear reasons for the decisions made? | | | |
| 8.4 | Were the actions identified and recorded in the action plan all completed? | | | |
| 8.5 | Is there evidence to show that the adult at risk's outcomes were met? | | | |
| Comments on the quality of the Managers Summary and Case Closure | | | | |
| | | | | |
| Choose Grade – RED <input type="checkbox"/> AMBER <input type="checkbox"/> GREEN <input type="checkbox"/> | | | | |

| | | | | |
|-----|---|-----|----|-----|
| 9 | Safeguarding Protection Plan Review (where relevant) | Yes | No | N/A |
| 9.1 | Was the safeguarding protection plan review episode completed correctly | | | |

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> and comprehensively? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments on the Safeguarding Protection Plan Review | | | |
| | | | |
| Choose Grade – RED <input type="checkbox"/> AMBER <input type="checkbox"/> GREEN <input type="checkbox"/> | | | |

| 10 | Multi-agency/ Partnership Approach | Yes | No | N/A |
|---|---|--------------------------|--------------------------|--------------------------|
| 10.1 | Is there evidence to show all appropriate agencies were involved in the safeguarding process at all stages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2 | If required was a joint investigation undertaken? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3 | Did partner organisations attend strategy meetings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.4 | If yes, was their meaningful participation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.5 | Were appropriate referrals made to other organisations i.e. QMMT, CQC, Health, Trading Standards, Police? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments regarding the Multi-agency/partnership approach | | | | |
| | | | | |
| Choose Grade – RED <input type="checkbox"/> AMBER <input type="checkbox"/> GREEN <input type="checkbox"/> | | | | |

| 11 | Effectiveness and overall quality of the work undertaken | Yes | No | N/A |
|--|--|--------------------------|--------------------------|--------------------------|
| 11.1 | Was the adult at risk or their representative supported, encouraged and empowered to make their own decisions and give informed consent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments Consider 'I' Statement – I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens | | | | |
| | | | | |
| 11.2 | Were all necessary and appropriate steps taken to prevent abuse or neglect from occurring again in the future? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments Consider 'I' Statement – I receive clear and simple information about what abuse is, how | | | | |

to recognise the signs and what I can do to seek help

11.3 Was the response proportionate with the concerns raised?

☐☐☐

Comments Consider 'I' Statement – I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed

11.4 Has the safeguarding intervention helped the adult at risk to be safer and to achieve recovery and resolution?

☐☐☐

Comments Consider 'I' Statement – I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want

11.5 Was there effective partnership working and information sharing both with other professionals and with the adult at risk or their representatives?

☐☐☐

Comments Consider 'I' Statement – I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best results for me

11.6 Were the roles and purpose of those involved clear and was this clearly explained to the adult at risk or their representative?

☐☐☐

Comments Consider 'I' Statement – I understand the role of everyone involved in my life and so do

they

11.7 Was consideration given to the adult at risk's age, disability, ethnicity, faith or belief, gender, identity, language, race and sexual orientation? And was appropriate support provided based on this?

Comments

Choose Grade – RED ☐ AMBER ☐ GREEN ☐ GOLD ☐

Summary of Audit findings *You may wish to reflect on good practice as well as areas where process or practice could be improved.*

Overall Grade: Please select below an overall grade

RED – There was no evidence of any meaningful involvement from the adult at risk (or their representative) and their desired outcomes were not identified or met. Appropriate steps were not followed to prevent abuse and the response was not proportionate. There was no evidence of effective partnership working with other professionals or the adult at risk.

AMBER – The intervention was proportionate and people and organisations worked together effectively to manage the risks and reduce/prevent the abuse or neglect. However there was no evidence that the involvement from

| | |
|---|--|
| the adult at risk (or their representative) was meaningful and their desired outcomes were only partially identified or met. | |
| GREEN – The best outcome for the adult at risk was achieved, taking into account views, wishes and feelings and as much as possible he/she was made safer. People and organisations worked together effectively to prevent and stop risks and experience of abuse or neglect. | |
| GOLD - The involvement from the Local Authority evidenced exemplary practice in which making safeguarding personal was fully and clearly embedded. There was a high standard of partnership working where required both with the adult at risk and/or their representative and other relevant organisations. The response was fully proportionate and the adult at risk's outcomes were fully met. | |

Action Plan: Please complete the below action plan for any outcomes that need to be fed back for improvement or positive feedback.

| Outcome (Drop Down List of options see below) | Person to receive Feedback | Feedback to be given by |
|--|---|---|
| <ol style="list-style-type: none"> 1. Positive Feedback 2. No consent gained and no appropriate reason given 3. Action taken was not proportionate 4. Section 42 enquiry was not appropriate 5. Limited multi-agency working 6. Issues with recording i.e. lacking detail or recording in the incorrect place 7. Risk to the adult has not been reduced 8. Adult not asked their outcomes and had no involvement 9. Adult has limited involvement that was not meaningful 10. Adult was asked outcomes but no evidence there were taken account of or met 11. No protection plan 12. No review scheduled 13. Work completed by MASH was not in line with their role 14. Errors in the completion of the form by MASH 15. Information was not done or was not appropriate 16. Other (Needs a box to give details) <p>N.B Need to be able to choose more than one outcome.</p> | <ol style="list-style-type: none"> 1. MASHO 2. MASH SW 3. MASH ASWP or Manager 4. Safeguarding Investigation Officer 5. Safeguarding Manager | <ol style="list-style-type: none"> 1. Line Manager 2. Group Manager |

10 July 2017**Agenda Item: 10****REPORT OF SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE****RETFORD EXTRA CARE AND THE POPPY FIELDS EXTRA CARE
SHORT TERM ASSESSMENT APARTMENTS****Purpose of the Report**

1. This report seeks approval to:
 - a) terminate the Strategic Partnering Development Agreement (the agreement setting out the arrangements for the development and delivery of the Extra Care accommodation) dated 27th March 2013 for the creation of a Retford Extra Care scheme, as amended between Nottinghamshire County Council, AH Retford Ltd and Ashley House plc, on the basis that the long stop date (the date by which both planning and funding conditions needed to be met to allow the arrangement to continue), as extended on a number of occasions, has now expired and there is no legal basis that would prevent the Council from issuing a notice of termination.
 - b) continue the use of 12 Poppy Fields Apartments as Short Term Assessment units as business as usual, entering into a formal agreement with Mansfield District Council in line with the County Council's overall Poppy Fields Extra Care Scheme Co-operation Agreement.
 - c) develop a further 10 Short Term Assessment Apartments in Gladstone House Extra Care which is currently being built and due to open in March 2018 and to identify options for up to a further 20 additional places for Short Term Assessment Apartments to enable access across the north and south of the County.

Information and Advice

2. Some information relating to this report is not for publication by virtue of paragraph 3 and paragraph 5 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information comprises confidential legal advice and commercial confidentiality about the proposed Retford Extra Care scheme. The exempt information is set out in the Exempt Appendix.

3. In 2012 the County Council procured a preferred development partner, AH Retford Ltd, to deliver Extra Care housing on the former Elizabethan school site in Retford. Following a tender process, the chosen Development Partner's scheme proposed 93 new homes for older adults on the former Elizabethan school site, along with 25 nomination units for the Council and communal space for community activities.
4. The Council's Development Partner obtained planning permission in autumn 2014, however construction of the scheme has not yet started. This is due to a number of issues which have resulted in significant delays to progress.
5. The length of time since the Strategic Partnering Development Agreement (SPDA) was signed in 2012 has also led to increased construction costs over time as well as increased land value. Under s123 of the Local Government Act 1972 the Council has a duty to achieve 'best consideration' when it disposes of land, which is generally deemed to be equivalent to market value.
6. The end date for meeting the requirements of the agreement (known as the long stop date) in the SPDA between the Council and the Development Partner for Retford Extra Care has expired and so the Council can decide to terminate the SPDA without any risk of contractual penalty.

Poppy Fields Short Term Assessment Apartments

7. Alongside Extra Care and Assistive Technology, the development of short term assessment beds have enabled the Council to support increased numbers of people in their own homes and deliver savings by successfully reducing the number of older people living in residential care. They provide people with an opportunity to be assessed away from a hospital setting, giving a more accurate understanding of someone's ongoing care needs. Being in a crisis and/or in hospital is not the right place for the majority of people to make long term decisions about their future.
8. National policy and guidance on reducing delays in discharging people from hospital has identified eight High Impact changes that local systems should all put in place. National Health Service England (NHSE) monitor progress with implementing these via local Accident and Emergency Delivery Boards (A&EDBs). The Council has Service Director level representation at the three A&EDBs that cover Nottinghamshire County Council's boundaries. One of the High Impact changes identified is the need for systems to develop services that enable people to be discharged from hospital as soon as they are medically well enough and enable them to have any further period of assessment that they require, ideally back in their own homes, or in short term beds. This is often referred to as 'Home First' or 'Discharge to Assess'. Demand for such services is therefore increasing, due to the volume and faster speed at which people are coming through hospital discharge teams, as well as being referred to from the community in order to avoid hospital or long term residential care admissions.
9. Short Term Assessment accommodation provides a safe and supported environment, with care staff on hand twenty-four hours, seven days a week, where the Council can undertake a thorough assessment of an individual's care needs and help them to regain their living skills and confidence before they make a decision as to whether they can

return home with a package of support, or whether it is time consider a permanent move into either an Extra Care Scheme or residential care home.

10. Traditionally this type of short term assessment has been provided through individually spot purchased places in residential care homes. This, however means that the person simply receives standard care and support, no re-ablement and is unlikely to have access to therapists trained to help them regain their independent living skills, mobility and confidence. People get settled in the home and there is a financial incentive for providers to encourage them to stay living there. The LGA ¹Efficiency Programme found that when people are placed temporarily in residential care homes in this way, there is an 80% chance that that person would remain there for the rest of their life.
11. In recent years the Council has therefore moved away from spot purchasing residential care places for short term assessment and consolidated its short term beds within the Council's own five Care and Support Centres (residential care homes) as a temporary solution whilst other models were explored. These have proved to be more successful and have contributed to the fact that over the past six months Nottinghamshire County Council has ranked nationally between the 5th and 12th best national performance for having minimal delayed transfers of care from hospital attributable to social care.
12. There are still, however, limitations to re-abling people within a residential care environment. Building on early success of utilising four places in a sheltered housing scheme, it was proposed to pilot using apartments in a community based Extra Care setting for short term assessment. This means that people can be assessed in an ordinary domestic and homely environment. For example, in Extra Care everyone has their own kitchen and can make their own drinks and meals, which is not possible in residential care due, for example, to industrial style kitchen facilities. Having a realistic home environment helps Occupational Therapists and social care staff to set goals and programmes with people to support them to retain and regain their skills and confidence more quickly. It provides a clearer understanding of people's on-going care needs, thereby helping to avoid any unnecessary admissions into long term residential care.
13. On 14th November 2016, Adult Social Care and Health (ASCH) Committee approved the pilot to test the use of short term assessment apartments within the Poppy Fields Extra Care scheme in Mansfield which, if successful, would be developed across the County. This report shares the outcomes of the evaluation of the pilot and recommends next steps based on this.

Model and Costs

14. The pilot was conducted on the basis that using apartments/flats within Extra Care and sheltered housing accommodation has the potential to deliver better outcomes and also be a more cost effective option than residential care. As this was a completely new model the estimated costs required a period of running in order to be able to confirm them. The pilot identified 12 apartments at Poppy Fields, leased to the County Council for use as assessment apartments. Each Poppy Fields assessment apartment costs **£460** per unit per week and comprises the following elements:

¹ Bolton, Professor John (2016) 'Predicting and managing demand in social care' Institute of Public Care, Oxford Brookes University.

| | |
|---|----------------|
| Cost of bed/flat per week (rent, service charge and lifeline) | £137.36 |
| Care from Homecare staff - per week per bed | £262.00 |
| Additional Costs (utilities/domestics etc) - per week | £ 60.25 |
| Overall Cost per apartment, per week | £459.61 |

15. By way of comparison, a spot purchase bed in the highest band of residential care costs £533 per bed. This is the cost of the place only and does not include costs of staff who are trained to re-able people, or the additional costs associated with regular change of people living there.
16. Care and support is provided to people staying at the Poppy Fields Short Term Assessment Apartments under the existing Extra Care contract arrangements with the onsite homecare team Mears. All Mears staff at Poppy Fields are employed on guaranteed minimum 25 hour contracts, with flexibility to do further hours if these are required. The provider is able to respond in a cost effective and flexible way to any variation in demands for support across the Assessment Apartments, Extra Care homes and the specialist bungalows that support people experiencing dementia. Mears is therefore able to maximise flexible use of the block contracted care hours (£262 per person per week) across the differing and sometimes fluctuating needs of all the people living at the Poppy Fields scheme.
17. Assessment and care planning that supports people to make decisions and put in place arrangements for when they are ready to leave the Short Term Assessment Apartments at Poppy Fields is provided by Social Care Assessors and Occupational Therapists in the Council's Short Term Independence Service (STIS). The STIS works closely with their community health Intensive Home support counterparts and is developing increasingly aligned teams and pathways. The purpose of the STIS is to work with people who require short term support in social care and health's community and bed based services, to either avoid a residential care or hospital admission, or enable a timely return home after a hospital admission. The team has oversight of the Council's social care re-ablement services in the community, as well as the Short Term Assessment Apartments and beds with the aim of ensuring that people do not stay in a service longer than they need to and to work with individuals to maximise the benefit of the services.
18. Following the success of the Poppy Fields Short Term Assessment Apartments, it is proposed to develop similar assessment apartments across the County. Some people's short term assessment stays will still need to be in a residential care setting in order to meet their specific needs, however, this number will be much smaller. Based on the pilot, current demand and needs, it is projected that approximately half the number of people who currently access short term assessment beds in residential care homes could have better outcomes and a more cost effective service provided through the Short Term Assessment Apartments model utilising Extra Care and other forms of supported housing.
19. Gladstone House Extra Care scheme in Newark is currently being built and is due to open in March 2018. It is proposed that 10 of the Council's overall 40 nomination units at Gladstone House are utilised as Short Term Assessment Apartments. A needs assessment has concluded that there is local demand for this service and that this is an

ideal site for the scheme geographically. The approach taken towards Assessment Apartments at Poppy Fields will be used as the basis for including the Short Term Assessment beds into the County Council's Co-operation Agreement for the Gladstone House scheme.

20. Demand analysis further projects that in order to provide countywide coverage and meet local needs, a further 10 Short Term Assessment Apartments will be required each in Bassetlaw and South Nottinghamshire. Work is now required to identify options for delivering these.
21. On 14th November 2016, ASCH Committee approved the commissioning plan for Short Term Independence Services for Older Adults 2017-19 which, based on current available data and demographic increases, projected that a mixture of 54 Assessment Apartments and residential care beds in total are needed across the County. Initially, this will be provided by having proportionally more Short Term Beds in Residential Care settings, whilst the Assessment Apartments are developed. Some Short Term Beds in residential care settings will always be required for people with extremely complex multiple long term conditions who require very high levels of supervision because their needs are often still fluctuating considerably following a period of ill-health. They require, however, a further period of recovery and re-ablement prior to making a decision about their long term care needs. This ensures that all options for a return home have been considered before thinking about whether a permanent move into residential care is the most appropriate option for them. Led by the Corporate Procurement team, a dialogue with independent sector providers commenced in June 2017 regarding options for the residential care beds model and costs of providing these. This is due to conclude in September 2017. Options and recommendations from this will be brought to Committee for consideration.
22. The cost of providing assessment beds will initially be met from Better Care Fund (BCF) funding up until March 2019, as detailed within the report 'Commissioning Plan for Short Term Independence Services for Older Adults 2017-19' approved by Committee on 14th November 2016. Additional funding availability will be dependent on reprovision costs to be released during the closure programmes of the Care and Support Centres.

Outcomes

23. The table below provides an overview of the outcomes for people from the end of November 2016 to the end of May 2017. Six beds opened in November and a further five at the end of February. The table compares outcomes for people using Poppy Fields Short Term Assessment Apartments with the outcomes for people who access Care and Support Centre Assessment residential beds for the same time period. It shows an overall increase of 13% more people returning home or moving into Extra Care.

| | Home or Extra Care | Other (e.g. Long Term Care, Hospital etc.) |
|--|--------------------|--|
| Poppy Fields Assessment Apartments | 44% | 56% |
| Care and Support Centre Assessment beds | 31% | 69% |

24. To date there have been 30 referrals to the scheme, with 25 people completing a full period of assessment there. The average length of stay for people was 24 days. Following their stay, 14 people required long term residential care, whilst 11 continued to be supported in the community, with seven returning to their own homes and four moving into Extra Care.
25. The people who have been referred to the Poppy Fields Short Term Apartments all have complex needs including multiple long term health conditions, dementia and familial dispute and were at the point that residential care is being considered. The Assessment Apartments provide a final option to assess if people are able to have an appropriate package of community support put in place to manage risks to independent living at home.
26. A phased approach was taken to the pilot, starting by initially opening six of the Assessment Apartments. The remaining flats were opened at the end of February. The Short Term Independence Service took over the operational oversight of the pilot in June 2017 and is implementing the opportunities to maximise capacity and outcomes that were identified during the evaluation. The target number of people expected to access the apartments for the whole year 2017/18 is 100. This will increase to 150 in 2018/19, which will reflect a full year effect of planned activities as above.
27. The target average Occupancy Rate has been set at 85%. The National Audit Office² notes that services with average bed occupancy levels above 85% would mean that people referring to the service 'can expect to have regular shortages' of availability. This would mean that there would be times when the short term apartments would not be able to take new people requiring them promptly and these people would need to go into short term residential care. Occupancy levels in the short term apartments will be monitored by the STIS team manager, who will liaise with the hospitals and referring teams to ensure that the service is well known and used whenever appropriate. The target aim is to increase the number of people who access the assessment units who then return home or enter Extra Care, from the current 44% performance, to 48% in 2018/19.

Case study example

28. 83 year old Mrs X was admitted to a rehabilitation ward in a community hospital after a short stay in hospital, following an earlier diagnosis of vascular dementia, Mrs X appeared to be confused whilst on the rehab ward but expressed a clear desire to return home. Mrs X's family has lasting power of attorney for Mrs X's finances and feared that Mrs X would be unable to cope at home alone, as evidenced through neglect of herself and her home prior to hospital admission. The family had decided that a move to a residential care home would be most beneficial. The Social Worker recommended that Mrs X should have a short term assessment away from a hospital setting and within a homely apartment at Poppy Fields. Mrs X agreed and settled in quickly, commenting how much she liked the apartment and the space and privacy it gave her. The involved occupational therapist tailored a package of equipment for her stay in the apartment, and a care plan which focused on meal and drink preparation was devised, as this was an area of self-neglect whilst at home. Within two weeks Mrs X's family remarked how happy and settled Mrs X seemed and how confident they felt that she would cope on her

² Source; NHS England Bed Availability and Occupancy data, Overnight. 31st May '017

own at home with appropriate support. After three weeks Mrs X returned to her home with the same Assistive Technology and OT equipment package as had been trialled at the apartment and an appropriate package of care, and remains at home three months after she was discharged from hospital.

Other Options Considered

29. Adult Social Care and Health Committee gave approval in 2012 for the award of a contract to the preferred bidder for the development of a Retford Extra Care scheme. Since that date, the Council has been working to support the Development Partner to explore options to be able to deliver this scheme.
30. Different models for Short Term Assessment accommodation has been explored and compared in the evaluation. Whilst some people's needs will be such that they do require a stay in a short term specific re-ablement residential bed, the evaluation has shown that for those people who can stay in apartment style short stay accommodation, they have better outcomes as well as it being a more cost effective alternative.

Reason/s for Recommendation/s

31. The County Council has been unable to progress with the development of the Retford Extra Care scheme with the Development Partner in accordance with the timescales and terms of the SPDA.
32. Short Term Assessment beds have evaluated positively and are a key part of enabling people to remain living independently in their own homes and supporting timely hospital discharge.

Statutory and Policy Implications

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

Financial Implications

34. Existing Council policy links the creation of Extra Care in Retford to the closure of the St Michael's View Care and Support Centre (CSC). Associated savings of £739,000 are already agreed as part of the Council's medium term financial strategy. The delays experienced in developing the scheme have impacted on the 2018/19 time-scales by which these savings were planned to be achieved. Alternative options for these savings will need to be considered as part of a review by the Council of the future vehicles available to deliver housing with care and support.
35. The Short Term Assessment Apartments and Beds are more cost effective than residential care whilst providing better proven outcomes. The assessment beds can be funded from the Better Care Fund until re-provision money can be released from the

closure of the Care and Support Centres. If long term funding is not secured then other options will need to be developed if the Council wishes to continue to provide assessment beds after 2018/19, as outlined in the report to ASCH Committee in November 2016 - Commissioning Plan for Short Term Independence Services for Older Adults 2017-19.

Implications for Service Users

36. There are no current users of the Extra Care service in Retford.
37. Short Term Assessment Beds mean that older adults do not have to make critical decisions about their long-term care and support needs whilst still in hospital and support people to remain living at home.

RECOMMENDATION/S

That Committee:

- 1) approves the termination of the Strategic Partnering Development Agreement (the agreement setting out the arrangements for the development and delivery of the Extra Care accommodation) dated 27th March 2013 for the creation of a Retford Extra Care scheme, as amended between Nottinghamshire County Council, AH Retford Ltd and Ashley House plc, on the basis that the long stop date (the date by which both planning and funding conditions needed to be met to allow the arrangement to continue), as extended on a number of occasions, has now expired and there is no legal basis that would prevent the Council from issuing a notice of termination
- 2) approves the continued use of 12 Poppy Fields Apartments as Short Term Assessment units as business as usual, entering into a formal agreement with Mansfield District Council in line with the County Council's overall Poppy Fields Extra Care Scheme Co-operation Agreement.
- 3) approves the development of a further 10 Short Term Assessment Apartments in Gladstone House Extra Care which is currently being built and due to open in March 2018 and to identify options for up to a further 20 additional places for Short Term Assessment Apartments to enable access across the north and south of the County.

Sue Batty
Service Director for Mid Nottinghamshire

For any enquiries about this report please contact:

Extra Care

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Short Term Assessment Apartments

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Project Manager Short Term Independence Services
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Constitutional Comments (HD 16/06/17)

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

Financial Comments (KAS 27/06/17)

39. The financial implications are contained within paragraphs 34 and 35 of the report.
40. Future reports to this Committee will be required once alternative options to mitigate the savings currently within the MTFs have been considered and also if long term funding is not released by closure of the Care and Support Centres for the Short Term Assessment Apartments.

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.

Aiming for Excellence – Extra Care Update – report to Adult Social Care & Health Committee on 29 October 2012

Update on Development of Retford Extra Care – report to Adult Social Care & Health Committee on 15 July 2015

Update regarding new Extra Care schemes in Bassetlaw – report to Adult Social Care and Health Committee on 10th October 2016

Report to Finance and Property Committee “Lease for Older Adults Short Term Independence Assessment Accommodation – Poppy Fields Mansfield” on 19th September 2016

Commissioning Plan for Short Term Independence Services for Older Adults 2017-19 - report to Adult Social Care & Health Committee on 14th November 2016

Electoral Division(s) and Member(s) Affected

All.

ASCPH479

10 July 2017

Agenda Item: 11

REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2017.

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME

| <u>Report Title</u> | <u>Brief Summary of Agenda Item</u> | <u>Lead Officer</u> | <u>Report Author</u> |
|---|---|--|---|
| 11th September 2017 | | | |
| Overview of Service Director, South Nottinghamshire & Public Protection | Report/presentation to provide an overview of the responsibilities of the Service Director and their service areas. | Service Director, South Nottinghamshire and Public Protection | Paul McKay |
| Transitions work: development of performance measures | Progress on further work requested by Committee on development of appropriate performance measures with focus on working with young people at 14 years. | Service Directors, Mid-Nottinghamshire and North Nottinghamshire and Direct Services | Paul Johnson/Sue Batty/Ainsley MacDonnell |
| Performance update for Adult Social Care and Health | | Service Director, South Nottinghamshire and Public Protection | Matt Garrard |
| Update on Health and Social Care integration in South Nottinghamshire | | Service Director, South Nottinghamshire and Public Protection | Paul McKay |
| Resourcing of the Central Reviewing Team | | Service Director, South Nottinghamshire and Public Protection | Katherine Smith |
| 9th October 2017 | | | |
| Health and Wellbeing Strategy Consultation | | Director of Public Health | |
| Overview of Public Health Consultant | | | |
| Adult Social Care Workforce | Progress on ASC Workforce plan, update on sickness absence figures in ASCH&PP and update on HR issues (e.g. recruitment, turnover etc) | Service Director, Mid Nottinghamshire | Veronica Thomson |
| Business case for the proposal to transfer a range of directly provided | Report to present detailed description of options available to the Committee and outline plans for implementation, with recommendations to | Service Director, North Nottinghamshire and Direct Services | Jennifer Allen |

| <u>Report Title</u> | <u>Brief Summary of Agenda Item</u> | <u>Lead Officer</u> | <u>Report Author</u> |
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| adult social care services into an alternative service delivery model | consider. | | |
| 13th November 2017 | | | |
| Overview of Service Director, Mid-Nottinghamshire | Report/presentation to provide an overview of the responsibilities of the Service Director and their service areas. | Service Director, Mid-Nottinghamshire | Sue Batty |
| Savings Review Delivery Group – update | Progress report on the work of the Board. | Service Director, South Nottinghamshire and Public Protection | Mark McCall/ Paul McKay |
| Approval of refreshed Adult Social Care Strategy | Report to seek approval of the refreshed Adult Social Care Strategy. | Programme Director, Transformation | Stacey Roe/ Bronwen Grieves |
| Progress with Deprivation of Liberty Safeguards | Regular progress update on work to manage DoLS assessments and reviews. | Service Director, Mid-Nottinghamshire | Daniel Prisk |
| 11th December 2017 | | | |
| Overview by Public Health Consultant | | | |
| National Children and Adult Services Conference 2017 | Report back on attendance | Corporate Director, Adult Social Care, Health and Public Protection | Jennie Kennington |
| 8th January 2018 | | | |
| Overview of Service Director, North Nottinghamshire and Direct Services | Report/presentation to provide an overview of the responsibilities of the Service Director and their service areas. | Service Director, North Nottinghamshire and Direct Services | Ainsley MacDonnell |
| Progress with the Commercial Development Unit process for County Horticultural Services | Progress update on this process and the outcomes so far. | Service Director, North Nottinghamshire and Direct Services | Ainsley MacDonnell/Jane McKay |

| <u>Report Title</u> | <u>Brief Summary of Agenda Item</u> | <u>Lead Officer</u> | <u>Report Author</u> |
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| 5th February 2018 | | | |
| Overview by Public Health Consultant | | | |
| 12th March 2018 | | | |
| Overview of Service Director, Strategic Commissioning, Access and Safeguarding | Report/presentation to provide an overview of the responsibilities of the Service Director and their service areas. | Service Director, Strategic Commissioning, Access and Safeguarding | Caroline Baria |
| Defence Medical Welfare Service - Aged Veterans Services in Nottinghamshire - project evaluation | | Service Director, Mid-Nottinghamshire | Lyn Farrow |
| 16th April 2018 | | | |
| Overview of Programme Director, Transformation | Report/presentation to provide an overview of the responsibilities of the Programme Director. | Programme Director, Transformation | Jane North |
| 14th May 2018 | | | |
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| 11th June 2018 | | | |
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| 9th July 2018 | | | |
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