Nottinghamshire County Council

Adult Social Care and Public Health Committee

Monday, 12 June 2017 at 10:30

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

AGENDA

1	To note the appointment of the County Council on 25 May 2017 of Councillor Stuart Wallace as Chairman of the Committee, and Councillors Ben Bradley and Steve Vickers as Vice-Chairmen.	
2a	Minutes of the meeting of the Adult Social Care and Health Committee held on 18 April 2017	5 - 8
2b	Minutes of the meeting of the Public Health Committee held on 30 March 2017	9 - 10
3	Membership and Terms of Reference	11 - 14
4	Apologies for Absence	
5	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
6	Introduction to the Adult Social Care and Public Health Committee – presentation by David Pearson, Corporate Director, Adult Social Care, Health and Public Protection and Barbara Brady, Interim Director of Public Health.	
7	Changes to Structure of Public Health Division	15 - 18
8	Tender for Older People's Home Based Care and Support Services	19 - 36

9	Integration of Health and Social Care in South Nottinghamshire - Transformation Programme Update	37 - 44
10	Performance Update for Adult Social Care and Health	45 - 54
11	Work Programme	55 - 60

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 10: Performance Update for Adult Social Care and Health

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

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact 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

Nottinghamshire County Council

minutes

Meeting	ADULT SOCIAL CARE AND HEALTH COMMITTEE
Date	18 April 2017 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

Muriel Weisz (Chair)
Alan Bell (Vice-Chair)

John Allin		Stuart Wallace
David Martin	A	Jacky Williams
Francis Purdue-Horan		Yvonne Woodhead
Mike Pringle		Liz Yates
Pam Skelding		

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, ASCH&PP
Paul Davies, Advanced Democratic Services Officer, Resources
Jennie Kennington, Senior Executive Officer, ASCH&PP
Ainsley MacDonnell, Service Director, ASCH&PP
Maggie Pape, Commissioning Officer, ASCH&PP
David Pearson, Corporate Director, ASCH&PP

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 13 March 2017 were confirmed and signed by the Chair.

MEMBERSHIP

It was reported that Councillor John Allin had been appointed to the committee in place of Councillor Sybil Fielding, for this meeting only.

APOLOGY FOR ABSENCE

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

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

INTEGRATED COMMISSIONING CARERS STRATEGY UPDATE

RESOLVED 2017/026

1) That the progress with implementing Nottinghamshire's Integrated Commissioning Carers Strategy be noted.

2) That the following posts be extended until April 2019:

   - 2 temporary FTE Community Care Officer posts (Grade 5)
   - 1 FTE Commissioning Officer post (Band C)

3) That 0.6 FTE temporary Commissioning Manager post (Band D) be established for two years until April 2019.

EVALUATION OF HOSPITAL WINTER DISCHARGE ARRANGEMENTS AND PLANNING FOR 2017/18

RESOLVED 2017/027

1) That the impact of the additional resources to meet increased demand for social care assessments and the exceptional performance in the context of enormous pressures in Nottinghamshire's hospitals over the winter period November 2016 to March 2017 be noted.

2) That the following temporary posts be extended to the end of May 2017 to cover the projected increased demand over the Easter Holidays and Bank Holiday period:

   - 5 FTE Community Care Officers (Grade 5)
   - 4 FTE Social Workers (Band B)

DEFENCE MEDICAL WELFARE SERVICE BID TO DEVELOP AGED VETERAN SERVICES IN NOTTINGHAMSHIRE

In introducing the report, Caroline Baria informed the committee that the funding bid had been successful. Members requested a report on the evaluation of the project to a future meeting.

RESOLVED 2017/028

1) That the details of a St John and Red Cross Defence Medical Welfare Service bid for Armed Forces Covenant funds to develop a portfolio of short term projects for aged veterans in Nottinghamshire be noted.

2) That 1 FTE temporary Co-production Development Worker post (Band A) be established to 31 March 2019 and the post be allocated an authorised car user status.

WORK PROGRAMME

RESOLVED 2017/029

That the work programme be noted, subject to a report to a future meeting on the evaluation of the Defence Medical Welfare Service project.

The meeting closed at 2.55 pm.

CHAIR

Nottinghamshire County Council

minutes

Meeting	PUBLIC HEALTH COMMITTEE
Date	30 March 2017 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

Joyce Bosnjak (Chair)
Glynn Gilfoyle (Vice-Chair)

Reg Adair		A	David Martin
Steve Carroll			Stuart Wallace
Mrs K L Cutts MBE		A	Muriel Weisz
Alice Grice			

OFFICERS IN ATTENDANCE

Kate Allen, Public Health
Nathalie Birkett, Public Health
Paul Davies, Democratic Services
Jonathan Gribbin, Public Health
Kay Massingham, Public Health

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors David Martin (other reason) and Muriel Weisz (unwell).

MINUTES

The minutes of the meeting held on 1 December 2016 were confirmed and signed by the Chair.

PUBLIC HEALTH MANDATORY FUNCTIONS

RESOLVED 2017/001

That the arrangements to ensure that the mandatory Public Health functions are fulfilled by the Council be noted.

MEMORANDUM OF UNDERSTANDING BETWEEN PUBLIC HEALTH AND CLINICAL COMMISSIONING GROUPS IN NOTTINGHAMSHIRE

RESOLVED 2017/002

That the Memorandum of Understanding 2017-20 between Public Health and Nottinghamshire County Council and the Clinical Commissioning Groups covering Nottinghamshire be agreed.

PUBLIC HEALTH SERVICE PLAN 2017/18

RESOLVED 2017/003

That the Public Health Service Plan for 2017/18 be noted, and the Committee receive periodic updates on progress against the 2017/18 Service Plan.

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING TRANSFORMATION PLAN

RESOLVED 2017/004

That progress in implementing the Children and Young People's Mental Health Transformation Plan be noted.

PUBLIC HEALTH CONTRACT MANAGEMENT 2016/17

RESOLVED 2017/005

That the performance information on contract management be noted.

PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED HEALTH GRANT, QUARTER 3, 2016/17

RESOLVED 2017/006

That the performance and quality information contained in the report, together with the mitigating and monitoring actions of Public Health officers, be noted.

WORK PROGRAMME

RESOLVED 2017/007

That the committee's work programme be noted.

The meeting closed at 3.15 pm.

CHAIR

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

12 June 2017

Agenda Item: 3

REPORT OF THE CORPORATE DIRECTOR, RESOURCES

TERMS OF REFERENCE AND MEMBERSHIP

Purpose of the Report

1. To note the membership and terms of reference of the Adult Social Care and Public Health Committee.

Information and Advice

2. The following councillors have been appointed to the committee:

Councillors
Joyce Bosnjak
Ben Bradley
Boyd Elliott
Sybil Fielding
David Martin
Francis Purdue-Horan
Andy Sissons
Steve Vickers
Stuart Wallace
Muriel Weisz
Yvonne Woodhead

3. The County Council on 25 May 2017 established the committee with the following terms of reference:

1. The exercise of the powers and functions set out below are delegated by the Full Council to the Committee in relation to adult social care and public health:

a. All decisions within the control of the Council including but not limited to those listed in the Table below

b. Policy development in relation to adult social care and public health, subject to approval by the Policy Committee or the Full Council

c. Review of performance in relation to the services provided on a regular basis

d. Review of day to day operational decisions taken by Officers

e. Approval of relevant consultation responses except for responses to day-to-day technical consultations which will be agreed with the Chairman and reported to the next available Committee following their submission.

f. Approval of relevant staffing structures as required

g. Approving all Councillor attendance at conferences, seminars and training events within the UK mainland for which a fee is payable including any expenditure incurred, within the remit of this Committee and to receive quarterly reports from Corporate Directors on departmental officer travel outside the UK within the remit of this Committee.

2. If any report comes within the remit of more than one committee, to avoid the report being discussed at several committees, the report will be presented and determined at the most appropriate committee. If this is not clear, then the report will be discussed and determined by the Policy Committee.

3. As part of the detailed work programme the Committee will receive reports on the exercise of powers delegated to Officers.

4. The Committee will be responsible for its own projects but, where it considers it appropriate, projects will be considered by a cross-committee project steering group that will report back to the most appropriate Committee.

Table
Responsibility for adult social care matters (eg. people aged 18 or over with eligible social care needs and their carers)
Responsibility for promoting choice and independence in the provision of all adult social care
Responsibility for all Public Health functions with the exception of functions reserved to the Health and Wellbeing Board

Other Options Considered

4. None.

Reason/s for Recommendation/s

5. To inform the committee of its membership and terms of reference.

Statutory and Policy Implications

6. 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

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

Jayne Francis-Ward
Corporate Director, Resources

For any enquiries about this report please contact:

Paul Davies, Democratic Services
T: 0115 977 3299

Constitutional Comments

7. As this report is for noting, no constitutional comments are required.

Financial Comments (AGW 30/05/2017)

8. There are no financial implications contained in this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Council

Report to the Adult Social Care and Public Health Committee

12 June 2017

Agenda Item: 7

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

CHANGES TO THE STRUCTURE OF THE PUBLIC HEALTH DIVISION

Purpose of the Report

1. This report seeks approval from the Committee to establish an additional 0.36 FTE post of Senior Public Health and Commissioning Manager, in order to make an existing part time vacancy up to a full time post.

Background

2. The Public Health division had a full restructure in 2016. The new structure was approved by Public Health Committee on 14 July 2016 and implemented with effect from 1 August 2016.

3. The staffing element of the Public Health function delivers the following activities: Public Health policy and advice; partnership and influencing roles with Clinical Commissioning Groups (CCGs) and other partners; Public Health leadership; health protection and planning for health emergencies; support for the work of the Health and Wellbeing Board; leadership of Public Health commissioning and contract management of commissioned Public Health services.

4. The staffing resource is critical to the successful delivery of the Public Health function. Public Health skills are essential to accurately analyse health need, critically appraise effectiveness of service models and predict likely uptake of services. Public health staff provide both management of commissioned Public Health services and policy leadership of a range of Public Health topic areas. Staff also fulfil the statutory duties of the Public Health function as defined in the Health and Social Care Act.

Information and Advice

5. The Public Health division structure approved by Public Health Committee in 2016 included 8.0 FTEs of Senior Public Health and Commissioning Manager. Enabling filled 7.86 FTEs, owing to a part time working arrangement. The division has since carried the remaining 0.14 FTE as a vacancy, as it was impractical to recruit to such a small proportion of a post.

6. A recent flexible working request will reduce the staffing complement among the Senior Public Health and Commissioning Managers to 7.36 FTEs, leaving a vacancy of 0.64 FTE.

This level of vacancy cannot be sustained given current workload at a senior level within the Public Health division. Current pressures include preparation of the new Health and Wellbeing strategy, leadership on some policy areas, and participation in rota based arrangements around clinical governance and quality in commissioned Public Health services.

7. Previous experience over the last three years indicates that recruitment to a part-time position is unlikely to yield a suitable field of applicants with appropriate experience and skill sets. Therefore, approval is sought from Committee to increase the overall establishment at this level by 0.36 FTE, to maximise the opportunities for successful recruitment by offering a full time, permanent vacancy.

8. Appointing to this post on a permanent basis will provide stability and assurance to partners and support the recruitment and retention of high calibre officers. The proposed post will be fully funded by ring fenced Public Health grant until March 2019. 0.64 FTE of the post is already on the permanent establishment and so the amount of additional resource needed to make this into a full time post is comparatively small.

9. A failure to appoint an appropriately skilled officer in a timely manner would incur a risk to the Council that the timelines for the preparation of the health and wellbeing strategy would not be met, and could also have an adverse impact on the ability of the division to provide sufficient senior public health leadership. These risks would be mitigated through proceeding to appointment.

Other Options Considered

10. Consideration was given to deleting the vacant 0.64 FTE. However, this is not considered a desirable option because of the demands of the work at this level. Consideration was also given to advertising the post as a part time position, in line with the current establishment. However, increasing the establishment to enable a full time post to be advertised is judged to be likely to be more effective in recruitment and will avoid the risk of unsuccessful (and expensive) advertisement and recruitment exercises.

Reason for Recommendation

11. The Council's Constitution require all posts on the establishment to be approved by the appropriate Committee.

Statutory and Policy Implications

12. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution, the public sector equality duty, 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

13. The job description for the post of Senior Public Health and Commissioning Manager has been evaluated at Band F. The costs associated with each post at the top of the scale is £56,017 p.a (plus on costs estimated to result in total cost of £70,631).

14. There is already provision in the budget for 0.64FTE so the additional cost to be funded would be £20,166 net p.a (plus on costs estimated to increase the additional cost to £25,427).

15. In practice the cost is likely to be less than this as it is unlikely that the appointment would be at the top of the scale.

16. The staffing costs of Public Health are currently met by Public Health grant. This grant is ring fenced until the end of March 2019 and with known projections of future Public Health grant, the additional cost can be met from within the Public Health grant until then. Beyond that, the additional element of staffing cost would need be included with all others in longer term budget plans.

Human Resources Implications (SJJ 18/05/2017)

17. These are included in the body of the report

RECOMMENDATION

The Committee is asked to approve the establishment of an additional 0.36 FTE permanent post of Senior Public Health and Commissioning Manager so that the total establishment at this level becomes 8.36 FTEs.

Barbara Brady
Director of Public Health

For any enquiries about this report please contact:
Kay Massingham
Executive Officer Public Health
Tel: 0115 993 2565
Email: kay.massingham@nottscc.gov,uk

Constitutional Comments (LM 18/5/2017)

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

Financial Comments (KAS 23/05/2017)

19. The financial implications are contained within paragraphs 13-16 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 Public Health Committee, 14 July 2016, Restructure of the Public Health Division.

Electoral Divisions and Members Affected

- All

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

12th June 2017

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR FOR STRATEGIC COMMISSIONING, ACCESS AND SAFEGUARDING

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

Purpose of the Report

1. This report seeks Committee approval to commence 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 report also seeks approval for the commencement of a tender for a 24 hour urgent care and crisis/rapid response.

3. Committee is asked to approve 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 report also seeks Committee approval 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.

Information and Advice

Background

The national context

5. There continues to be significant demand for health and social care services arising from demographic pressures with a general increase in life expectancy, including people with multiple and complex health conditions. The national and local policy direction is to support people to live independently in their own homes for as long as possible, to have in place services which prevent avoidable hospital admissions and enable people to be

discharged from hospital promptly, and which support people at end of life to remain at home.

6. Significantly greater numbers of skilled, well-trained and motivated care workers are required across the range of health and care services in order to meet the increasing demand for care and support services. However, nationally there is a lack of sufficient workforce capacity across the health and social care sector, and this is particularly the case in relation to care workers employed in the private and voluntary sectors as a result of unfavourable conditions of employment and relative low status of the work. Over a number of years issues such as zero-hours contracts, 15 minute visits, national minimum wage rates, payment for travel time for care workers, and other terms and conditions of employment have been subject to much national debate.

7. Whilst local authorities have limited powers over the terms and conditions of care workers that are employed by independent sector providers, the Care Act places a statutory duty on councils to facilitate and shape their local care market to ensure there is a diverse range of services available to meet the needs of all people in the area who need care and support. The Care Act also places duties on local authorities to ensure provider sustainability and viability (Sect. 5 (2)(d)) and to ensure that there is continuity of care for service users and carers, including people who fund their own care, during times of business failure. Additionally, the market shaping duties include the role of local authorities in ensuring that fees paid to providers are sufficient to enable them to meet their employer duties and responsibilities, as detailed in section 4.31 of the Care and Support statutory guidance:

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

8. The state of the home care market has been the subject of national debate over the past 18 months. A number of the larger national home care providers have exited the market entirely, and in some areas providers have handed back contracts to local authorities on the grounds that the hourly rates do not enable them to deliver good quality services and in many cases are not financially viable.

9. The independent regulator of health and social care, the Care Quality Commission (CQC) in its annual report *'The State of Health Care and Social Care in England'* shows that there is increasing instability in the care market as providers face increasing costs and are required to deliver efficiencies whilst trying to maintain good quality services:

> *'Emerging data from our market oversight work also suggests that the profitability of adult social care provision is falling. Since April 2015, CQC has*

been monitoring the financial stability of certain adult social care providers that are considered to be 'difficult to replace', either because they are large national operators (of both care homes and home care) or because they provide specialist services. Our data shows the severe financial strain that local authority funded providers continue to be exposed to…In domiciliary care, we continue to see profit margins being eroded. The primary drivers for this are pressure on fees and increased staff costs driven by higher use of agency staff. Falling profitability could make the sector less attractive to providers, thus reducing the amount of provision and increasing the demand on existing services." p.43

10. Over the last couple of years, the United Kingdom Home Care Association (UKHCA) through the Freedom of Information Act, 2000, has sought information from all local authorities with responsibilities for commissioning social care on the average price paid to home care providers. In their report, '*The Homecare Deficit - A report on the funding of older people's homecare across the United Kingdom (March 2015)'*, the UKHCA published the comparative data broken down into regions. In the report, the UKHCA cited its own 'minimum price for homecare' of £15.74 per hour, to enables providers to meet their legal obligation and the ability to run a sustainable business. This is broken down as 70% for staffing costs, 27% attributed to running the business, and an operating surplus or profit of 3%.

11. In November 2015, the UKHCA published a subsequent briefing, *'A Minimum Price for Homecare'*, where it stressed its own minimum rate for home care for 2015/16 was £16.70 per hour, to enable providers to meet their legal obligation in relation to the National Living Wage and other staffing costs, and to run a sustainable business.

The local context

12. The Council and the five county Clinical Commissioning Groups (CCGs) have a contract in place with four core providers for generic home based care and support services, each covering a large geographical area based on district council boundaries. The providers are also required to deliver the care and support services within the existing Extra Care scheme/s in their specific areas and in the new schemes that are currently being developed, as and when they open. In addition to the generic home care contracts, the CCGs have a contract with three core providers to deliver complex health care services under Continuing Health Care (CHC) arrangements.

13. The contracts were let for a period of three years, commencing in July 2014 through to the end of June 2017, with an option to be extended for up to a further two years. The providers agreed to extend the contracts for a further year, up to June 2018, in order for the services to be re-tendered.

14. In addition to the above generic home care services, the CCGs have commissioned specific services aimed at providing short term support to people who are at risk of being admitted to hospital as a result of a crisis but who do not need medical interventions. These include the Emergency Department Avoidance Support Service (EDASS) in mid Nottinghamshire, the crisis response service commissioned by Nottingham West and Nottingham North and East CCGs, and Urgent Community Support Service (UCSS) in Rushcliffe. These services are funded in entirety by the CCGs.

15. In the south of the County, a hospital discharge service was also jointly commissioned by the Council, Rushcliffe CCG, Nottingham West CCG and Nottingham North and East CCG. This service is called the Interim Home Care Service which is a short term service and is currently provided by The Carers' Trust. This service was initially commissioned on a temporary basis in the summer of 2014 during the time of the transition from the previous home care contracts to the new core provider contracts. The purpose of the service was to avoid people having to remain in hospital longer than necessary whilst home care services were being arranged for them. In 2016/17, the Council assumed full funding responsibility for this service which is in part funded through the Better Care Fund and in part through the adult social care base budget.

16. Since the generic home care contracts commenced, the providers have experienced difficulties in recruiting and retaining care staff with high staff turnover. This has had a negative impact on their ability to deliver the required volumes of services and especially their ability to arrange and commence delivery of care services at short notice, and this particularly impacts on people who have had a stay in hospital and who require a home care service to enable them to return home. Also this has resulted in the Council having to commission services from other home care providers on a spot purchasing basis. Over the past 12 months, the numbers of services commissioned on a spot purchasing basis has increased significantly with a 10.28% shift from April 2016 to April 2017, as detailed in the table below. These services are not covered under existing contractual frameworks.

Table: Breakdown of service market share: Core v Spot Providers

District	**Core/Spot**	**Number of Service Users**		**% of Market**	
		April 2016	**April 2017**	**April 2016**	**April 2017**
All	Core	1,059	1,010	66.39%	56.11%
	Spot	536	790	33.61%	43.89%
Total		**1,595**	**1,800**	**100%**	**100%**

17. In accordance with its statutory duties, in summer 2015, the Council completed an open book exercise with home care providers and supported living providers. The purpose of the exercise was to obtain financial information from the providers, with a breakdown of their costs, and also to better understand their cost pressures. The exercise showed that the cost to providers for the delivery of home care services had increased considerably since the award of the contracts in 2014 and it highlighted concerns about their financial viability. Prior to the exercise, a couple of the core providers indicated that they were not able to sustain the contracts at their existing rates.

18. The main cost faced by the providers relates directly to increasing staffing costs in terms of staff pay and terms and conditions of employment. The exercise also showed that the average turnover rate was 50%, with one of the largest providers stating they had a 70% turnover rate during 2014. Providers stated that they were competing with employers in the retail sector where average staff pay was approximately £9.00 per hour. The open

book exercise showed that the average cost to the four core providers was significantly above their average tendered price.

19. The findings of the open book exercise were outlined in a report to Adult Social Care and Health Committee in November 2015 and resulted in the Committee approving a 10% in-year fee increase to the core providers which was subsequently applied from 1 December 2015.

20. In April 2016, Members approved a further 6% increase for home care services to take account of the impact of the National Living Wage (NLW). An increase of 2.6% was applied in April 2017 to take into account the further increase in the NLW.

21. Based on the prices submitted by the providers as part of the tender processes during 2013/14, the average hourly rate of the four core providers for the home care service ranged from £12.70 to £13.20 per hour in 2014/15. Following the fee increases applied in December 2015, April 2016 and April 2017, the average cost of home care services across the core providers has now increased to approximately £15.56 per hour, compared to the minimum price of £16.70 as indicated by the UKHCA for 2016/17.

The Budget

22. The Council's total budget for home care and support is approximately £19.7m for 2016/17, which includes £872,000 specifically for the interim hospital discharge service in the south of the County. There are approximately 1,800 service users receiving a service at any one time and the delivery of approximately 20,137 hours of service provision by independent sector providers per week (as at April 2017). This includes services commissioned from the core providers and from spot contracted providers. It excludes people who arrange and manage their own home care services through the use of a direct payment.

The tender planning process for new services

23. As outlined in the previous Committee reports in April and July 2016, the Council and five of the county CCGs have completed a review of the existing services and have been planning the re-tender to secure new home care services across the County to commence from September 2017. Bassetlaw CCG has decided to commission its own home care service for people who meet Continuing Health Care (CHC) eligibility criteria and for people who are at the end of life. The five County CCGs are committed to commissioning home care services for people who are jointly funded by the Council and the NHS through Continuing Health Care (CHC) funding. However, the CCGs intend to review their position within the first year of the contract.

24. The City Council and City CCG have a contract with home care providers on a similar basis to the County, and they are also planning to commence a re-tender of their home care services at the same time. Representatives from the City Council and City CCGs have been involved in the tender planning process to enable the respective commissioning arrangements to be aligned. This is particularly important as the City and the County have contracts with a number of the same providers, and it is critical that the intentions and actions of the County's commissioners do not inadvertently destabilise home care services in the City and vice versa. Also, as part of the integration across

health and social care, there are a number of joint arrangements in place to enable the better planning and discharge arrangements relating to the acute providers. In the south of the County these arrangements include the City Council and City CCG as well as the three south CCGs. It is therefore important to ensure aligned processes to enable seamless services are provided to service users regardless of where they live.

25. In planning and preparing for the tender, the Council has been working in partnership with the core providers to help with the staff recruitment and retention concerns and to gain a better and more detailed understanding of the factors that impact on and make the work more rewarding and attractive to care workers. The areas of focus have included:

- A joint recruitment campaign led by the Council over the 2016/17 winter period
- Consideration of additional cost pressures experienced by providers arising from the Council's contractual arrangements such as payment by the minute, based on direct contact time between the care worker and the people receiving the service
- Consideration of individual commissioning practice where packages of care are arranged on the basis of 'time and task' rather than a more flexible approach focused on the individual service users' identified outcomes
- The development of a couple of pilot projects to test out a model based on commissioning for and delivering outcomes
- A more proactive role for the providers' care staff in agreeing the care plan, in the support planning process and in reviewing the care package
- The use of the electronic monitoring system, CM2000, to inform payment based on minutes of service delivered, and consideration of alternative monitoring systems and processes.

26. The above work has enabled the Council to gain a better understanding of the ways in which providers are required to manage their business locally, arising from the Council's commissioning and contractual arrangement and where different arrangements and requirements would help the providers to make the care worker role more rewarding and attractive, thereby improving retention rates.

27. As a part of the tender process work has also commenced looking at the function of the Community Partnership Officers (CPO) who broker the home care support services and liaise with commissioners. The process has been streamlined and currently work is underway with the Data Input and ICT teams who are exploring the use of an electronic portal that will reduce the process further.

Co-Production

28. As part of the Council's commitment to the co-production of services, an 'Experts by Experience' engagement group has been formed. The group is supported by two Council officers whose role is to promote person centred planning and ensure service user and carer involvement in the design and delivery of services and, where possible, co-production. Representatives of existing service user and carers' groups were approached, including those groups working with the CCGs, to ask if individuals would be interested in becoming part of the Experts by Experience group specifically in relation to the on-going development of home based care services in the County. Alongside this, information was circulated inviting interest through appropriate social media including the Council's intranet and Twitter. The aim was to identify individuals from different

backgrounds who would be willing and able to contribute to the development of the new home care service. Two meetings were held for interested individuals, one in Mansfield and one in Nottingham. From these initial meetings six people volunteered to become part of the group which was formed in late 2016. The group consists of five carers and one service user and they have been working with commissioning staff over the past six months in which time the group has designed a vision statement for the delivery of home care in Nottinghamshire as:

"To support people to live in their own home as independently as possible and with dignity through the delivery of good quality individual care."

29. The Experts by Experience are currently developing their own Charter which is a clear statement about what good home care should look like and attempts to define how to give home care in Nottinghamshire 'a caring X factor'. The group is in the process of defining where they will be able to contribute and add value through their expertise and influence. The group will take a proactive part in the selection of the new providers and have asked to play a direct role in the quality assurance and audit of the new providers once the new services commence. Additionally, to date, the group has been involved in a range of workshops and initiatives, including:

- representation on the home based care programme board
- the development of service specifications
- the development of the rapid response and hospital discharge service including the tender process
- drafting, setting and marking specific questions for the tender

30. Another area of work has been facilitation of a number of focus groups with front line staff in the locality teams who are involved in the day to day commissioning of the services. This has included evaluation of the current core provider model including what has been effective and what has hindered or prevented the model from delivering the required capacity such as service users opting to have Direct Payment. This has included consideration of factors affecting rural areas, and the value brought by small micro-providers particularly in some of the more rural locations in the County.

Commissioning and delivering for Outcomes

31. As referred to in **paragraph 25**, the Council has been working with one of the core providers on a pilot which is to commission more personalised care services which focus on and better meet the outcomes of people who require the service rather than being determined and arranged purely on the basis of the tasks that the care workers need to undertake with or for the service user. The pilot is being run in Ashfield and Mansfield by Mears, which is the core provider in those areas. Mears is drawing on its experience of delivering an outcomes based model in other parts of the country.

32. Commissioning for outcomes requires a significant change in the way the home care services are arranged and the role played by the Council's own social work assessment staff as well as the way in which the services are delivered by the provider and their care workers. The model requires the provider to play an active role in the care planning process which has traditionally been the domain of social work staff. The provider is involved in determining how each individual package of care is delivered with the aim of

supporting people to regain and/or maintain their independence by putting in care and support which helps them to do as much for themselves as they can, rather than completing care tasks for them.

33. In this model of service delivery, the provider is empowered to deliver services in a flexible way, working to the strengths of the service user. So for example, a service user may be feeling unwell on a particular day and may require more tasks to be completed for them but on other days may be able to do more for themselves with the care workers having a more supportive role. When first starting a package of care and support, the care workers may need to spend more time with the service user to help them to become more confident in the tasks they are completing but the aim will always be to seek to reduce the direct care provided by the care workers over a given period of time. This could include spending some time with an individual to take them or accompany them in accessing a community activity whilst they gain the confidence to undertake the activity without support from the care provider.

34. Evidence from reablement services shows that if supported appropriately and encouraged to do so, more people are able to regain some of their independence and in many instances, to stop requiring care altogether or significantly reducing the amounts required over a longer period of time. Home care and support providers can play a key role in supporting people to remain independent if they are given the opportunity to provide and deliver care more flexibly.

35. As well as playing a key role in the care planning process, the provider is empowered to work with health and social care professionals in the day to day oversight and co-ordination of the care and support being delivered. As part of integrated working the CCGs have developed local Care Delivery Groups based around clusters of GP practices, and which include health and social care staff working together in terms of care coordination. The home care providers have an important and valuable role in linking directly into these integrated teams as part of care planning and reviewing processes.

36. A significant element of the outcomes based model involves the care provider taking a much more active role in supporting people's overall health and wellbeing with a view to reducing their need for funded care and support, thereby delivering a more cost effective as well as a more personalised service which enables individuals' specific outcomes to be met. This does require health and social care staff and the care providers to work together to manage people's expectations so that from the start, service users and their families are advised that the care and support may only be in place for a given period of time to help and support the service user whilst they recover from illness and/or a stay in hospital.

37. In order to enable the providers to deliver an outcomes based model, the payment processes and arrangement need to change from payment for task based activities to flexible use of allocated and agreed time per individual package of care. One way of changing this arrangement is to pay the provider the full indicative weekly budget of a specific number of service users with a requirement that the provider will achieve a reduction in this budget over a given period of time through successful reablement where appropriate for users' needs. Any reductions in packages would be made in discussion

with the service user and their family, and in agreement with the relevant social care and health care staff. This is currently part of the pilot being run by Mears.

Payment processes and fee rates

38. As part of the review and revision of the home based care service specification, officers from the County and City Councils, and from the CCGs, including finance representatives, have formed a working group to consider the future payment models and fee rates which should help to secure financially viable and sustainable contracted home care services. The delivery of the care services will be based on the principles of promoting independence and re-ablement, and which reduce the requirement of long term care. The aim is for the services to be delivered on the basis of people's identified outcomes rather than focusing solely on the completion of care tasks.

39. Part of this work has entailed undertaking a detailed analysis of current payment arrangements particularly focusing on where these arrangements have created difficulties in enabling the providers to deliver services in accordance with people's identified outcomes. One example is how the electronic call monitoring system informs the levels of payment to providers, based on the time the care worker spends in direct contact with the service user in completing physical tasks such as getting the service user washed and dressed or getting a snack or hot drink ready for them. This often prevents care workers from delivering services in a more flexible way, which may vary from day to day depending on how well the service user is feeling and how much they are able to do for themselves on that day. The current payment arrangements drive the providers to work on the basis of completing tasks rather than on helping the service users to achieve their identified outcomes.

40. Another area of consideration has been payment levels for short visits. The UKHCA recommends that commissioners should make a minimum payment of 30 minutes per visit. This is a matter frequently raised by the core providers, particularly where they have a high number of service users in the rural areas of the County where considerable travel time is required. Providers state that this is a frequently cited reason for high staff turnover.

41. Many councils have now moved to a positon where they will pay providers for a minimum of 30 minutes per visit, as recommended by the UKHCA. Providers have stressed that this approach will help the services to become more sustainable and will help with staff retention. In adopting this in Nottinghamshire, there will be a significant impact on the cost of home care services. Using existing statistical data on the numbers of visits of a 15 minute duration and calculating the impact of increasing payment for these visits to 30 minutes would equate to an additional cost of approximately £700,000 per annum based on current hourly rates.

42. Through the open book exercise completed in 2015, the Council has gained a much better understanding of how the providers' costs are configured as well as their cost pressures. This knowledge will help inform the tender process and the award of contracts regarding the tendered prices to ensure the rates are realistic and viable in that they reflect providers' actual costs and which should enable the providers to deliver services which are sustainable.

Options of commissioning and payment models

43. A number of different options have been considered by commissioners including feedback received from local and national providers through a number of market sounding events and activities. Some of the viable options are outlined below.

Option 1: Guaranteed Level of Payment

44. This option entails commissioning a fixed volume of services and paying providers for the full volume of hours required, regardless of levels of delivery. This model operates on the principle that the Council is aware of the volumes of services required which is relatively stable and predictable, and on the basis that existing providers are able to consistently deliver at least 85% of commissioned hours. The guaranteed payment could therefore be fixed at the 85% level, with additional payments being made retrospectively as and where the provider delivers over the 85% of commissioned hours.

45. Whilst there are some merits in adopting this model as it will offer higher levels of security to providers which would enable them to recruit staff on a salaried basis, it does not provide the necessary incentives for the providers to deliver efficiencies through successful reablement. Also, as part of its personalisation agenda, the Council continues to support people to manage their own care and support through the use of Direct Payments and increased use of Personal Assistants. The CCGs, as early adopters of Integrated Personalised Commissioning, are supporting individual service users to arrange their own care and support through the use of Personal Health Budgets. The Council and the CCGs are also considering and looking at alternative ways of commissioning services through the use of Individual Service Funds (ISFs)[1]. Additionally, over the course of the contract period, the CCGs may not wish to continue to commission their element of jointly funded packages of care from the core providers. Therefore, it is anticipated that the volume of services commissioned through the core provider contracts may reduce over time. As such, guaranteed payment for commissioned hours is not considered to be the best option.

Option 2: Payment based on achievement of outcomes

46. This option entails the identification of key outcomes and payment levels being based on the providers' achievement of those outcomes. Some of the outcomes considered include the following:

- Changes to the size of packages as a result of re-enablement and promoting independence
- Timeliness of response when new packages of care and support are required
- Consistency and continuity of care workers
- User and carer satisfaction through monitoring activities including those undertaken by the Experts by Experience

[1] Individual Service Fund (ISF) is when someone wants to use their individual budget to buy support to manage their care package from a care provider. ISFs mean that the money is held by the provider on the individual's behalf and the individual decides how it should be spent. The provider is accountable to the individual and commits to spend the money only on the individual's service and on the management and support necessary to provide the management service.

- Avoidance of hospital admissions.

47. Whilst there is much documented about the value of commissioning and payment for outcomes, at the current time, there is little evidence that any local authorities have been able to successfully adopt a payment model based on measuring and evaluating the successful delivery outcomes. It is very difficult to measure the impact of the home care service in meeting outcomes. In part this is because many factors impact either positively or negatively on people's outcomes being realised and home care providers may not have any control over many of these factors.

Option 3: Percentage of payment 'top sliced' from overall budget

48. This approach involves top-slicing a percentage of the available budget and then holding it in reserve. Outcome measures are set and agreed with the provider who then has to achieve the agreed outcomes in order to get paid the reserved funding. If they do not achieve the outcomes they do not receive the additional reserved amount. However, as with Option 2 above, it is difficult to ascertain what factors are contributing to the delivery of outcomes and therefore it is difficult to align any element of the payment to the successful delivery of outcomes.

Option 4: Commissioning for outcomes and phasing in a payment model based on the learning from the pilots

49. As outlined in **paragraphs 31 – 37** above a pilot is currently being run in Ashfield and Mansfield by Mears which is based on the commissioning and delivery of outcomes. There is a further pilot due to commence shortly in Broxtowe with another core provider, Direct Health, which is also based on the delivery of outcomes. A key element of each of these pilots is consideration and testing of different payment processes based on the delivery of a number of outcomes. Finance colleagues within the Council are meeting with their counterparts from the provider organisations to discuss and test some payment models.

50. One option is to commission the new home care services based on delivery of outcomes, and then to apply the learning from the pilots to develop an outcomes based payment model and to introduce this in a phased approach. Lessons learned from previous tenders is that the procurement process itself can cause disruption to service users and their families, and to providers and their care staff and that the changes required as a result of tender processes take some time to settle. The Council can anticipate a number of the factors that contribute to or add to the disruption and so mitigating actions can and would be put in place to minimise the disruption. One key learning from the previous tender has been the difficulty in changing significantly the model of service delivery at the same time as transferring large contracts from an exiting provider to a new provider.

51. Given the difficulties experienced by the current providers and the high numbers of services being commissioned on a spot basis, it is timely to undertake a tender on the basis of some significant changes to the model of service delivery, based on outcomes, and changes in the payment processes. However, it may be prudent to phase some of the changes so that they are not all required or implemented at the start of the contract period.

52. In order to successfully implement a phased approach, the commissioners need to be clear from the onset, in the tender documentation and service specification, what the requirements and processes will be for the first year of the contract and what will change in the subsequent years both in relation to the commissioning arrangements and in the service delivery requirements.

53. The added benefit of this approach is that the Council will be able to work in partnership with the new providers from the onset to discuss and agree how the changes will be instigated and to jointly problem-solve any potential difficulties or barriers, taking the learning from the delivery and payment for outcomes model currently being piloted in Ashfield and Mansfield and being developed in Broxtowe.

54. It is therefore proposed that the Council proceeds with Option 4 with the delivery of outcomes being instigated at the start of the new contracts and with payments based on outcomes being phased in at the start of the second year of the contract. There is evidence that this approach is applied effectively in other public sector contracting arrangements such as property management where the payment model is changed only after the new contracts have commenced and the new service provider and new service requirements have had time to bed in.

The services to be procured and the procurement process

55. Following Committee approval in July 2016, the Council has successfully set up the first stage of the Dynamic Purchasing System (DPS). The DPS is a two stage process where, during the first stage, a wide range of providers are selected as accredited providers of home care and support services. To date 71 providers have successfully registered on the DPS.

56. The DPS has been put in place to cover a period of 10 years, and will be open throughout this period allowing new providers to apply to join the DPS and to tender for home care contracts with the Council and CCGs, thereby allowing new providers to enter the local market. This offers greater flexibility to the commissioners in the event that existing providers cannot sufficiently meet demand or in the case of concerns about the quality of the care services. It also allows for small and micro-providers to be registered so encouraging a diverse and more robust market that can respond to specific service needs or in a specific geographical area. The DPS will also permit contracts to be awarded with different start and finish dates. The DPS will reduce the time it takes to undertake the tender for specific services as the initial selection will not be required. The Council can now proceed to use the DPS for the award of specific contracts including the generic home care contracts.

57. It is proposed that the Council now commences 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.

58. It is proposed that at the same time the Council also tenders for a 24 hour urgent care and crisis/rapid response. This service entails responding to urgent referrals for assistance for people already in receipt of a home care service but who have had an unexpected incident which requires a quick response and where the main home care provider is unable to respond. This includes calls for assistance with continence problems in the night or people with dementia who may wander and occasionally need somebody to ensure their safe return home. This service is linked to a Telecare system.

59. In order to continue to rationalise the numbers of contracted providers and to encourage and support efficiencies through economies of scale, it is proposed that the Council will continue to use a core provider model but that the geographical areas are broken down further to cover smaller areas which have historically been hard to cover but where smaller and micro-providers have successfully been able to deliver the required services. This will enable contracts to be awarded to a range of large and small providers.

Electronic Call Monitoring

60. As detailed above, the current services operate on a time and task basis requiring detailed monitoring of contact time between provider staff and service users. The Council has a separate contract in place with an electronic call monitoring provider, CM2000, and the core providers are required to use CM2000 as the call monitoring system which determines the payments that the Council makes to the providers The existing contract with CM2000 is due to expire in March 2018. Feedback from the current core providers is that the CM2000 system is expensive and unwieldly and it does not allow for or reflect some elements of the work undertaken by the provider's staff including the time taken by staff to gain access to or entry into a service user's home.

61. In moving to an outcomes based service, it will no longer be appropriate to have a call monitoring system which is based on time and task activities where other activities in support of the service user cannot be logged, for example regular activities such as liaising with social care and health care staff, with family members, care and support planning and undertaking a reviewing role.

62. Currently, colleagues in ICT are developing and implementing a monitoring and rostering system which is being piloted with the in-house START (Short Term Assessment and Re-ablement Team) service. The system will provide an improved facility to monitor and record work undertaken by START's care staff. The system provides real-time feedback of locations of staff and helps the service in relation to staff rotas and will enable service users or their families to be contacted where a care worker is delayed on another home visit. The new providers will continue to be required to return electronic monitoring data to the Council and it is anticipated that during the first year of the contract this monitoring information will still inform payment levels to the providers. During the first 12 months of the contract, the Council will work with the providers to test and agree payment processes which are based on the delivery of outcomes. This will involve the use of a new digital system called Acorn which is currently under development within the Council which will enable information to be shared between the Council, the providers' care workers and service users and their families or carers. The de-commissioning of CM2000 will also enable the Council to realise some savings.

Timetable for procurement and award of new contracts

63. Consideration has been given to the best time to commence the tender process given that the process will create uncertainty for service users and carers, current providers and their staff who may be concerned about the implications of a change in their service provider or more importantly a change in their care workers. Whilst there is no ideal time to undertake a tender process, health and social care commissioners agree that it is best to avoid a transfer process from one provider to another to take place in the middle of winter when the demand for services is particularly high, including for people who have had a stay in hospital and who require services to be available when they are ready to return home.

64. As such, it is proposed that the tender commences in early autumn with a view to new contracts being awarded in January 2018 with a six month transition period so that the new contracts can commence in July 2018. The different activities are outlined in the table below.

Stage	Date
Further market sounding engagement events with existing and prospective providers	June 2017
Commence the procurement	September 2017
Bidders' day and closure of tender clarification period	October 2017
Closing date of tender submissions	November 2017
Evaluation of tenders	December 2017
Notify all bidders of the outcomes of their tenders and award contract to successful providers	Early January 2018
Contract award	January – February 2018
Transition from current providers to new providers	February – May 2018
Commencement of new service	July 2018

Other Options Considered

65. The Council is required to tender services on a routine basis in accordance with its Financial Regulations and EU Procurement Rules. The Council has the option of extending the current contract with the core providers for up to a further year from July 2018 to July 2019 at which point the contracts would have to be re-tendered.

66. It is evident that despite fee increases applied in December 2015, April 2016 and April 2017, the core providers continue to experience considerable difficulties in the recruitment and retention of care workers and this continues to impact on their ability to deliver the required volumes of service and there continues to be a significant reliance on

the use of spot purchasing arrangements which are not currently under any formal contractual framework. This is creating on-going difficulties in enabling the Council and the CCGs to secure the required services. As such, it is prudent to commence the tender over the current financial year in order to address these concerns.

67. The work undertaken with the current providers shows the need to change some of the current contractual terms and conditions to help the providers to deliver a more flexible service. The Council is keen to start commissioning services based on people's identified outcomes, rather than on a time and task basis. This should result in a better experience for service users and carers who require home care and support services. An outcomes based commissioning and delivery model will also enable the care workers to provide a more responsive service which takes account of service users' changing and fluctuating needs and which will proactively involve them in the care co-ordination of the service together with health and social care staff, all of which would contribute to the care worker role becoming more attractive and fulfilling.

Reason/s for Recommendation/s

68. The core providers are not currently able to provide the required capacity of home care services. Since the award of the contract in 2014, there have been a number of significant changes, including the introduction of the Care Act 2014 and the further emphasis on personalised care, such as the implementation of Integrated Personalised Commissioning. These changes require a change in the way in which the services are commissioned and delivered.

69. Providers have also experienced significant cost pressures impacting on their ability to deliver a financially viable and sustainable service. Given these significant changes, it is necessary to commence the retender at the earliest opportunity in time for new services to commence in summer 2018. The County CCGs are keen for the home care and support services to be re-commissioned.

Statutory and Policy Implications

70. This report has been compiled after consideration of implications in respect of finance, public sector equality duty, 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.

Implications for Service Users

71. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. The aim of the tender process is to enable the Council to commission sufficient volumes of home care services and to ensure these services are sustainable and are able to meet current and future needs.

72. Through the use of the Dynamic Purchasing System, the Council and the CCGs will be able to accommodate sufficient numbers of home care providers under one contractual framework. This will also enable smaller organisations, including micro-providers, to be

included in the arrangements to help to support a diverse range of providers who will be able to deliver smaller volumes of services, including in more rural parts of the County.

73. The re-tendering of home care and support services may impact on some people who currently receive home care from the core providers if those core providers choose not to tender for the services or if they do not meet the quality thresholds. If and where this is the case, the Council will work with the providers to ensure that the transition is managed carefully so that any disruption in services is minimised through appropriate mitigating action.

Human Resources Implications

74. A review will be undertaken over the next six months of the role and responsibilities of the Community Partnership Officers within the Quality and Market Management team to ensure they are able meet the new model of home care and support services.

Financial Implications

75. As outlined above, the Council's budget for home care services is £19.7m which includes £870,000 for the interim home care service. The average hourly rate across the core provider contracts is currently £15.56 per hour. The hourly rates for services commissioned from providers on a spot purchasing basis is also £15.56 per hour.

76. The increased cost pressures experienced by home care providers, primarily related to staffing costs, is well documented. Evidence from other local authority areas is that providers have submitted hourly rates which are not sustainable and which does not enable them to recruit and retain sufficient care staff. Some of these providers have exited the market, having terminated their contracts with councils, whilst other providers have taken a more selective approach and handed back contracts to councils where they are no longer financially viable. It is therefore imperative that the Council is able to secure contracts which enable the providers to deliver a good quality, consistent service with the capacity that is required.

77. It is anticipated that the tender process will result in additional cost pressures to the Council, related in part to the tendered hourly rates, and in part to changes in the configuration of the contracts such as payment for a minimum of 30 minutes per visit and payment for time related to non-direct care, such as care coordination activities as part of the outcomes based commissioning model. Over time, it is intended that the service model will enable delivery of savings and efficiencies as people are routinely supported to become more independent and to appropriately manage their own care and support needs wherever possible.

78. Through the tender process, the Council will evaluate tender submissions both on the basis of the tenders' experience of delivering high quality services and also on the basis of hourly rates which accurately reflect actual costs. As in the last tender process, tenders will be required to submit full details of their costs including a breakdown of their direct and non-direct staffing costs. Contracts will be awarded on the basis of realistic and viable price submissions with value for money considerations.

79. In order to ensure the contracted price for the home care and support services remains viable for the duration of the contract period and enables the providers to deliver services to the capacity required, it is proposed that an annual inflationary increase is built into the contract terms and conditions. The annual inflationary increase would need to reflect the particular costs in this market which are predominantly an increase in the National Living Wage and associated National Insurance and employer pension contributions. A significant proportion of these costs is factored into the current Medium Term Financial Strategy.

Public Sector Equality Duty Implications

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

RECOMMENDATION/S

That the Committee:

1) approves 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) approves the commencement of a tender for a 24 hour urgent care and crisis/rapid response.

3) approves 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) approves 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.

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Constitutional Comments (CEH 31/05/17)

81. The recommendations fall within the delegation to the Adult Social Care and Public Health Committee.

Financial Comments (NDR 31/05/17)

82. The financial implications are set out in paragraphs 75 to 79 of the report. There are potential financial risks as the market continues to change and payment rates will have to be considered carefully if a sustainable service is to be delivered.

Background Papers and Published Documents

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

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

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

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

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

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

Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All.

ASCH470

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

12th June 2017

Agenda Item: 9

REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND PUBLIC PROTECTION

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

Purpose of the Report

1. The report advises Committee on the progress of the Transformation Programme across South Nottinghamshire.

2. The report seeks approval to re-establish and continue with the monthly cross-party Members Reference Group, which is a discussion and oversight forum for integration plans throughout Nottinghamshire.

3. This report seeks approval to establish the following post for 12 months from appointment:

   - 1 FTE (full-time equivalent) Project Officer (Band B).

Information and Advice

Background

4. The Transformation Programme across South Nottinghamshire is overseen and agreed by the Greater Nottingham Health and Care Partners - GNHCP. The partnership is made up of the four Clinical Commissioning Groups (CCGs: Nottingham City, Nottingham North and East, Nottingham West and Rushcliffe), the City and County Council, Nottingham University Hospital, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham Citycare Partnership, Circle, East Midlands Ambulance Service and Nottingham Emergency Medical Services.

5. The vision of the partnership is to “create a sustainable, high quality health and social care system for everyone through new ways of working together, improving communication and using our resources better”. The partnership aspires towards three main goals which align to the Nottinghamshire Sustainability and Transformation Plan (STP). The STP brings together health and social care to improve the local population’s health and well-being. There are two STP planning areas that cover Nottinghamshire: Nottingham and Nottinghamshire with Bassetlaw as an associate area and South Yorkshire and Bassetlaw. The STP aims to increase healthy life expectancy for citizens, improve the quality of care provided, and ensure that the cost of providing services is sustainable moving forward.

6. To assist with the transformation of the health and care system, the Government created 50 Vanguard sites across England. Each site is implementing one type of new care model to "act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system". There are three Vanguards in South Nottinghamshire as part of the NHS 5 Year Forward View (2015). The Vanguards are: Rushcliffe Multi-Specialty Community Provider (MCP), Urgent and Emergency Care, and care homes. The combined strategy and vision following the implementation and learning from these Vanguards have fed into the Nottingham and Nottinghamshire STP.

7. As part of developing the model expertise was provided from international companies: Centene Corporation from the United States and Ribera Salud from Spain.

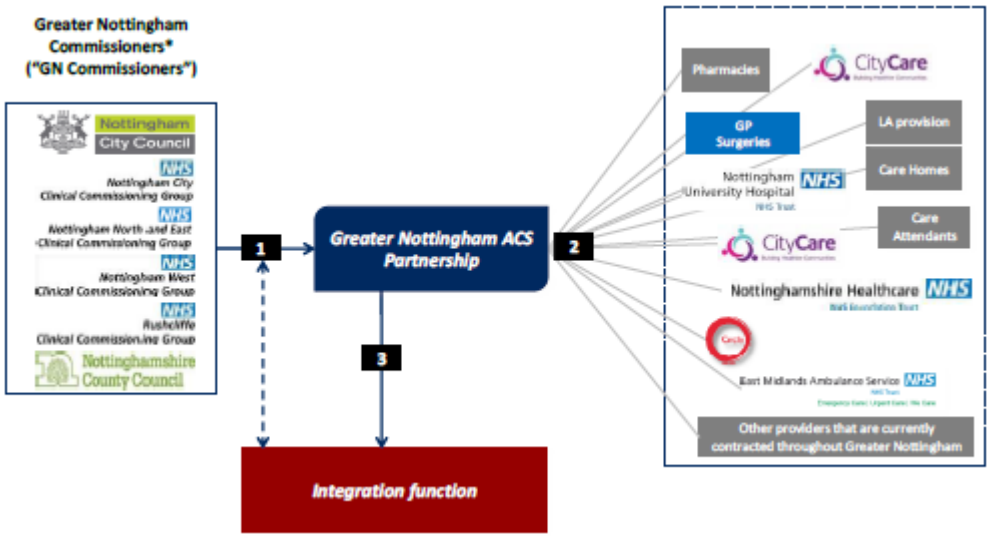
8. Two phases of work were then completed:

- Phase 1 (February – April 2016) - Completion of a detailed actuarial analysis as a health and care system demonstrating the opportunities for quality and cost effective care. This showed that by investment in preventative, self-care and population health management there is an opportunity to meet the Transformational Programmes objectives.

- Phase 2 (July – November 2016) - A diagnostic and exploratory piece of work with all partners to assist in articulating a full set of factors that help to realise the opportunities outlined in Phase 1. This work focused on how pathways currently work and provided recommendations on how pathways could be re-designed in certain key service areas e.g. Hospital Discharge.

9. This work formed the basis of a revised Value Proposition in December 2016 and a proposed model to NHS England on how an Accountable Care System (ACS) could be progressed. The Value Proposition sets out how partners across health and social care would improve the health and social care for the local population. An ACS is where there is one provider organisation that is accountable for all the care and services provided to a defined population. There are three main areas within the Value Proposition:

- Integration of commissioning, provision and data systems across the health and care system.
- ACS transformation programme management and capability building
- Investment funding.



Integrated Commissioning

10. The ACS potentially will be accountable for all physical, mental health and wellbeing needs of the population. Therefore the ACS holds the budget for and provides a wide range of services including Public Health, Primary Care, Community Services, Social Care, secondary Acute Care, prescribing, Mental Health and continuing care. The commissioners will form a joint Committee and as system leaders will oversee the provider landscape, orchestrate provider relationships within the ACS and will ensure value for money. Commissioners will remain responsible for setting the required outcomes and accountability for the ACS provider partnership.

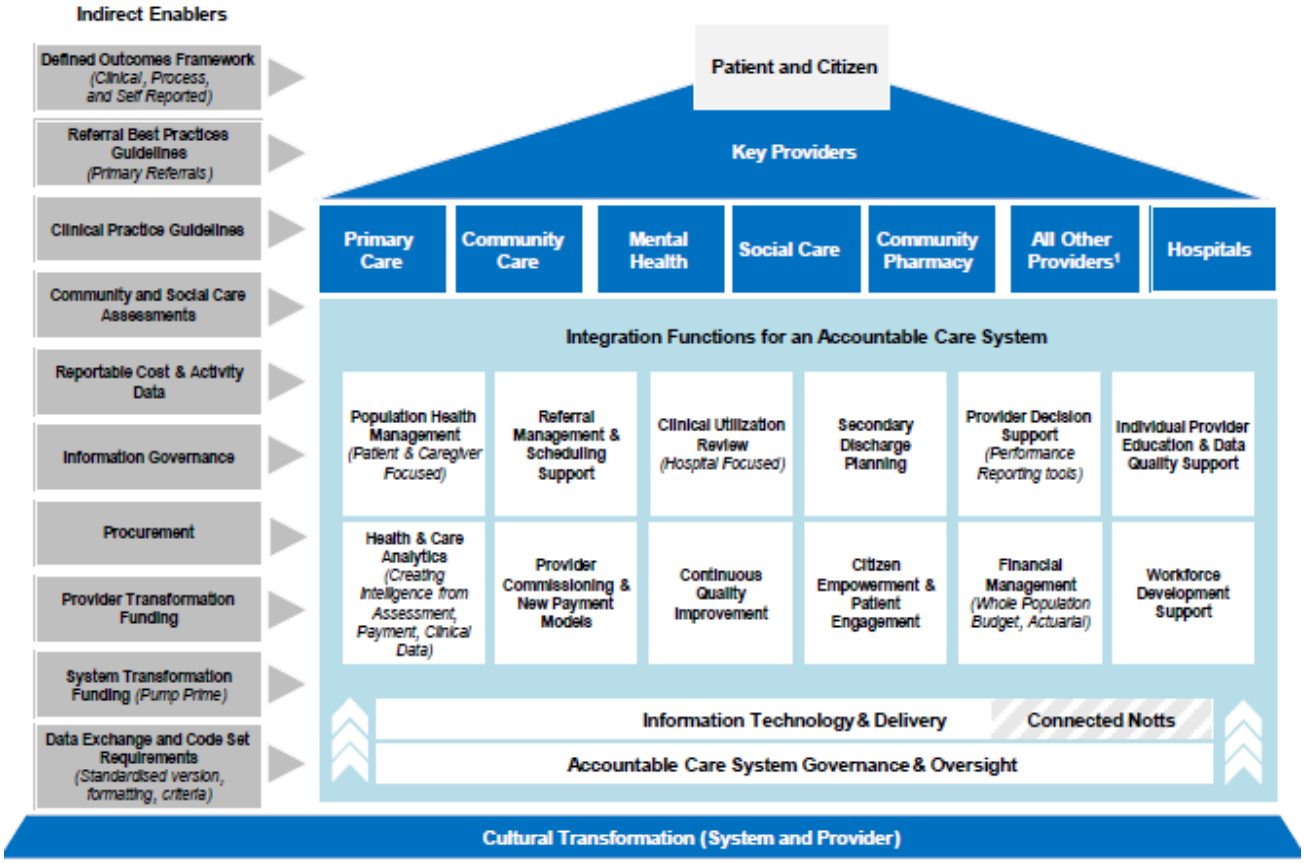
Integrated Provider

11. The ACS is a vehicle through which a number of providers will collaborate to improve the health and well-being for the people of South Nottinghamshire. The Provider partnership or potential Joint Venture agreement will enable the delivery of or contracting for provision of all NHS and Local Authority funded health and care services. This group will also have the responsibility to integrate primary, community and hospital services.

Integrated system (Transformation Partner)

12. As highlighted in order to enable an effective ACS there are a number of integration 'functions' and 'enablers' that need to be in place as outlined in the diagram below. The main areas include: effectively managing and integrating data, business and resource allocation, and system leadership. An options appraisal was then undertaken as to how these gaps could be addressed.

13. It is concluded that partners procure a fully integrated transformation partner that brings capital and bears risk with partners as an ACS.



14. The agreed form and function of the ACS is still being considered. Any discussion and final decision for the agreed ACS will need Committee approval once full consultation has been undertaken.

15. Nottinghamshire, with an early focus on South Nottinghamshire, has been confirmed as one of nine areas nationally which will now be part of the programme of 'accelerated' systems towards an ACS in the country. South Yorkshire and Bassetlaw is also one of these sites. The confirmation of the funding to help make these changes has not yet been received.

Members Reference Group (MRG)

16. The MRG is a cross party group that was set up in 2015 to enable Members to discuss, have oversight and make recommendations to the ASCH Committee. The MRG enables participating Members to maintain a particular focus on the developing agenda across the three locality planning areas and provide a regular steer to officers about the way forward for the Council. It is proposed that the MRG meets bi-monthly.

17. The MRG is underpinned by a set of 'Guiding Principles' that were formed and developed between officers and Members upon the Group's formation in 2015.

Promoting Independence across Health & Social Care

18. A key approach to managing demand and improving outcomes across social care and health is to promote independence and self-care. This approach is not new in social care

and is reflected in the Adult Social Care Strategy and the principles of integration agreed with Members.

19. By working better together with health, a consistent approach can be taken to embed promoting independence and self-care across the health and social care workforce. This will require a joint approach that is readily understood across health, social care and partners.

20. Alongside this early work to develop a joint approach, a framework is required about how to develop the workforce to have the skills and confidence to deliver this. This may include:

    a. An e-learning package for awareness of an integrated approach to promoting independence and self-care
    b. Develop toolkits for staff to have different conversations based on an asset based approach to independent living and decision making
    c. Develop a shared induction programme for the health and social care workforce
    d. Develop face-to-face prevention training for cohorts of health and social care staff, identifying staff to target, then evaluate and roll out the project, if successful.

21. On 24 February 2017, the Strategic Workforce Transformation Delivery Group agreed that a temporary Project Officer should be appointed to deliver this. The post is funded by Health Education England and currently held by Nottingham Citycare Partnership. The group is made up of representatives from organisations within Nottingham and Nottinghamshire. It is chaired by Nicky Hill, NUH Director of HR, and the aim is to translate the integrated workforce strategy into a work programme and oversee the delivery, drawing on skills, capacity and expertise from across the system.

22. Approval is therefore sought for the establishment of a temporary full time equivalent Project Officer post at Band B for a year at a cost of £45,776 including on-costs. This post is externally funded and at no cost to the Council. The post is to be based at County Hall.

Funding Arrangements

23. The establishment and recruitment for the Project Officer post is funded by Health Education England. The funds is currently held by Nottingham Citycare Partnership.

Other Options Considered

24. The Project Officer post is fully supported by the Strategic Workforce Transformation Delivery Group partnership and has agreed to fund the post. Development of a plan using resources from within partner organisations was considered but there is lack of capacity in this skill set to progress these areas for transformation and to support and enable organisations to take forward plans in a planned and consistent way. The post will ensure the Social Care and Health workforce has the required skills to meet the Strategic Workforce Transformation Delivery Group requirements and to 'Make Every Contact Count'.

Reason/s for Recommendation/s

25. The progress of the Transformation Programme across South Nottinghamshire is for noting only. The MRG is supported in relation to facilitating a Nottinghamshire wide discussion forum on the detailed proposals moving forward.

26. The Project Officer post is recommended as part of building the capacity and capability to enable the change programme that is required to deliver on the core objectives and goals.

Statutory and Policy Implications

27. 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

28. The cost of the temporary Project Officer post at Band B for 12 months from the date of appointment is £45,776, to be met from funding from Health Education England. This is external funding and therefore there will be no additional cost to the County Council.

Implications for Service Users

29. The ACS and STP will improve the quality of care and the health and wellbeing of the population.

RECOMMENDATION/S

That Committee:

1) notes the progress of the Transformation Programme across South Nottinghamshire

2) agrees the re-establishment of the Members Reference Group for integration from June 2017 onwards

3) approves the establishment of the following post:

- 1 FTE Project Officer (Band B) for 12 months from the date of appointment.

Paul Mckay
Service Director – South Nottinghamshire and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments (LM 23/05/17)

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

Financial Comments (CT 24/05/17)

31. The financial implications are contained within paragraph 28 of this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCH469

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

12 June 2017

Agenda Item: 10

REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND PUBLIC PROTECTION

PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH

Purpose of the Report

1. To provide the Committee with a summary of performance for Adult Social Care and Health for the full year 2016-17 (1 April 2016 to 31 March 2017).

Information and Advice

2. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972, this covers information relating to the financial or business affairs of any particular person (including the Council). Having regard to all the circumstances, on balance, the public interest in disclosing the information does not outweigh the reason for exemption because of the risk to the Council's commercial position disclosure is likely to pose. The exempt information is set out in the **Exempt Appendix**.

3. This report provides the Committee with an overview of the year end position for the key performance measures for Adult Social Care and Health (ASCH) for 2016-17. The performance measures include information provided to the Department of Health as part of statutory returns and measures of achievement against the Council's priorities outlined in the Strategic Plan 2014-18.

4. A summary of these performance measures is set out below and a performance dashboard, including target and performance data up to and including 31 March 2017 (Quarter 4), is attached as **Appendix A**.

5. The information provided in this report will also be used as the starting point for the performance management of ASCH services in 2017-18. The figures included in statutory returns are classed as 'provisional' until the statutory year-end returns have been validated by NHS Digital.

Contacts, Assessments and Reviews

Early resolution of adult contacts dealt with and resolved at early stage/first contact

6. The Council receives requests for adult social care services through the Customer Service Centre (CSC) and a specialist Adult Access Service. As part of the 'early resolution' work the Council aims to increase the number of callers who can be assisted

at the CSC through early intervention and signposting. The feedback from the public has been very positive and a number of councils have visited to understand more about the Council's work.

7. Over a third of all contacts are now resolved at the CSC. The Council's ambition is for more contacts to be resolved at this point and this rate is expected to be increased next year as part of the Council's improvement programme. This then frees up time for more complex cases in the District teams.

8. Over the year there have been 23,459 new contacts recorded and 8,125 of these were resolved at first contact through information, advice or signposting and required no further action. Of those cases remaining:

- 3,717 contacts were referred to short term services (such as reablement or intermediate care)
- 841 contacts were referred for a specialist assessment (for example by the adult deaf and visual impairment service)
- 9,313 contacts were referred for a care and support or an Occupational Therapy (OT) assessment

9. Building upon the success in 2017/18, the Council will maximise the amount of work that can be resolved at the front end. This will enable people to have timely access to information and advice and enable the Department to manage increased demand for support.

Percentage of assessments and reviews carried out by alternative methods

10. Under the Care Act the Council has a duty to undertake an annual review of service users. Where people do not require a home visit staff are undertaking more assessments and reviews over the phone or through social care clinics. This is in line with the Adult Social Care Strategy and again helps the Council to see people in a timely and proportionate manner.

11. Currently, 22% of assessments and reviews are now completed over the phone and through clinics and this is expected to rise next year.

Percentage of new assessments completed within 28 days

12. The Council has a local target to complete 80% of all new assessments for social care within 28 days. It is not possible to complete an assessment in 28 days in all cases due to the complexity of the case or someone's changing circumstances.

13. This year the Department has made significant progress and has assessed 73% of new people within 28 days compared to 64% the previous year.

Percentage of reviews of Long Term Services completed in year

14. It is important that people who receive support are reviewed in a timely manner. This maximises people's independence and ensures people only receive the services and support they need.

15. Through the work of the district teams, the central reviewing teams and the independent agencies the department has reviewed 71% of people with a long term service. This is a significant improvement in performance compared with 2015-16 when 46% of people with a long term service had received a review.

Delayed Transfers of Care

16. A Delayed Transfer of Care (DToC) from an acute or non-acute hospital setting occurs when "a patient is ready to depart from such care and is still occupying a bed". Any patients falling within this definition are classified as a reportable delay and the information collected includes patients in all NHS settings.

17. According to research by the Nuffield Trust, nationally the number of patients delayed because they were waiting for a care package to be available at home or in a care home had risen by 172% and 110% respectively since November 2010.

18. Despite unprecedented demand for social care assessments and support, Nottinghamshire was ranked 10th best performing council nationally (out of 152) for delays attributed to social care. Delays attributed jointly to social care and the NHS had decreased from 1.76 last year to 1.3 per 100,000 population.

19. This compares to the national average of 4.7. Nottinghamshire County Council was responsible for just 65 days' delay – none of them at Nottingham University Hospitals Trust.

Long term residential and nursing care (younger adults)

20. Despite the complex needs of some service users and that people with long term conditions are living longer, the service has reduced the number of long-term placements through enabling people to remain living in the community through supported living.

21. The overall number of people being supported by the Council in long term residential or nursing care placements has improved since the last quarter and was 636 on 31st March against a target of 650.

Long term residential and nursing care (older adults)

22. Admissions into long-term care are being avoided where possible through scrutiny of all cases at accommodation panels and the provision of alternative ways of meeting people's needs in the community including Extra Care, telecare and maximising the use of short-term assessment beds for those older people leaving hospital.

23. The number of long-term admissions for older adults compares favourably to the national average. Admissions into long-term care direct from hospital have reduced significantly to 22% against a target of 34%. This has been achieved through adopting a 'home first' policy and maximising the use of reablement services, Extra Care and short-term assessment beds for people being discharged from hospital.

24. The overall number of people being supported by the Council in long-term residential or nursing care placements has improved since the last quarter and was 2,326 on 31st March against a target of 2,275.

Safeguarding and Deprivation of Liberty Safeguards (DoLS)

Safeguarding service user outcomes

25. When an adult is the subject of a safeguarding assessment they are asked what outcomes they want as a result of the assessment. This is part of 'Making Safeguarding Personal', a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice. An example of an outcome may be 'I want to be able to safely collect my pension'.

26. Positively, of the 71% of service users who were asked, 72% said that their outcomes were fully met. This compares to the national average of 67%. It is not always possible to achieve 100% as in some cases the outcomes that service users want may not be feasible or realistic.

Percentage of completed DoLS assessments

27. 87% of Deprivation of Liberty Safeguards assessments were completed in this year. This percentage has substantially improved as a result of additional resources and new processes compared to the 2015/16 year-end figure of 60%. A detailed performance update is provided in the **Exempt Appendix**.

Carer and Service User experience surveys

28. In 2016/17 both the Survey of Adult Carers in England (SACE) and the Adult Social Care Survey (ASCS) were sent to carers/service users. These are statutory user experience surveys and results from the surveys form indicators that are part of the Adult Social Care Outcomes Framework. A summary of provisional results can be found at **Appendix B** and full findings will be available in the summer.

29. The surveys ask carers and service users questions about their experiences of care and support services and about their quality of life.

Other Options Considered

30. This report is provided as part of the Committee's constitutional requirement to consider performance of areas within its terms of reference on a quarterly basis. Due to the nature of the report no other options were considered appropriate.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

32. 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, 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

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

RECOMMENDATION

1) That the Committee notes the performance update for Adult Social Care and Health for the period 1 April 2016 to 31 March 2017.

Paul Mckay
Service Director for South Nottinghamshire and Public Protection

For any enquiries about this report please contact:

Matthew Garrard
Performance, Intelligence & Policy Team Manager
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E: matthew.garrard@nottscc.gov.uk

Constitutional Comments

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

Financial Comments (CT 25/05/17)

35. The financial implications are contained within paragraph 33.

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.

Survey of Adult Carers in England – Information and guidance for the 2016-17 survey year

Personal Social Services Adult Social Care Survey, England: Information and guidance for the 2016-17 survey year

Adult Social Care Outcomes Framework and Making Safeguarding Personal

Electoral Division(s) and Member(s) Affected

All.

ASCH471

Appendix A

Adult Social Care and Health Committee Performance update: Quarter 4 2016/17

For Nottinghamshire, the performance data available at the end of quarter 4 2016/17 is reported. The most recent data for national average is reported, where available. Where Nottinghamshire performance meets or exceeds the latest national performance information, this is highlighted by the emboldened boxes. Key: (p) = provisional data; (+) = better than previous value; (-) = worse than previous value; (=) = same as previous value; (n/a) = not comparable to previous value

	National Key Performance Indicator	Nottinghamshire												Comparator Data
		Current Value			Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value (Q3)	Previous Value (Q2)	Previous Value (Q1)	Previous Annual	National Average
1	Admissions of Younger Adults per 100,000 popn aged 18 - 64 (ASCOF 2A)	15.2	(p)	(n/a)	Low	12.5	Full year 2016/17	73	479,962	12.3	9.4	4.4	13.5	13.3
2	Admissions of Older Adults per 100,000 popn aged 65 and over (ASCOF 2A)	606	(p)	(n/a)	Low	599	Full year 2016/17	960	158,350	466	317	157.2	599	628
3	Delayed transfers of care attributable to adult social care (and joint) (ASCOF 2C)	1.3	(p)	(=)	Low	2.0	Full year 2016/17	8	638,312	1.3	1.5	1.8	1.9	4.7

	Local Key Performance Indicator	Nottinghamshire												Comparator Data
		Current Value			Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value (Q3)	Previous Value (Q2)	Previous Value (Q1)	Previous Annual Performanc	National Average
4	Percentage of new contacts dealt with at contact stage	37.0%	(p)	(=)	High	40.0%	Full year 2016/17	8,125	23,459	37.0%	37.0%	36.0%	37.0%	n/a
5	Percentage of assessments and reviews carried out by home visits	67.8%	(p)	(=)	Low	50.0%	Full year 2016/18	17,455	25,760	68%	68%	70%	67.0%	n/a
6	Percentage of assessments and reviews carried out by other methods	22.3%	(p)	(=)	High	50.0%	Full year 2016/19	5,749	25,760	22%	22%	22%	22.0%	n/a
7	Percentage of new assessments completed within 28 days	73.0%	(p)	(+)	High	80%	Full year 2016/17	4,511	6,100	70%	71%	71%	64.0%	n/a
8	Percentage of reviews of Long Term Service Users completed in year	71.0%	(p)	(+)	High	80%	Full year 2016/17	5,308	7,454	48.0%	31.0%	9.0%	46.0%	n/a
9	Number of Younger Adults supported in residential or nursing placements	636	(p)	(+)	Low	650	Full year 2016/17	636	-	649	651	652	663	n/a
10	Number of Older Adults supported in residential or nursing placements	2326	(p)	(+)	Low	2275	Full year 2016/17	2,326	-	2374	2395	2406	2497	n/a
11	Percentage of older adults admissions direct from hospital	22.0%	(p)	(-)	Low	27%	Full year 2016/17	209	960	18.0%	21.0%	21.0%	33.0%	n/a
12	Percentage of safeguarding service users who were asked what outcomes they wanted	70.8%	(p)	(+)	High	75%	Full year 2016/17	1,822	2,574	69.3%	67.3%	69.1%	60.9%	n/a
13	Percentage of safguarding service users (of above) who were satisfied that their outcomes were fully achieved	71.8%	(p)	(+)	High	n/a	Full year 2016/17	1,308	1,822	71.0%	72.8%	76.3%	71.9%	67% (P)
14	Percentage of completed DoLS assessments	87.0%	(p)	(+)	High	n/a	Full year 2016/17			83%	73%	67%	60%	n/a

Appendix B

Provisional results from Carer and Service User experience surveys

The most recent data for national average is reported. Where Nottinghamshire performance meets or exceeds the latest national performance information, this is highlighted by the emboldened boxes.
Key: (p) = provisional data; (+) = better than previous value; (-) = worse than previous value; (=) = same as previous value; (n/a) = not comparable to previous value

	Service User Survey	Nottinghamshire								Comparator Data
		Current Value			Best to be	Reporting Period	Number of service users	Out of how many	Previous Value	National Average
1	Social care-related quality of life	19.2	(p)	(+)	High	2016/17	164,956	8,599	19.1	19.1
2	The proportion of people who use services who have control over their daily life	78%	(p)	(+)	High	2016/17	6,733	8,599	76%	76.60%
3	The proportion of people who use services who reported that they had as much social contact as they would like	44%	(p)	(+)	High	2016/17	3,799	8,599	38%	45.40%
4	Overall satisfaction of people who use service with their care and support	67%	(p)	(+)	High	2016/17	5,728	8,599	61%	64.40%
5	The proportion of people who use services who find it easy to find information about services	68%	(p)	(-)	High	2016/17	5,850	8,599	70%	73.50%
6	The proportion of people who use services who feel safe	69%	(p)	(+)	High	2016/17	5,974	8,599	66%	69.20%
7	The proportion of people who use services who say that those services have made them feel safe and secure	93%	(p)	(+)	High	2016/17	7,978	8,599	92%	85.40%
	Carers Survey	**Nottinghamshire**								**Comparator Data**
		Current Value			**Best to be**	**Reporting Period**	**Number of carers**	**Out of how many**	**Previous Value**	**National Average**
8	Carer-reported quality of life	7.3	(p)	(-)	High	2016/17	2,771	379	7.4	7.9
9	Proportion of people who use services and carers, who reported that they had as much social contact as they would like	28%	(p)	(-)	High	2016/17	111	396	32.3%	38.5%
10	Overall satisfaction of carers with social services	39.40%	(p)	(-)	High	2016/17	127	322	44.20%	41.20%
11	Carers who report that they have been included or consulted in discussion about the person cared for	67.60%	(p)	(-)	High	2016/17	192	284	71.30%	72.30%
12	Carers who find it easy to find information about services (those who use services)	62.60%	(p)	(+)	High	2016/17	174	278	60.90%	65.50%

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

12 June 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 Chairman and Vice-Chairmen, 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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
10th July 2017			
Plans for allocation of the Improved Better Care Fund	Report presenting plans for allocation of the additional temporary funding announced in the Budget on 8th March 2017.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Savings and efficiencies delivery group progress report	Progress report on the work of the delivery group.	Programme Director, Transformation	Ellie Davies
Quality and Market Management Team Quality Auditing and Monitoring Activity	Regular update report, to also include proposals on Members' visits to residential care homes and other key issues	Service Director, Strategic Commissioning, Access and Safeguarding	Diane Clayton/ Cherry Dunk
Increase in charges for care and support services	Report requesting approval for increase in charges from October 2017.	Service Director, Strategic Commissioning, Access and Safeguarding	Caroline Baria
Outcome of the quality assurance work on safeguarding	Report on the outcomes of the work led by external partners to review the safeguarding work of the department.	Service Director, Strategic Commissioning, Access and Safeguarding	Claire Bearder/Stuart Sale
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 4, 2016/17)	Consultant in Public Health	Nathalie Birkett
Overview of Public Health Consultant	Report/presentation from PH Consultant with responsibility for lifestyles, avoidable injuries, dental and economic development.	Consultant in Public Health	Liann Blunston
Update on development of Extra Care Housing	Progress update in relation to Extra Care Housing.	Service Director, Mid Nottinghamshire	Rebecca Croxson

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
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
Progress with integration of health and social care in Bassetlaw	Report providing an update on progress with arrangements for health and social care integration in Bassetlaw.	Service Director, North Nottinghamshire & Direct Services	Steve Jennings-Hough
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
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
9th October 2017			
Health and Wellbeing Strategy Consultation		Director of Public Health	
Overview of Public Health Consultant			
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
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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
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
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			
11th June 2018			
9th July 2018			