

Adult Social Care and Public Health Committee

Monday, 11 December 2017 at 10:30

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

AGENDA

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|----|--|---------|
| 1 | Minutes of the last meeting held on 13 November 2017 | 5 - 10 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Key Areas of Service improvement and Change | 11 - 22 |
| 5 | Performance Update for Adult Social Care and Health | 23 - 32 |
| 6 | Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant | 33 - 40 |
| 7 | Progress Report on Savings and Efficiencies | 41 - 60 |
| 8 | Use of Public Health General Reserves to March 2019 | 61 - 80 |
| 9 | Extension of Falls Prevention Project | 81 - 90 |
| 10 | Quality and Market Management Team Quality Auditing and Monitoring Activity - Care Home and Community Care Provider Contract Suspensions | 91 - 94 |

11	Changes to Establishment of the Mosaic Development Team	95 - 98
12	Consultation on Direct Payment Support and Day Services	99 - 104
13	Work Programme	105 - 110
14	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 ITEM

- 15 Exempt appendix to Item 10 - Quality and Market Management Team Quality Audit and Monitoring Activity - Care Home and Community Care Provider Contract Suspensions

- 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>

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Date 13 November 2017 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Boyd Elliott
Sybil Fielding
David Martin

John Ogle
Alan Rhodes
Andy Sissons
Muriel Weisz

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Resources
Sue Batty, Service Director, ASCH&PP
Barbara Brady, Interim Director of Public Health
Paul Johnson, Service Director, ASCH&PP
Jennie Kennington, Senior Executive Officer, ASCH&PP
Ainsley MacDonnell, Service Director, ASCH&PP
Paul McKay, Deputy Director, ASCH&PP
Jane North, Programme Director Transformation
David Pearson MBE, Corporate Director, ASCH&PP
Wendy Saviour, Chief Executive, Nottingham and Nottinghamshire STP

MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 9 October 2017 were confirmed and signed by the Chair.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

MEMBERSHIP CHANGES

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

- Councillor John Ogle had replaced Councillor Francis Purdue-Horan
- Councillor Alan Rhodes had replaced Councillor Yvonne Woodhead

AGENDA ORDER

In order to allow members to attend the Remembrance Day service, the Chairman agreed to change the agenda order.

UPDATED ADULT SOCIAL CARE STRATEGY

Jane North introduced the report and responded to questions.

RESOLVED 2017/067

- 1) That the updated Adult Social Care Strategy, attached as Appendix 1 to the report, be recommended to Policy Committee for approval
- 2) That the design and publication of appropriate communications be approved.

Following consideration of this item, the Committee adjourned from 10.45am to 11.15am to allow members to attend the Remembrance Day event.

SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS IN NOTTINGHAM AND NOTTINGHAMSHIRE: UPDATE TO THE PLAN AND ACCOUNTABLE CARE SYSTEM MEMORANDUM OF UNDERSTANDING

David Pearson and Wendy Saviour introduced the report and gave a presentation on the update to the Plan and Memorandum of Understanding, for Members information.

The meeting adjourned from 12.10pm to 12.16pm due to a disturbance in the public gallery.

SERVICE DEVELOPMENTS AND CHANGES TO THE STAFFING ESTABLISHMENT IN ADULT SOCIAL CARE AND HEALTH

David Pearson introduced the report and responded to questions.

RESOLVED 2017/068

- 1) That the proposed permanent staffing arrangements at the Helmsley Road Short Breaks Service, as detailed in paragraph 8 of the report, be approved.
- 2) That the closure of Woods Court Care and Support Centre, in line with the closure programme for the Care and Support Centres, be approved.
- 3) That the request to host one full time equivalent (FTE) Physiotherapist post in the Short Term Independence Service, for six months, be approved
- 4) That the establishment of one full time equivalent (FTE) additional Business Support Assistant post at Grade 3 in the Data Input Team for 12 months be approved, with the post envisaged to run from January to December 2018 dependent on recruitment

- 5) That the development of a pilot for Grade 3 Social Care Assistants be approved. These posts will run from December 2017 to March 2018
- 6) That a further report be brought to Committee on the outcome of the pilot for Social Care Assistants in May 2018.

INTEGRATED COMMUNITY EQUIPMENT LOANS STORE (ICELS)

David Pearson introduced the report and responded to questions.

RESOLVED 2017/069

That the Committee ratifies the following decisions made by the ICELS Partnership Board:

- make permanent the following temporary posts within the ICELS Equipment Review Team:

Equipment Review Team	FTE	Grade
Senior Practitioner Occupational Therapist (OT)	1	C
Qualified Clinician	1	B
Community Care Officer OT	2	5
Data Analyst	1	4
Review Support Assistant	2	3

- make permanent the two temporary Occupational Therapist posts within the ICELS Clinical Team:

Qualified Clinicians	2	B
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- appoint additional temporary full time staff to further increase the capacity of the Review Team and Clinical Team on a 12 month basis:

Qualified Clinicians	2	B
Review Support Worker	1	3

UPDATE ON TENDER FOR HOME-BASED CARE AND SUPPORT SERVICES

David Pearson introduced the report and responded to questions.

RESOLVED 2017/070

- 1) That progress report be received on the Rapid Response and Hospital Discharge Service within six months of full implementation of the service
- 2) That the proposed financial and payment model and the potential implication to the Council's medium term financial strategy be supported
- 3) That any engagement and communication activities that are required as part of tender and implementation of the home based care services be supported

- 4) That the establishment of a temporary one full time equivalent (FTE) Project Manager post at Hay Band C/D to 31 October 2019 be approved to support the implementation of the new services and the ongoing contract management.

COUNTY WIDE ASPERGERS TEAM

David Pearson introduced the report and responded to questions.

RESOLVED 2017/071

- 1) That the establishment of a permanent 0.5 full time equivalent (FTE) Social Worker post (Band B) in the Countywide Aspergers Team be approved and the post allocated authorised car user status
- 2) That the temporary establishment of one full time equivalent (FTE) Social Worker post (Band B) and one FTE Community Care Officer post (Grade 5) for 12 months in the Countywide Aspergers Team be approved and the posts allocated authorised car user status.

APPROVAL FOR USE OF IN-YEAR IMPROVED BETTER CARE FUND TEMPORARY FUNDING

David Pearson introduced the report and responded to questions.

RESOLVED 2017/072

That the establishment and extension of the posts and use of the available one-off funding in the Improved Better Care Fund for 2017/18 as detailed in the report in paragraphs 8 to 26, and summarised in the table below be approved:

Proposal	Use of funding	Funding required for 2017/18	Funding required for 2018/19
Support for discharge from hospital and avoiding admission to hospital	3 FTE Social Workers (Band B) 1 FTE Community Care Officer (Grade 5) Trusted Assessor work with residential care providers (NB. Posts and activity above approved by the Committee on 9 th October 2017)	£70,875 £10,000	£14,176
	Social Work cover at weekends across the County	£15,000	
	2 FTE Social Workers (Band B) – Local Integrated Care Teams (these posts are already permanently established)	£45,776	
	Newark and Sherwood Intensive Home Support service	£60,000	
	Hospital to Home prevention and discharge service (South Notts)	£67,500	

Proposal	Use of funding	Funding required for 2017/18	Funding required for 2018/19
	Age UK support and advocacy (hospital discharge) (Mid Notts)	£14,600	
	Additional Connect Services funding	£8,000	
Occupational Therapy capacity	1 FTE Therapy Assistant (Bassetlaw Hospital) (Grade 5) (4 months December 2017- March 2018)	£10,222	
	1 FTE Occupational Therapist (King's Mill Hospital) (Band B) (4 months December 2017- March 2018)	£15,259	
	3.5 FTE Occupational Therapists (START) (Band B) (6 months October 2017 - March 2020)	£80,108	
	Disestablish 7.5 FTE Reablement Support Worker posts (Grade 2).		
	Occupational Therapy capacity at HMP Whatton	£14,000	
Social care posts	3 FTE Care Homes Reviewing Officers (Grade 5) 12 months	£24,500	£73,500
	1 FTE Falls Prevention Commissioning Officer (Band C) (post extension until March 2018)	£12,055	
	1 FTE Debt Recovery Finance Officer (Grade 4) (post extension until March 2018)	£27,755	
	Asperger's Team: 1 FTE Social Worker (Band B) 12 months 1 FTE Community Care Officer (Grade 5) 12 months	£19,637	£58,913
Meeting adult social care needs	Expansion of Assistive Technology	£15,000	
	Sexual violence support services	£50,000	
	Total cost	£560,287	£146,589

PROCUREMENT OF THE HANDY PERSONS ADAPTATION SERVICE (HPAS)

David Pearson introduced the report and responded to questions.

RESOLVED 2017/073

That approval be given to proceed with the procurement of the Handy Persons Adaptation Service.

ADULT SOCIAL CARE AND HEALTH - EVENTS, ACTIVITIES AND PUBLICITY

RESOLVED 2017/074

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

WORK PROGRAMME

RESOLVED 2017/075

That the work programme be updated to include:

- That a further report be brought to Committee on the outcome of the pilot for Social Care Assistants in May 2018.
- That progress report be received on the Rapid Response and Hospital Discharge Service within six months of full implementation of the service
- An update on the Bassetlaw STP be presented at a future meeting
- Report on the Centene Contract to a future meeting.

The meeting closed at 12.53 pm.

CHAIR

11 December 2017**Agenda Item: 4****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****KEY AREAS OF SERVICE IMPROVEMENT AND CHANGE****Purpose of the Report**

1. To provide an update on the progress of key areas of improvement.
2. To outline future plans for the continued delivery of improvement and change.
3. To approve the posts and funding for the Adult Social Care Transformation Team in order to ensure continued delivery of the transformation programme to meet the Council's strategic objectives.

Information and Advice

4. The Adults Transformation Team comprises the following key areas of work:
 - delivering on a major programme of savings and efficiencies totalling savings delivered of nearly £79 million.
 - the Adult Social Care Strategy – provides a framework for preventing and reducing care needs by promoting independence
 - integration with Health through sustainability and transformation plans (STP) to improve care, health and wellbeing for people in their area though working better together
 - implementing changes to meet new statutory responsibilities, such as Care Act implementation or Deprivation of Liberty Safeguards – whilst a lot of progress has been made in this area over the last two years, including reviewing processes and establishing increased resources, it is still anticipated that demand in this area will continue to rise.
5. Previously, quarterly update reports were submitted to Policy Committee and the former Adult Social Care & Health (ASCH) Committee on the progress of the improvement programme and the last update was reported to this Committee in July 2017 and is available as a background paper. To date this has been achieved with minimal external advice, capacity and support, whilst maintaining relatively good or excellent levels of performance. The combined level of savings alongside performance and overall outcomes means that the Council is often cited for its excellent work in this area. This is down to a variety of actions but the work of the Transformation Team has been critical.

Savings and efficiencies

6. Since 2010/11 ASCH (excluding Public Protection) has delivered savings of £79 million to March 2017. ASCH has an excellent record for delivery of savings with over 90% of targeted savings successfully delivered. There is a total of £28.4 million of planned savings to achieve by 2020 through the delivery of 28 different projects across the department. Details of these projects and a progress report can be found in the Savings and Efficiencies report to Adult Social Care and Public Health (ASC&PH) Committee in July 2017.

Adult Social Care Strategy

7. The Adult Social Care Strategy supports the department's savings and efficiency programme by providing a legal and ethical framework to reduce costs and demands through a promoting independence approach. In 2016/17 the improvement programme included projects to provide early resolution, increase short term support, increase capacity in the workforce and support frontline staff to promote independence. Some examples of projects are included below:

Early resolution: helping people to help themselves

8. The Council is working with people to help themselves based on their own networks of support as well as providing information and advice that aims to strengthen and build upon these networks without recourse to formal social care support. Nottinghamshire Help Yourself is a searchable website that has been developed as a central point of information on universal services available for people with both low level needs that would not be eligible for social care support and for people with eligible needs who can find their own solutions. This website can be accessed by members of the public in a self-service fashion but it is also used by colleagues at the Customer Service Centre and the Adult Access Service as a means of providing good quality advice and information that prevents or delays the need for social care intervention. On average the website pages get 120,000 views a month.
9. The Council is testing out a community based approach called Age Friendly Nottinghamshire. This is based on working within communities to use existing community groups and clubs to prevent loneliness, which is a high risk factor for people receiving social care and health services. There is a growing body of evidence that shows this approach leads to better outcomes and makes better use of limited resources. The two pilot areas are Beeston Central and Ladybrook Mansfield and run until July 2018.
10. The Council has developed its core prevention and early intervention offer based on the evidence of what best avoids or reduces the need for social care. The Connect Service works with older people and people with long term conditions to support access to health services, health improvement and health management; to remove barriers to social connections and reduce loneliness; to identify new ways to develop and sustain independent living such as through skills development or building informal support networks; to improve economic well-being; and to improve the safety and suitability of people's homes.
11. Assistive technology (AT) is targeted at groups whose needs or risks could be reduced through the provision of monitors and alarms.

Short term support: support for as long as is needed

12. Wherever possible decisions about long term support are not taken until a period of short term support or equipment/telecare is tried. For example, START reablement is offered to older people at risk of long term care support to maximise the number of people who are fully re-abled and require no further support from the Council. Currently 89% of people who receive reablement need no care or a reduced care package following the period of reablement.
13. In younger adult services the Council is testing out the use of short term interventions both with existing and new service users. A new team called the Notts Enabling Service has been introduced which includes a number of promoting independence workers who will work with people with a learning and/ or physical disability for up to three months to support them to develop greater independence. The team also includes co-production workers who will build on the success of co-production in mental health to establish this approach in other service areas.

New ways of working to improve productivity

14. New ways of working that have been implemented across the department to improve the efficiency and effectiveness of frontline staff include initiatives such as the scheduling of appointments, the increased use of social care clinics and using tablet devices to make the workforce more mobile. This has seen an increase in productivity across the workforce and in older adults' community services there is an average increase in productivity of 13%. There has also been a similar increase in the number of Social Care Assessments being completed within the 28 day timescales, up to an average of 83% in the last quarter of 2016/17, a 15% increase from the first quarter of the year. This increase in productivity is being used to support the completion of outstanding reviews and to help respond to the increased number of safeguarding cases that need action by the teams, which has increased by 23% in 2015/16. As the new ways of working have been rolled out and embedded these productivity gains have largely been sustained or increased, allowing staff to focus on the other key areas of transformation such as better support planning. The practice of assessment and care management staff when working with people is a significant factor in determining the amount and type of support required and work to maximise the use of best practice in this area could have significant cost benefits to the department. Without this increase in productivity there would either need to be higher levels of staffing or the speed of response and timeliness of the Council's interventions would suffer with an impact on quality and safety.

Cultural change: promoting independence

15. Throughout the life of the Transformation Portfolio work to change practice and behaviour of operational teams and partners, to embed changes, has been woven in to the work that has been completed. This has included engaging with teams to understand support tools required and has resulted in Team Manager Dashboards being developed to provide better information for managers and the support planning tool being redesigned to give a greater focus on Promoting Independence. Work with key partners to share the strategic objectives of the Council has also been a priority with letters to all GP Practices in the County as well as publishing leaflets for hospitals to share on the social care offer. However changing behaviours and shifting mind-sets still remain a challenge. A renewed focus of the

Transformation Team will be working more closely with partners and social care staff to ensure that the key principle of Promoting Independence is turned in to action and that practical support is provided so that changes are sustained and the benefits of reduced costs and improved outcomes are achieved.

Delivering an effective programme of change

16. Key to managing a programme of transformation is being able to use performance data to identify areas for improvement and embed performance to measure and evidence the impact of change through different initiatives. As part of this work each locality's management team is identifying targets, specific to their local area, based on an analysis of their commissioning activity coupled with key local demographic factors. These targets will aim to reduce the variation in practices across the department as well as to help target cohorts of people who could benefit from more intensive involvement from the team to increase their independence in the longer term.

Integration with Health through sustainability and transformation plans (STP)

17. The Nottingham and Nottinghamshire STP covers a planning footprint containing the geographic areas of Mid-Nottinghamshire, South Nottinghamshire and Nottingham City. Bassetlaw has been included in the South Yorkshire planning footprint for STP purposes but has Associate Membership status of the Nottinghamshire STP. In June 2017 NHS England announced that both planning footprints have been selected to be within the first group of eight 'accountable care systems' (ACSs) which will bring together local NHS organisations in partnership with social care services and the voluntary sector to deliver fast track improvements set out in ["Next Steps on the Five Year Forward View"](#). Within Nottinghamshire there will be an early focus on Greater Nottingham and Rushcliffe.
18. There has been significant progress in work to achieve closer integration between health and social care within the STP footprints. Some developments are relevant to the three local areas (Bassetlaw, Mid-Nottinghamshire and South Nottinghamshire). Within the Nottingham and Nottinghamshire Sustainability and Transformation Partnership, each statutory body is required to contribute to the running costs of the Partnership. In 2017/18 this has been agreed between partners as £80,000 per organisation. This STP planning footprint covers a £3.7 billion economy. Approval is requested from the Committee for the allocation of this funding from the Better Care Fund (Care Act).
19. Future reports to Committee will provide updates on the developments of the STPs and work on service development and integration.
20. There are three strategic transformation managers to enable delivery of integration under the STP footprints and below are some highlights of progress on integration with health.

Governance and leadership

21. A cross-party Members Reference Group for Health Integration has met bi-monthly during 2016/17. This provides a useful opportunity for Members to receive a detailed regular briefing about integration developments and gives them a chance to ask questions and debate the issues with more time than is usually available during a Committee meeting. It

ensures that political perspectives can be taken into account and that the Council retains an active involvement in the implementation of integration matters.

22. These discussions are informed by a set of “Guiding Principles for Integration” which were developed by Members from different parties within the Council and approved by ASCH Committee. The purpose of these principles is to guide officers and Members when thinking about what integration proposals to develop and support.

Key achievements

Delayed transfers of care

23. The rate of Delayed Transfers of Care (DToc) from hospital has reduced steadily over the year. Both delays attributable to the NHS and to Social Care have shown improvement. The number of people on the snapshot and the total number of days delayed showed a reduction over the winter period (November 2016 onwards). DToc indicators were better than target at year end and benchmarking indicates ASCH is performing well nationally, and this is illustrated by delayed transfers of care from hospital at 9 per 100,000 population and delayed transfers of care from hospital which are attributable to adult social care at 1.25 per 100,000 population.

Information sharing across health and social care

24. The current health and social care pathway for people with complex needs is too often a fragmented, disparate and frustrating journey for Nottinghamshire people and their carers. One of the significant reasons for this is that staff from different organisations do not have shared access to patient/service user records held by other agencies, even if the staff are all trying their best to work together to support the person as seamlessly as possible. The Council has started to make significant progress in this area. ASCH and ICT colleagues established a working group in July 2016 to start working together on priority integration developments.

Joined up teams

25. Integrated Care Teams are multi-agency teams who proactively identify and work with people in their local GP population who may be at risk of admission to hospital. The Clinical Commissioning Groups (CCGs) fund social care workers to be employed by the Council and be co-located within the teams in most parts of the County, with the exception of Bassetlaw. ASCH was granted funding from the Local Government Association in April 2016 to evaluate the cost-effectiveness and benefits of having a social care worker embedded in the various integrated care teams. The interim report is positive and the evidence suggests better outcomes for service users, improved productivity and better use of social care funding.

Implementing changes to meet new statutory responsibilities

26. In April 2015 the Transformation Team helped to implement the Care Act (Part 1) in Nottinghamshire; this is the most significant piece of social care legislation over the last 60 years.

27. This included:
- Creating new staff guidance and designing and delivering training to over 300 members of staff as well as other learning and development materials
 - Extensive workforce modelling to ensure sufficient capacity existed to undertake the new responsibilities
 - Completing six national stocktakes informing the Local Government Association on implementation progress.
 - Development of online assessment and review options for carers.
28. A social care green paper is expected to respond to the question of future social care funding, but no timetable has been announced. It is anticipated that the government will seek to work with parties across the political spectrum to seek agreement in preparing the green paper. In preparation for a future green paper that will respond to the issue of people who pay for all their own care, the Transformation Team is reviewing the way a personal budget is allocated and planning a review of assessment over the next 12 months.

Adults Transformation Team

29. Currently the Adults Transformation Team leads on the delivery of the key service improvement and change. Resources for this team are agreed on an annual basis and are currently approved until 31st March 2018.
30. The Transformation Team has existed in one form or another since 2012 and has required annual funding approval to date. Approval to establish a proportion of the team is now requested on a permanent basis given the level of change and improvements required. This will enable the future strategic objectives to be met in a more planned, efficient and effective way. The funding for the team could come from as yet unallocated Care Act money and would not therefore add to the base budget pressures.
31. The Council's adult social care duties form a significant and critical part of the Council's responsibility to the citizens of Nottinghamshire, and involve dealing with risks to the safety and wellbeing of citizens as well as reputational and financial implications for the Council. The level of change in local government and social care has been unprecedented in recent years. Social care continues to have to make significant financial reductions, despite rises in demand, costs and increased statutory responsibilities for the health and wellbeing of vulnerable citizens. Therefore, it is anticipated that the pace of change to both maintain good outcomes for residents and make further savings will continue for the foreseeable future.
32. The key strategic objectives over the next four years include:
- a) Implement the revised Adult Social Care Strategy with a focus on the following:
- To increase the consistency of the social care offer across the County by reducing variations in practice informed by data analysis
 - To restructure the way the Council works with existing services users, working actively with those with potential for greater independence to reduce their level of long term reliance on formal social care.

- To provide timely and responsive support where required, by embedding efficient and effective practices.
 - To support teams to change practice and behaviours to deliver sustainable change.
- b) Support the delivery of existing savings plans of £28.4 million until 2020
- c) Design, deliver and implement new savings plans to address the future savings gap for the Council of £62.9 million
- d) Progress integration with health under the STP to meet key requirements by 2020
- e) Design and develop plans to implement social care changes that arise from future government initiatives designed to address the current social care funding issues as referenced in the Queen's speech as well as continuing to respond to the impact of existing changes, such as Deprivation of Liberty Safeguards.
33. Establishing some of the Transformation Team on a permanent basis will address the operational problem of recruitment and retention to the team on short term contracts. The team has struggled to recruit to some posts in year when someone leaves due to the temporary nature and length of contract on offer, secondments are not always supported and those in permanent employment are unlikely to be attracted to temporary posts.
34. Consequently, the Transformation Team always carry vacancies despite the challenging departmental priorities. In short, permanent posts would provide stability to the team to plan future work and enable the team to recruit to specialist roles.
35. The structure for the temporary team will cease at March 2018. It is proposed that there is a new structure, part permanent and part temporary for 2 years from 1st April 2018 to respond to future requirements to support frontline managers and staff to embed the required changes to practice and behaviour. To support this cultural change, the team needs to ensure the organisation recognises and values the new approach through process, performance and quality assurance frameworks.
36. The new structure proposes that 55% (£648,541 p.a) of the funding remain temporary and 45% (£524,933 p.a) is made permanent. The posts that will remain temporary are the more senior posts in the structure as the team finds it harder to recruit to the lower grade posts and it is in the Council's interests to make these permanent to improve recruitment and retention at this level.

Post	FTE	Grade	Cost per fte p.a (with on-costs)	Total cost p.a (with on-costs)	Funding sought until:
Transformation Director	1	H	£94,828	£94,828	31/03/2020
Strategic Development Manager	3	E	£62,186	£186,558	31/03/2020
Strategic Development Manager*	1	D	£55,865	£55,865	2 years from appointment
Strategic Development Manager (DoLS)	1	D	£55,865	£55,865	31/03/2020
Transformation Manager	3	E	£62,186	£186,558	31/03/2020
Project Manager	3	D	£55,865	£167,595	Permanent
HR Project Manager	1	D	£55,865	£55,865	31/03/2020
Programme Officer	2	B	£45,776	£91,552	Permanent
Business Support	0.5	3	£23,412	£11,706	Permanent
Social Care Quality Coach*	4	C	£52,076	£208,304	Permanent

Peripatetic Social Workers	1	B	£45,776	£45,776	Permanent
Strategic Development Officer	1	3	£23,412	£11,706	6 months from 24/12/17
Programme Officer Access	1	5	£45,776	£13,002	12 months from appointment
	22.5			£1,185,180	

* indicates where grades are pending job evaluation.

37. The Programme Officer Access post was previously advertised as an Access Point Community Care Officer post for 12 months as agreed by ASCH Committee in September 2016. Following a round of unsuccessful recruitment, the post has been reviewed and it is proposed that this post be amended to a Programme Officer Access post. This would require the approval of an additional £13,002 for this post from the Better Care Fund.
38. On the 23rd November a Corporate Services consultation was launched. As part of this consultation there is an option to pull together departmental transformation resources under corporate management. The consultation paper can be accessed [here](#) and is available as a background paper to this report. The consultation does not affect the resources required to deliver transformation but may affect d where the resource is managed. In order to ensure continuity this proposal is therefore still being progressed.

Other Options Considered

39. Other options considered includes the Transformation Team continues to be completely funded on a temporary basis for a further year until March 2019. However, all short term contracts will not address the operational problem of recruitment and retention to the team. The team has struggled to recruit in year when someone leaves, due to the temporary nature and length of contract on offer, secondments are not always supported and those in permanent employment are unlikely to be attracted to temporary posts. Consequently, the Transformation Team always carry vacancies despite the challenging departmental priorities. In short, permanent posts would provide stability to the team to plan future work and enable the team to recruit to specialist roles. For further detail, refer to **paragraphs 33 - 36**.

Reason/s for Recommendation/s

40. The Council's adult social care duties form a significant and critical part of the Council's responsibility to the citizens of Nottinghamshire, and involve dealing with risks to the safety and well-being of citizens as well as reputational and financial implications for the Council. The level of change in local government and social care has been unprecedented in recent years. Social care continues to have to make significant financial reductions, despite rises in demand, costs and increased statutory responsibilities for the health and well-being of vulnerable citizens. These recommendations are made to ensure that the Adult Social Care and Health Department has sufficient staffing resource to respond to the pace of change required for the foreseeable future.

Statutory and Policy Implications

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

Financial Implications

42. The cost of the transformation team posts identified in **paragraph 36** can be funded from the mainstream Care Act allocation.
43. The £80,000 contribution to the STP can be funded from the Better Care Fund (Care Act).

Human Resources Implications

44. The changes to the current staffing structure and population of the revised structure will be achieved by following the agreed employment policies and procedures of the Council. The Trade Unions have been consulted on the proposals.

RECOMMENDATION/S

That:

- 1) Committee considers and approves the new proposed funding structure for the Adult Social Care and Health Transformation Team from 1st April 2018, as summarised below:

Post	FTE	Grade	Cost per fte p.a (with on-costs)	Total cost p.a (with on-costs)	Funding sought until:
Transformation Director	1	H	£94,828	£94,828	31/03/2020
Strategic Development Manager	3	E	£62,186	£186,558	31/03/2020
Strategic Development Manager*	1	D	£55,865	£55,865	2 years from appointment
Strategic Development Manager (DoLS)	1	D	£55,865	£55,865	31/03/2020
Transformation Manager	3	E	£62,186	£186,558	31/03/2020
Project Manager	3	D	£55,865	£167,595	Permanent
HR Project Manager	1	D	£55,865	£55,865	31/03/2020
Programme Officer	2	B	£45,776	£91,552	Permanent
Business Support	0.5	3	£23,412	£11,706	Permanent
Social Care Quality Coach*	4	C	£52,076	£208,304	Permanent
Peripatetic Social Workers	1	B	£45,776	£45,776	Permanent
Strategic Development Officer	1	3	£23,412	£11,706	6 months from 24/12/17
Programme Officer Access	1	5	£45,776	£13,002	12 months from appointment
	22.5			£1,185,180	

- 2) the post title of Programme Officer Access be amended from the Access Point Community Care Officer approved by the Committee in September 2016, as included in the table above, at an additional £13,002 for the 12 months in addition to the funds already agreed for this post.
- 3) Committee approves the allocation of £80,000 funding from the Better Care Fund (Care Act) as Nottinghamshire County Council's contribution to the Sustainability and Transformation Plan running costs.

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection

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Constitutional Comments (SLB 28/11/17)

45. Adults Social Care and Public Health Committee is the appropriate committee to consider the content of this report.

Financial Comments (KAS 30/11/17)

46. The financial implications are contained within paragraphs 42 and 43 of the report.

HR Comments (SJJ 28/11/17)

47. The HR implications are contained within the report.

Background Papers and Published Documents

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

Progress report on Savings and Efficiencies – report to Adult Social Care and Public Health Committee on 10 July 2017

<http://ws43-0029.nottsc.gov.uk/dmsadmin/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3961/Committee/514/Default.aspx>

Progress report on Savings and Efficiencies – report to Adult Social Care and Public Health Committee on 10 July 2017

<http://ws43-0029.nottsgov.uk/dmsadmin/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3961/Committee/514/Default.aspx>

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

<http://ws43-0029.nottsgov.uk/dmsadmin/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3755/Committee/480/SelectedTab/Documents/Default.aspx>

Corporate Services Review Consultation 23rd November 2017

http://home.nottsgov.uk/media/127728/csr_consultationlaunchreportfinal.pdf

Electoral Division(s) and Member(s) Affected

All.

ASCPH486

11 December 2017

Agenda Item: 5

**REPORT OF THE DEPUTY CORPORATE DIRECTOR, ADULT SOCIAL CARE
AND HEALTH****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 quarter 2 2017/18 (1 April 2017 to 30 September 2017) and seek comments on any actions required.

Information and Advice

2. This report provides the Committee with an overview of the quarter 2 position for the key performance measures for Adult Social Care and Health (ASCH) for 2017-18. The performance measures include information provided to the Department of Health as part of statutory returns.
3. The measures monitored on a monthly basis by the Senior Leadership Team were reviewed in April/May when targets for 2017/18 were set and this report reflects those changes.
4. A summary of these performance measures is set out below and a performance dashboard, including target and performance data up to and including 30 September 2017 (Quarter 2), is attached as **Appendix A**.

National Key Performance Indicators**Long term residential and nursing care (younger adults aged 18 – 64 years)**

5. The Council monitors admissions per 100,000 population, as part of a national Adult Social Care Outcomes Framework (ASCOF) definition, which allows for comparison (benchmarking) with other Councils. The Council has an annual target of 12.5 against a national average of 13.3. However the narrative provided below also gives the actual number of service users in order to make this meaningful to service delivery.
6. Admissions of younger adults presently stands at 31 against a year to date target of 30.
7. Recent research undertaken by the MS Society and the Care and Support Alliance has shown that more than 3,300 younger adults across the country are living in care settings not intended for them, as they are placed in care homes for people over 65. The number of younger adults placed in older adult care homes will be clarified.

8. The overall number of younger adults being supported by the authority in long term residential or nursing care placements is on target at 636 against a year-end target of 635.

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

9. Admissions for older adults are also monitored per 100,000 population, and the report also includes the actual number of service users in order to make this meaningful in operational terms.
10. Admissions into long-term care are being avoided where possible through scrutiny of all cases at accommodation panels and the provision of alternatives within the community including Extra Care, telecare and short-term assessment beds for those older people leaving hospital.
11. The number of admissions for older adults presently stands at 414 against a year to date target of 474; this positive performance is expected to continue and it is predicted that this will be on target at year-end.
12. The overall number of people being supported by the authority in long term residential or nursing care placements is currently over target at 2,342 against a year-end target of 2,275.

Delayed Transfers of Care

13. 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.
14. As part of measuring DToC, the total number of days delayed per month per 100,000 population is monitored and this is a key national indicator. Despite continued demand on the Council’s services, Nottinghamshire was ranked 7th best performing council nationally (out of 151) for delays attributed to social care in September 2017.

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

15. Reablement type services seek to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. It captures the joint work of social services and health staff, as well as adult social care reablement. This indicator monitors the effectiveness of the services delivered.
16. Included in this indicator are reablement type services such as:
 - a) START – short term assessment and reablement service provided in a service user’s own home, for example to help them regain their independence following a stay in hospital
 - b) intermediate care – may be provided in a service user’s own home or in a residential setting and can be used either as a short term intensive service to avoid a hospital admission, for example where a service user is suffering from a temporary illness or can also be used to help a service user regain their independence following a stay in hospital

- c) assessment beds – assessment and reablement service delivered in a residential setting following a stay in hospital.

- 17. This indicator is produced on a rolling three month snapshot basis. This month the indicator includes people discharged from hospital into reablement services in March, April and May and checks if people were still at home during the months June, July and August.
- 18. In this period 302 people were still at home out of 357 who received a reablement type service on discharge from hospital. This equals a percentage of 85% and this indicator is currently on target.

Adults with a Learning Disability in paid employment and settled accommodation

- 19. These measures are intended to improve the quality of life for adults with a Learning Disability, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life and the nature of accommodation for people with a Learning Disability has a strong impact on their safety and overall quality of life.
- 20. Performance for service users in paid employment is off target at 2.09% against the target of 2.8%, however following a recent case audit there is evidence to suggest that this figure could be closer to 2.7% once records have been updated on Mosaic (the case management system). A broader piece of strategic work is planned to identify what more the Council can do to support people into employment.
- 21. The figure for service users in settled accommodation is off target at 70% against a target of 76% and in order to achieve this target an additional 118 people would need to be recorded as living in settled accommodation.
- 22. Further investigation has shown that improvements in recording will ensure better results in these indicators.

Service users and Carers receiving a Direct Payment

- 23. Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services.
- 24. The percentage of service users receiving a direct payment is on target and benchmarking shows that the Council is a high performer in this area. The Council currently supports 3,107 service users with a direct payment.
- 25. The proportion of carers receiving a direct payment remains at 100%. Carers may receive other services in addition to a direct payment, for example, respite for a service user.

Adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment

- 26. This indicator supports the Nottinghamshire Safeguarding Adults Board's objectives to Make Safeguarding Personal and could help to prevent repeat safeguarding enquiries for such adults.

27. The proportion of adults supported to give their views is performing better than the target (80% against a target of 73%) and this good performance is expected to continue for the rest of the year.

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

28. This is a measure of the effectiveness of the safeguarding process and could help to prevent repeat enquiries for individuals.
29. The percentage of completed safeguarding assessments where the risk was reduced or removed is off target at 65% against a target of 70%.
30. As the cultural shift towards Making Safeguarding Personal focused work continues, staff are supporting people to manage existing risks where this is in line with people's 'desired outcomes'. Therefore, this indicator will fluctuate as people are supported to take risks and it is not surprising that the proportion has decreased. When looked at in line with the other indicators, satisfaction levels remain high.

Local Key Performance Indicators

New assessments completed within 28 days

31. The Council has a local target to complete 80% of all new assessments for social care within 28 days. The target of 80% is seen as challenging and reflects that 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.
32. This percentage is currently off target at 66%.
33. Each month a list of cases that were completed outside of the 28 day timescale is circulated to Team Managers for checking and, if applicable, for amendments. This quality assurance process ensures that the data held within systems is as accurate as possible and also helps to identify and correct any operational process issues.

Reviews of Long Term Services completed in year

34. 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.
35. The percentage of service users reviewed is currently 36% and is expected to increase each month to reach around 72% at year end. This means that performance will be similar to the previous year. The numbers of people reviewed so far this year are much higher compared to the same months last year, at least double in most cases.

Percentage of older adults admissions direct from hospital

36. This year a more challenging target of 18% has been set and currently the indicator is performing off target however direct admissions to long term care from hospital should reduce as the system moves to a Home First, discharge to assess model.

Safeguarding service user outcomes

37. 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'.
38. Positively, of the 74% of service users who were asked 75% said that their outcomes were fully met. This is better than the target and the national average of 67%.

Percentage of completed Deprivation of Liberty Safeguards assessments

39. The percentage of completed Deprivation of Liberty Safeguards assessments is currently 88%. Last year saw considerable improvement in this figure as a result of additional resources and new processes.

Other Options Considered

40. 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

41. 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

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

RECOMMENDATION

- 1) That Committee considers whether there are any actions it requires in relation to the performance information for Adult Social Care and Health for the period 1 April to 30 September 2017.

Paul Mckay

Deputy Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (SLB 20/10/17)

43. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (OC 25/10/17)

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

Background Papers and Published Documents

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

Adult Social Care Outcomes Framework and Making Safeguarding Personal

Electoral Division(s) and Member(s) Affected

All.

ASCH505

Adult Social Care and Health Performance Update - Quarter Two

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 (Q1)	Previous Annual	National Average
1	Admissions of Younger Adults per 100,000 popn (ASCOF 2A)				6.4	(n/a)	Low	12.5	Sept 2017	31	479,962	3.3	15.2	13.3
2	Admissions of Older Adults per 100,000 popn (ASCOF 2A)				252.0	(n/a)	Low	598	Sept 2017	414	158,350	80.2	606	628
3	Delayed Transfers of Care per day per 100,000 popn NHS (IBCF)				6.5	(+)	Low	5.5	Sept 2017	n/a	n/a	6.3	n/a	n/a
4	Delayed Transfers of Care per day per 100,000 popn Social Care (IBCF)				0.25	(+)	Low	0.7	Sept 2017	n/a	n/a	0.60	n/a	n/a
5	Delayed Transfers of Care per day per 100,000 popn Joint (IBCF)				0.11	(+)	Low	0.55	Sept 2017	n/a	n/a	0.50	n/a	n/a
6	Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)				84.6%	(+)	High	85%	Aug 2017	302	357	79.4%	78.9%	82.7%
7	Percentage of adults with Learning Disability in paid employment (ASCOF 1E)				2.09%	(-)	High	2.80%	Sept 2017	42	2011	2.1%	2.7%	5.8%
8	Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)				70.2%	(-)	High	76%	Sept 2017	1,411	2,011	69.1%	75.8%	75.4%
9	Proportion of service users receiving a direct payment (ASCOF 1C part 2a)				45.5%	(-)	High	46%	Sept 2017	3,107	6,833	45.5%	46.5%	18.10%
10	Proportion of carers receiving a direct payment (ASCOF 1C part 2b)				100%	(=)	High	90%	Sept 2017	1,710	1710	100%	100%	67.40%
11	Number of Younger Adults supported in residential or nursing placements (Stat return)				636	(=)	Low	635	Sept 2017	636	N/A	639	636	n/a
12	Number of Older Adults supported in residential or nursing placements (Stat return)				2342	(-)	Low	2275	Sept 2017	2342	N/A	2308	2326	n/a
13	Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return)				80.1%	(+)	High	73%	Sept 2017	350	437	79.3%	72.4%	62%
14	Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)				64.9%	(-)	High	70%	Sept 2017	746	1150	65.2%	67.8%	67%
Local Key Performance Indicator					Nottinghamshire						Comparator Data			
					Current Value		Best to be	Target	Reporting Period	Number of service users	Out of how many	Previous Value (Q1)	Previous Annual	National Average
15	Percentage of new assessments completed within 28 days				66.2%	(-)	High	80%	Sept 2017	2,297	3,469	66.2%	71.7%	n/a
16	Percentage of reviews of Long Term Service Users completed in year				36.0%	(n/a)	High	80%	Sept 2017	2,764	7,632	21.0%	71.0%	n/a
17	Percentage of older adults admissions direct from hospital				23.2%	(-)	Low	18%	Sept 2017	96	414	28.0%	22.0%	n/a
18	Percentage of safeguarding service users who were asked what outcomes they wanted				74.0%	(+)	High	75%	Sept 2017	851	1150	74.8%	70.8%	n/a
19	Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved				74.6%	(+)	High	72%	Sept 2017	635	851	71.5%	71.8%	67% (P)
20	Percentage of completed DoLS assessments				87.5%	(+)	High	90%	Sept 2017	N/A	N/A	87.0%	87.0%	n/a

National Key Performance Indicator	Monitoring rationale	Target rationale
1 Admissions of Younger Adults per 100,000 popn (ASCOF 2A)	This is a national ASCOF indicator. Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.	Target increased from previous year as not realistically achievable. Given that the Council continues to experience difficulties with developing support living, we are restricted in terms of having alternatives to residential and nursing care.
2 Admissions of Older Adults per 100,000 popn (ASCOF 2A)		Target from previous year maintained as this was not achieved and the target is challenging given the population pressures
3 Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	These indicators are the Imprvoed Better care Fund indicators for Delayed Transfers of Care. This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.	Targets for the Improved Better care Fund indicators have been set as part of the national programme.
4 Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)		
5 Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)		
6 Proportion of older people at home 91 days after discharge from hospital (effectiveness of the service) (ASCOF 2B)	This is a national ASCOF indicator and forms part of our BCF submission. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement.	This percentage decreased over 2016/17 due to the inclusion of additional services which support people with more critical needs to be discharged from hospital. The target has been set to increase the percentage back to its previous level of 90% over 3 years.
7 Percentage of adults with Learning Disability in paid employment (ASCOF 1E)	This is a national ASCOF indicator. The measure is intended to improve the employment outcomes and quality of life for adults with a LD, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life.	Target set at 2.8% to bring us closer in line with the East Midlands average and closer to the national average which is higher.
8 Percentage of adults with Learning Disability in settled accommodation (ASCOF 1G)	This is a national ASCOF indicator. The measure is intended to improve the outcomes and quality of life for adults with a LD. The nature of accommodation for people with a LD has a strong impact on their safety and overall quality of life and the risk of social exclusion.	Target set to maintain current performance, which benchmarking shows is positive
9 Proportion of service users receiving a direct payment (ASCOF 1C part 2a)	This is a national ASCOF indicator. Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services.	Target set to maintain current performance, which benchmarking shows is positive
10 Proportion of carers receiving a direct payment (ASCOF 1C part 2b)		
11 Number of Younger Adults supported in residential or nursing placements	The overall number of adults supported in long term care is important for the department not only because this is a key area of spend but also because along with admissions monitoring it is an indicator of the effective development of available alternatives to residential care. This information is collected on the SALT return.	The target has been set at 636 (last year's outturn) which will mean that we are operating on a one in/ one out basis. Given that the Council continues to experience difficulties with developing support living, we are restricted in terms of having alternatives to residential and nursing care.
12 Number of Older Adults supported in residential or nursing placements		
13 Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by an IMCA, advocate, family member or friend (Stat return)	This information is collected on the annual SAC return. Achieving this will support the Nottinghamshire Safeguarding Adult's Board's objectives to make safeguarding personal and could help to prevent repeat safeguarding enquiries for such adults.	The NSAB would like to achieve 80%, however given the current level of performance this is probably unrealistic for year one, so a target of 73% has been set for 2017/18 with a target of 80% the following year. The 73% target will put us ahead of the national average.

14	Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	This information is collected on the annual SAC return. This is a measure of the effectiveness of the safeguarding process and could help prevent repeat enquiries for individuals.	This target has been set to improve and achievement will put the department ahead of the national average. It will not be possible to achieve 100% here as there may be reasons why a risk remains in place following the assessment.
Local Key Performance Indicator		Monitoring rationale	Target rationale
15	Percentage of new assessments completed within 28 days	These indicators are a signpost to pressures in the system, timeliness of assessment/review highlights areas for discussion around resources	Targets from 16/17 not achieved so maintained for 17/18. Excellent progress towards target was achieved and if this level of improvement is maintained it is possible the targets will be achieved.
16	Percentage of reviews of Long Term Service Users completed in year		
17	Percentage Older Adults admissions direct from hospital	This indicator forms part of our BCF submission. It is accepted that hospital is not the best place to make an assessment or decision about a persons long term care needs and wherever possible people should be given the opportunity to regain their independence following a hospital stay. It is also an indicator of effective joint working with health colleagues.	This target was set to reduce as part of the BCF submission.
18	Percentage of safeguarding service users who were asked what outcomes they wanted	These indicators are key to the 'Making Safeguarding Personal' agenda, a national framework and approach which supports councils and their partners to develop outcomes-focused, person-centred safeguarding practice.	Target of 75% was not achieved in 16/17 and is being maintained for 17/18. Performance in later months showed improvement as a result of guidance provided to staff by the strategic team so the target of 75% should be realistic for 17/18.
19	Percentage of safeguarding service users (of above) who were satisfied that their outcomes were fully achieved		Target set to maintain current performance, which benchmarking shows is positive
20	Percentage of completed DoLS assessments	There has been an increase in the number of DoLS referrals received and this indicator monitors how effectively resources allocated are at dealing with the increased demand	Target set to improve the percentage completed to 90%. This will show a continued decrease in the backlog of work (now minimal) and that demand in terms of new referrals is being managed.

11 December 2017**Agenda Item: 6**

REPORT OF DIRECTOR OF PUBLIC HEALTH

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

QUARTER 2, 2017/18

Purpose of the Report

1. To enable Members to scrutinise the performance and quality of services commissioned by Public Health (PH)

Background

2. The Health and Social Care Act 2012 confers general duties on local authorities to improve and to protect the health of their local populations, including specific statutory duties about the commissioning of certain mandatory services to residents^[1], the provision of specialist advice to the local NHS, and of health protection advice to organisations across the local system.
3. In discharging these duties, the authority is currently supported by a ring-fenced grant which must be deployed to secure significant improvements in health, giving regard to the need to reduce health inequalities and to improving uptake and outcomes from drug and alcohol treatment services.
4. Services commissioned by public health contribute to a number of Council commitments (in particular, Commitment 6 – People are Healthier) and are critical for securing improved healthy life expectancy for our residents.
5. Working with public health colleagues, the Public Health Contract & Performance Team manages the performance of providers to ensure the Authority and the residents of Nottinghamshire are receiving valuable outcomes and value for money across the lifetime of the contract term for each individual service.

^[1] These mandatory services include: local implementation of the National Child Measurement Programme, assessment and conduct of health checks, open access sexual health and contraception services

6. Contract management is undertaken in a variety of ways including quarterly contract review meetings, regular quality assurance visits to the service and ongoing communication.
7. The intended result is that commissioned services are kept under a tight rein and as far as possible outcomes, value for money, quality and good supplier relationships are maintained.

Information and Advice

8. This report provides the Committee with an overview of performance for Public Health directly commissioned services and services funded either in whole or in part by PH grant, in Quarter 2 (July to September 2017) against key performance indicators related to Public Health priorities, outcomes and actions within:
 - i) the Public Health Service Plan 2017-2018;
 - ii) the Health and Wellbeing Strategy for Nottinghamshire 2014-17; and
 - iii) the Authority's Commitments 2017-21.
9. A summary of the performance measures is set out on the first tab of **Appendix A**.

Key Issues in Performance in Quarter 2 of 2017-18

10. Appendix A provides the detail regarding provider performance as well as a description of each of the services and examples of the return on investment achievable from commissioning public health services. For those contracts where performance against plan is an issue or actual performance is not fully explained in Appendix A, more detail is provided below.
11. Eligible patients are offered a health check to help prevent certain life threatening illnesses. GPs send out letters inviting eligible patients to attend for a health check. Patients can choose whether or not to attend. The number of health checks offered has risen in the second quarter by approximately 4000 and the numbers are over 2000 more than this time last year. If this level of performance continues, almost 75% of eligible Nottinghamshire residents will have been offered health checks and almost 50% will have received a health check. Whilst below the nationally set targets, this performance will put Nottinghamshire above the national average.
12. A good sexual health service is important in promoting general physical, mental and social well-being of the population. The three sexual health providers provide a countywide, open and equitable service to all Nottinghamshire residents. The integrated service is attracting more service users although not all will either want or require a HIV or chlamydia test. However, as part of a collective approach to address the low testing rate of chlamydia in 16-24 year olds across the county, from November 2017 an on-line chlamydia testing service for 16 -24 year olds is being promoted. The online provision 'freetestme' (www.freetest.me/landing/nottinghamshire) is available to 16 -24 year olds. As part of the online service, SmartKits (chlamydia testing kits) are also available at youth centres. The plan is to review the uptake of the online service in March 2018 and provide access to SmartKits at community pharmacists that are C-Card registration sites and other locations around the County. The Authority's young people's officer with a lead

for the C-Card Scheme is assisting in the promotion of the 'freetestme' online service and the distribution of the SmartKits. This is in addition to the offer of a test by the Integrated Sexual Health Services and a new provision within the Healthy Families Programme, who are commissioned to provide sexual health promotion, pregnancy testing and chlamydia testing in the teenage hot spot areas across the county. Due to the young people's officer being tasked with the distribution of the on-line chlamydia kits, the targets for C Card registration are to be reviewed.

13. Smoking is one of the primary causes of preventable illness and death and whilst the prevalence of smoking in Nottinghamshire is equal to the national average of 18.4% it is important to continue the downward trend in prevalence. The tobacco control and smoking cessation service provides clinics and outreach services to reach as many smokers who are either resident or registered with a GP in Nottinghamshire, as possible as well as receiving referrals from other stakeholders including GPs, pharmacists, and midwives. The provider continues to underperform to the targets set by Public Health however an added complication is that due to the way quits are counted, the latest figures do not include the September quitters. It is acknowledged that the first two quarters in any year will be slow for smoking cessation and the provider has a robust action plan, requested by Public Health, to address the underperformance moving forward.
14. Being overweight or obese can lead to the onset of preventable long term illness. The Obesity Prevention and Weight Management service (OPWM) has a countywide presence and is over target in the numbers of adults supported to lose weight. Delivery to target is dependent on third parties for both the maternity and children's where the provider is not performing to plan. The provider has submitted a further action plan to address the lack of engagement from midwives and paediatricians. The provider has also made great inroads into schools.

Statutory and Policy Implications

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

Financial Implications

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

Public Sector Equality Duty implications

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

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

18. The performance and management and quality monitoring and reporting of contracts are mechanisms by which commissioners secure assurance about the safety and quality of services using the public health grant.

RECOMMENDATION

For Committee to scrutinise the performance of services commissioned using the public health grant

Barbara Brady
Interim Director of Public Health

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

Constitutional Comments

19. No Constitutional Comments are required.

Financial Comments

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

Background Papers and Published Documents

Public Health Outcomes Framework 2016-19 at a glance.

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Public Health Services Performance Report



Number	Quality standard
YTD 95% or higher of expected	Standard met or exceeded
YTD less than 95% of expected	Standard not met

Quarter 2 2017/18								
Service Name	Indicator or Quality Standard	2016/17 Q1 & 2 figures for comparison	Annual plan 2017/18	Plan to date	Q1	Q2	Actual YTD	Forecasted out turn year end
NHS Health Checks	No. of eligible patients who have been offered health checks	17,078	54,309	27,155	7,705	11,727	19,432	38,864
	No. of patients offered who have received health checks	10,591	34,215	17,108	4,076	4,289	8,365	16,730
	No. of patients who have been identified as high risk and referred to other services as a result of a health check	541			160	335	495	
Integrated Sexual Health Services	Total number of filled appointments							
	Sherwood Forest Hospital NHS Trust	11,727	23,543	11,772	6,111	5,906	12,017	24,034
	Nottingham University Hospital NHS Trust	7,540	23,185	11,593	3,854	4,352	8,206	23,185
	Doncaster and Bassetlaw Hospitals NHS Trust	4,857	9,486	4,743	2,062	1,976	4,038	9,486
	Total	24,124	56,214	14,054	12,027	12,234	24,261	56,705
	Quality Standard 60 % of new service users accepting a HIV test							
	Sherwood Forest Hospital NHS Trust	33%	>60%	>60%	37%	81%	51%	<60%
	Nottingham University Hospital NHS Trust	54%	>60%	>60%	62%	68%	65%	>60%
	Doncaster and Bassetlaw Hospitals NHS Trust	54%	>60%	>60%	62%	55%	59%	>60%
	Quality Standard At least 75% of 16-24 year olds in contact with the service accepting a chlamydia test							
	Sherwood Forest Hospital NHS Trust	50%	>75%	>75%	49%	67%	Not available	<75%
	Nottingham University Hospital NHS Trust	74%	>75%	>75%	72%	71%	71%	<75%
	Doncaster and Bassetlaw Hospitals NHS Trust	73%	>75%	>75%	69%	69%	Not available	<75%
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC							
	Sherwood Forest Hospital NHS Trust	46%	>30%	>30%	49%	48%	49%	>30%
	Nottingham University Hospital NHS Trust	34%	>30%	>30%	38%	41%	40%	>30%
	Doncaster and Bassetlaw Hospitals NHS Trust	43%	>30%	>30%	52%	48%	50%	>30%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,103	2,200	1,100	273	304	577	1,092
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	16	2,000	1,000	512	425	937	2,000
Alcohol and Drug Misuse Services	Number of successful exits (i.e. planned)	527	–	318	231	237	468	924
	Number of unplanned exits	311	-	-	160	286	446	-
	Number of service users in the service (last day of quarter) Including transferred in	10,933	10,394	Rolling	13,830	15,884	Rolling	10,647
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	No data available	300	150	85	65	150	344
	Quality standard 80% Planned exit from treatment	100%	100%	100%	74%	99%	80%	>80%
Tobacco Control and Smoking Cessation	Pregnant Smokers who successfully quit	63	500	250	16		16	100
	Under 18 Smokers who successfully quit	45	200	100	10		10	100
	All other smokers who successfully quit	1,541	4,300	2,150	470		470	3,000
Illicit Tobacco Services	Number of inspections	22	75	38	30	49	79	60
	Number of Seizures	New target 17/18	37	19	18	11	29	40
Obesity Prevention and Wight Management (OPWM)	Number of adults supported	562	660	330	227	302	529	800
	Number of children supported	74	208	104	23	23	46	104
	Maternity	13	104	52	4	4	8	50
	Post Bariatric	18	60	30	14	19	33	60
Domestic Abuse Services	No of adults supported	964	2,501	1,250	458	461	919	1,940
	No of children, young people & teenagers supported	250	775	387	132	109	241	514
Seasonal Mortality	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	86	259	137	94	63	157	376
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	75	187	96	50	110	160	200
Social Exclusion	Number of one-to-one specialist advice interviews undertaken	3,489	7,128	3,564	2,150	2,057	4,207	8,600
	Number of emergency parcels provided	2,385	5,445	2,723	1,572	1,601	3,173	6,288
Public Health Services for Children and Young People aged 0-19	Quality Standard 75% of mothers receiving antenatal visit from 28 weeks gestation	New contract	>75%	>75%	Annual reporting	Annual reporting	Annual reporting	75%
	Quality standard 95% of children receiving a health & development review who reach 2.5 years	New contract	>95%	>95%	Annual reporting	Annual reporting	Annual reporting	<95%
	Quality standard 95% of reviews undertaken with children by end of Year 1	82% academic year 16/17	>95%	>95%	Annual reporting	Annual reporting	Annual reporting	>95%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	204	200	100	15	59	74	200
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	55	80	40	95	61	156	100
Children's Centres	Quality standard 65% of the under 5 population seen at least once	65%	>65%	>65%	65%	65%	65%	>65%
	Quality standard 70% of 1:1 support that demonstrates improved outcomes in parents meeting the emotional needs of their child(ren)	70%	>70%	>70%	83%	81%	82%	>70%

Nottinghamshire County Public Health Services Performance Report - Service description

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	NHS Health Checks	<p>The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</p>
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	Integrated Sexual Health Services	<p>Good sexual health is an important part of physical, mental and social well-being. Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males.</p> <p>A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.5</p> <p>Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were:</p> <ul style="list-style-type: none"> • Chlamydia (47%), • Genital warts (17%), • Genital herpes (7%), • Gonorrhoea (7%). <p>Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. www.fhri.org www.bashh.org. The IHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire:</p> <ul style="list-style-type: none"> • A reduction in under 18 conceptions • Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds) • A reduction in people presenting with HIV at a late stage of infection. <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none"> • Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health • Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions • Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health • Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk • A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000 • An increase in the number of people accessing HIV screening, particularly from those groups most at risk • A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV • Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups • Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM • Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire • A reduction in unintended pregnancies in all ages • Increased quality standards across Nottinghamshire and Bassetlaw.
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	Young Peoples Sexual Health Service - C Card	<p>Good sexual and reproductive health is important to physical and mental wellbeing, and is a cornerstone of public health. Young people who are exploring and establishing sexual relationships must be supported to take responsibility for their sexual and reproductive health. The C Card scheme aims to reduce teenage pregnancy and sexually transmitted infections amongst young people in Nottinghamshire by allowing young people to access free confidential sexual health advice and condoms.</p>
1.05	16-18 year olds not in education employment or training	Alcohol and Drug Misuse Services	<p>Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement.</p> <p>Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis</p> <p>As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness. The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.</p>
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	Young People's Substance Misuse Service	<p>Young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs which recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need</p>
2.03	Smoking status at time of delivery (maternity)	Tobacco Control and Smoking Cessation	<p>Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s).</p> <p>To reflect the model 3 themes will be used to provide context;</p> <ul style="list-style-type: none"> • Stopping smoking • Preventing the uptake of smoking • Reducing harm from tobacco use
2.09	Smoking prevalence - 15 year olds		
2.14	Smoking prevalence - adults (over 18's)		
2.14	Smoking prevalence - adults (over 18's)	Illicit Tobacco Services	<p>Nationally, Tobacco smuggling costs over £2 billion in lost revenue each year. It undermines legitimate business and is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking. Trading Standards resource works to reduce illicit tobacco supply and demand within the county</p>
1.16	Utilisation of outdoor space for exercise/health reasons	Obesity Prevention and Weight Management (OPWM)	<p>Being overweight or obese can bring physical, social, emotional and psychosocial problems, which can lead to the onset of preventable long term illness, stigma, discrimination, increased risk of hospitalisation and reduced life expectancy. Someone who is severely obese is three times more likely to need social care than someone who is a healthy weight, so the need for quality weight management services does not only impact individuals, but also affects public funds and the wider community. The aim of this contract is to reduce the prevalence of overweight and obesity so that more adults, children, young people and families achieve and maintain a healthy weight therefore preventing or reducing the incidence of obesity related illnesses.</p>
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
1.11	Domestic abuse	Domestic Abuse Services	<p>This service aims to reduce the impact of DVA in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.</p>
4.15	Excess winter deaths	Seasonal Mortality	<p>In 2011, the Marmot Review Team released "The Health Impacts of Cold Homes and Fuel Poverty" report16. The report reviews the evidence for the long-term negative health impacts of living in cold homes and concludes: "many different population groups are affected by fuel poverty and cold housing, with various levels of health impacts relating to different groups." Vulnerable children and the elderly are most at risk of developing circulatory, respiratory and mental health conditions as a consequence of cold, damp homes. The Health Housing Contract will maintain and improve the health of citizens in Nottinghamshire and Nottinghamshire, by facilitating insulation, heating improvements and preventative adaptations and giving advice to help reduce fuel poverty in the homes of citizens over 60 and to a lesser extent (up to 10% of the total), families with children under 5 and pregnant women</p>
1.18	Social isolation	Social Exclusion	<p>Nottinghamshire Homelessness Health Needs Assessment, July 2013 – this identified higher levels of need among non-statutory homeless people in relation to lifestyle health risks: hepatitis and flu vaccination, smoking, diet, substance misuse (including alcohol), TB screening, sexual health checks. Multiple physical health problems were common; especially musculoskeletal, respiratory and oral health. Mental health problems were common; especially stress, depression, sleeping difficulties and anxiety. The aim is to protect and support the health and well being of vulnerable adults using the person centred approach. Specifically this will be addressed via specialist one to one assessment and advice sessions as a means of accessing appropriate emergency practical support and co-located services. This will follow as far as possible an "under the same roof" and "one-stop" model.</p>
1.01	Children in low income families	Public Health Services for Children and Young People aged 0-19	<p>The foundations for virtually every aspect of human development - physical, intellectual and emotional, are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to: - help parents develop and sustain a strong bond with children, • encourage care that keeps children healthy and safe, • protect children from serious disease, through screening and immunisation, • reduce childhood obesity by promoting healthy eating and physical activity, • identify health issues early, so support can be provided in a timely manner, • make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'</p>
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		
4.02	Proportion of five year old children free from dental decay	Oral Health Promotion Services	<p>In Nottinghamshire, oral health is an important Public Health policy area due to the diverse nature of the county and its associated health inequalities. The impact of poor oral health is felt within all seven districts with significant variation. To deliver an evidence-based oral health promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health. The service is based on the recommendations from 'Local authorities improving oral health: commissioning better oral health for children and young people' and NICE guidelines.</p>
2.05	Child development at 2-2½ years	Children's Centres	<p>Children's Centres play a key role in early intervention and are a vital source of support for young children and their families... They offer a range of activities, family services and advice to promote school readiness, improve family outcomes and reduce health inequalities in child development</p>
1.15	Statutory homelessness	Supporting People: Homelessness Support	<p>The aims of this service are:</p> <ul style="list-style-type: none"> - To address homelessness, support people back to independence and prevent repeat homelessness - To reduce the adverse effects of homelessness on individual and population health and wellbeing - To improve the health and wellbeing of homeless service users - To promote social inclusion
4.09	Excess under 75 mortality rate in adults with serious mental illness	Mental Health	<p>The Co-production Mental Wellbeing service provides a countywide service that aims to improve the health and wellbeing of adults and supports them in recovery. The service is for those people experiencing mental health problems</p>
1.15	Statutory homelessness	Reduction in statutory homelessness	<p>The Moving Forward Service aims to: Prevent homelessness and promote independence, reduce social exclusion and isolation, improve the general health of people with mental health problems, prevent hospital admissions and support timely discharge, support carers of people with mental health problems and develop efficient ways of working</p>

Making the economic case for prevention

Posted by: John Newton and Brian Ferguson, Posted on: 6 September 2017

It is widely acknowledged that poor lifestyle behaviors as well as wider determinants of health place a significant burden on public finances now and in the future, and the evidence shows that a large number of prevention programmes represent value for money. Therefore there is a strong economic case for greater action.

For example, our work shows that moving a person from unemployment into employment would save £12,035 per person over a one-year period.



Another example we can use to make the economic case is analysis of a 'targeted supervised tooth brushing programme'. This initiative provides a return of £3.06 for every £1 invested after 5 years and £3.66 after 10 years. On this occasion we are taking into account NHS savings, increased earnings for the local economy and improved productivity.

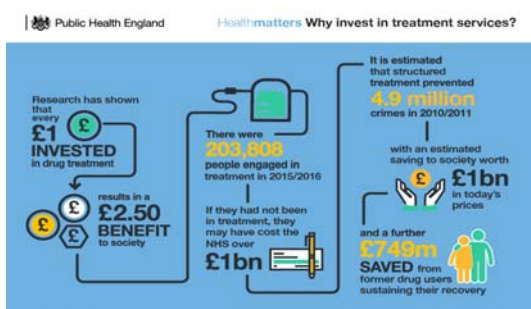
There is also excellent evidence to support investment in tobacco control services. Over a lifetime, for every £1 spent the return will be £11.20 when impacts to the local economy, wider healthcare sector and QALYs are considered. When omitting the health effects (measured by QALYs), there is still a saving of £1.90 for every £1 spent.

Every £1 spent on drug treatment services saves society around £2.50 in reduced NHS and social care costs and reduced crime in the short-term (85% due to reductions in offending).

And as we recently flagged as part of a suite of mental health resources, initiatives which prevent mental health problems can yield a good return on investment. We looked at interventions such as school-based resilience programmes, workplace stress programmes and support for people in debt.



Drug treatment not only saves lives, it provides value for money to local areas:



<https://publichealthmatters.blog.gov.uk/2017/09/06/making-the-economic-case-for-prevention/>

Oral Health



Social Value refers to wider financial and non-financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment.

From a business perspective it may be summarised as the net social and environmental benefits (and value) generated by an organisation to society through its corporate and community activities reported either as financial or non-financial (or both) performance.

Useful links:

https://www.nice.org.uk/media/default/About/what-we-do/NICE_guidance/NICE_guidelines/Public_health_guidelines/Additional_publications/Cost_impact_proof-of-concept.pdf

11 December 2017

Agenda Item: 7

**REPORT OF THE PROGRAMME DIRECTOR OF TRANSFORMATION, ADULT
SOCIAL CARE, HEALTH AND PUBLIC PROTECTION****PROGRESS REPORT ON SAVINGS AND EFFICIENCIES****Purpose of the Report**

1. To provide a progress report to the Committee on budget savings projects being delivered by the Adult Social Care, Health and Public Protection (ASCH&PP) department over the period 2017/18 to 2020/21. Please note that this report excludes progress on the savings projects falling under the remit of the Community Safety and Public Health portfolios, and the Business Support Services Review (ASCH&PP and Children, Families & Cultural Services) project, which falls under the remit of the Personnel Committee.
2. To seek Committee approval on a number of new savings and efficiency proposals, that in tandem will deliver a further £0.810m savings over 2018/19 to 2020/21.
3. To seek Committee approval on the creation of a temporary post, extension of two existing temporary posts, and to change one existing temporary post to a permanent post. These approvals are requested to support delivery of new and existing savings projects.
4. To seek Committee approval to an amendment of an existing temporary post approval.
5. To provide an update on the Adult and Health Portfolio as at September 2017.

Information and Advice**ASCH&PP Department's Savings and Efficiency Programme 2017/18 to 2020/21**

6. The ASCH&PP department has already delivered efficiency savings of £80m over the period 2011/12 to 2016/17 through the delivery of savings and efficiency projects relating to Adult Social Care (excluding Public Protection and Public Health savings).
7. The department's remaining approved savings targets (excluding Public Protection and Public Health) are profiled as follows:

	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m	Total
Project Savings	10.345	10.715	3.258	1.349	25.667
Base Budget Adjustments	2.091	0	0	0	2.091
Total	12.436	10.715	3.258	1.349	27.758

8. There are 10 high governance savings projects remaining and 17 low governance projects. A list of these projects and their current status as at Period 7 2017/18 is provided in **Appendix 1**. This also shows any projects reporting exceptions and savings at risk of either slippage into future financial years and / or at risk of non-delivery.
9. The £2.091m base budget adjustments for 2017/18 have already been undertaken. In summary, the current position regarding the achievement of the remaining £10.345m savings in 2017/18 is that savings of £12.851m are projected by the end March 2018 (including £0.060m savings that are to be delivered in a different way to that originally intended), i.e. £2.506m above target. The difference is broken down as follows:
 - a. Surplus savings are anticipated from the *Targeted Reviews* project (£0.234m) and *Improving Collection of Continuing Health Care Funding* project (£2.076m).
 - b. The *Reducing the Costs of Residential Placements - Younger Adults* project is also projected to deliver £0.484m savings this year, although no savings are profiled, but this is required to catch up for non-delivery of this amount during 2016/17.
 - c. Delivery of £0.204m savings is currently anticipated to be at risk of non-delivery during 2017/18, but this is anticipated to be made up by 2019/20. This relates to the *Reduction in Long-Term Care Placements* project (£0.125m), *Charge for Money Management Service* project (£0.067m) and *Brokerage for Self-Funders* project (£0.012m).
 - d. £0.084m savings are at risk of non-delivery during 2017/18, associated with the *Integrated Community Equipment Loan Scheme (ICELS)* project.

In addition, projects with a combined savings target of £0.830m (8% of the total target for 2017/18) are highlighting that some aspects are 'off target', though this does not necessarily mean that there will be a resultant risk to overall savings delivery. This relates to the *ASCH Strategy Phase II* project (£0.750m) and the *Increase in Transport Charge* (£0.080m) projects. In effect, this is an early warning that action needs to be taken to rectify a problem and / or stop a position worsening. However, at this stage the scale of the issue, and any potential savings at risk of slippage or non-delivery may be unknown, and further work is required to ascertain this.

10. Within a portfolio(s) of programmes and projects of the scale of that being undertaken by the Department, it is to be expected that some projects will have delivery issues, which ultimately may result in failure to meet some or all of the savings. This is particularly the case where change has been overlaid on change and where projects are more transformational. For those projects reporting exceptions in **Appendix 1**, further detail on the reasons for these, and mitigating action, is provided in **Appendix 2**.
11. The overall departmental position in terms of agreed budget savings, including savings at risk, is contained within the body of the financial monitoring report that is considered by the Finance and Major Contracts Management Committee, and its associated appendix. Any change requests approved by the Improvement and Change Sub-Committee to amend projects' savings targets and / or their profile of savings are also reported to Finance and Major Contracts Management Committee, as are requests for base budget adjustments.

Proposals for Additional Savings and Efficiency Projects

12. In order to continue to meet ongoing and future budget pressures, a number of additional savings and efficiency proposals have been developed for consideration and approval by Committee, as follows:

Proposal Name				
Further Investment in Assistive Technology (AT)				
Proposal				
<p>To make further targeted investment in AT equipment and services to enable people to be more independent for longer and reduce the demand for community care and residential care. This will be achieved through:</p> <ul style="list-style-type: none"> • Improved consistency of use of AT solutions across operational teams. • Centralised use of AT activity monitoring systems. • Significant expansion of the use of mobile phone apps, text reminders, home automation and AT reminder devices to enable people to self-manage aspects of daily living. • Introduction of an 'AT First' policy at the Adult Access Service. • An increase in the service charge for telecare services of £2 per week (to £4 instead of £2) to enable investment in additional staffing to support the service. 				
Impact / Benefits				
<ul style="list-style-type: none"> • Most service users will benefit from an increased ability to self-care and remain safe and independent in their own homes for longer. • Some service users and carers may view the use of assistive technology negatively and as a replacement for traditional care models. • An increase to the telecare service charge, but this will be comparable with other local authorities and private providers. • The increased use of AT will help to reduce hospital admissions and support prevention of falls. 				
Savings Anticipated	2018/19 (£'000s)	2019/20 (£'000s)	2020/21 (£'000s)	Total (£'000s)
	134	154	(28)	260

Proposal Name				
Merger of Commissioned Crisis Prevention Service for Carers and Rapid Response Service (now called Home First Response Service)				
Proposal				
Nottinghamshire County Council provides an emergency short-term support service where a carer is suddenly unable to continue their role. It has also recently commissioned (see background papers) a Rapid Response and Hospital Discharge Service county-wide. There are similarities in the infrastructure needed to provide these two services and merging them into a single rapid response service brings service improvements as well as reducing costs.				
Impact / Benefits				
<ul style="list-style-type: none"> The proposal does not impact on the current level of support available. Indeed, this will be enhanced due to a revised service specification. Implementation of the proposal will impact on the work of the Emergency Duty Team, but will enhance the options available to them when a crisis situation arises. 				
Savings Anticipated	2018/19 (£'000s)	2019/20 (£'000s)	2020/21 (£'000s)	Total (£'000s)
	50	0	0	50

Proposal Name				
<i>Improving Collection of Continuing Health Care (CHC) Funding (Phase II)</i>				
Proposal				
The Council will continue to maximise income from health partners for packages of care that are jointly funded with them and have been commissioned by the Council on behalf of health, so necessitating a transfer of funding from health to social care. The new proposal will continue with the existing key themes but extend them to include additional actions, particularly around joint work with health partners. The main themes are: to improve processes and systems with health partners; ensure equitable access in line with legislation; cease case management of fully funded cases; and consider joint arrangements with health (medium / long term approach).				

Impact / Benefits				
<ul style="list-style-type: none"> • More timely assessments and appropriate access to CHC funding in line with national CHC legislation and policy. • Service users assessed as eligible for either part or fully funded health care receive free or partially free care services. • More timely and efficient referrals for, and collection of, CHC funding from Clinical Commissioning Groups (CCGs) will aid budget management and monitoring for both the Council and CCGs. • Learning for social workers about what is a primary health need so that health funding is received, where appropriate. • There is additional work for finance teams in monitoring and processing CHC funding. 				
Savings Anticipated	2018/19 (£'000s)	2019/20 (£'000s)	2020/21 (£'000s)	Total (£'000s)
	500	0	0	500

13. In order to support delivery of the AT proposal above, the following additional permanent and temporary resource is required, at a cost of £27,755 pa recurrent from April 2018 and £70,000 pa recurrent from April 2020, £65,548 temporary costs over 2018/19 and 2019/20, and a one-off capital cost of £32,000 over 2018/19, broken down as follows:

Resource Required	Creation / Extension	FTE	Band / Grade	Temporary / Permanent	Timescale	Anticipated End Date	Annual Cost (inc on costs)	Funding Source
AT Advisor	Extension	1.00	4	Temporary to Permanent	From April 2018	N/A	£27,755	To be netted off savings, as reprovion costs
Community Care Officer	Creation	1.00	5	Temporary	24 months, from April 2018	March 2020	£32,774	ASCH earmarked reserves
Recurrent AT equipment and service budget	N/A	N/A	N/A	Permanent	From April 2020	N/A	£70,000	To be netted off savings, as reprovion costs
One off capital cost	N/A	N/A	N/A	One-off	2018/19	N/A	£32,000	Better Care Fund

The resource will also help to deliver both an existing AT savings project, which has a savings target of £0.583m over 2017/18 and 2018/19, and enable delivery of other existing savings projects, including the *Reduction in Long-term Care Placements*, *Reducing the Costs of Younger Adult Residential Placements* and *Targeted Reviews* projects. The AT Advisor post (together with a permanent AT Manager and Advisor) is currently supporting delivery of the existing AT project. The annual cost of the AT resource is £0.111m.

14. In order to support delivery of the Phase II CHC project, approval is also required to extend the following temporary posts, that are currently supporting delivery of the existing project, which has a savings target of £2.550m for 2017/18:

Resource Required	FTE	Band / Grade	Temporary / Permanent	Timescale	End Date	Annual Cost (inc on costs)	Funding Source
Data Technician / Finance Officer	1.00	4	Temporary	16 months, from April 2018	End July 2019	£27,755	ASCH earmarked reserves
Commissioning Officer	1.00	C	Temporary	12 months, from end July 2018	End July 2019	£52,076	

Correction to 9 October 2017 ASC&PH Committee report on Supporting Best Practice in Care and Support Planning for Adult Care Services.

15. At ASC&PH Committee meeting on 9 October 2017, approval was given (see background papers) to extend a temporary Band C Commissioning Officer post from April 2018 to March 2019, at an annual cost of £52,076, to oversee the younger adults consistency of commissioning and work with care support and enablement providers to facilitate change. However, Committee approval is required to amend the timescales for the post from October 2018 to September 2019, in order to align timescales to when the current post approval expires. This amendment will have no additional cost implication on the Council.

Adult and Health Portfolio Update

16. A quarterly update on the key achievements of the Adult and Health Portfolio is contained in **Appendix 3**. The Portfolio is reporting good progress in achieving key outcomes and benefits required from the programme. The update also provides a forward view for the next three months. The Improvement and Change Sub-Committee also receives quarterly reports on progress. This report was last presented at the meeting on 26 September 2017 (see background papers) and the next is scheduled to go to the Sub-Committee on 11 December 2017.

Other Options Considered

17. Implementing the new proposals and existing projects without additional staff through locality teams is not possible as there is not enough resource within locality teams to undertake the work without impacting on other business as usual priorities.
18. Some of the requests are for extensions of existing posts, which negates the need for additional recruitment to be undertaken, and thus delay project delivery.
19. There are no other options to outline in relation to the other elements of this report.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Financial Implications

22. Progress in achieving the 2017/18 to 2019/20 savings targets for each existing project is detailed in **Appendices 1 and 2**.
23. The additional savings proposals outlined in **paragraph 12** above will in tandem deliver a further £0.810m savings over 2018/19 to 2020/21.
24. The post creations and extensions outlined in **paragraph 13** above to support delivery of further investment in Assistive Technology will bring: recurrent costs from April 2018 of £27,755 p.a. and from April 2020 of a further £70,000 pa; additional temporary costs of £65,548 over 2018/19 and 2019/20; and a one-off capital cost of £32,000 over 2018/19. The funding sources for each respective element are also outlined in **paragraph 13** above.
25. The temporary post extensions required to support delivery of the *Improving Collection of Continuing Health Care Funding (Phase II)* project, as outlined in **paragraph 14** above, will be funded from ASCH earmarked reserves. The total cost of the extensions will be £89,083 (£62,472 over 2018/19 and £26,611 over 2019/20).
26. There are no additional costs associated with the change of timescale for the extension of the temporary Commissioning Officer post, as outlined in **paragraph 15** above.

Human Resources Implications

27. Additional temporary and permanent staff will be required, as outlined in **paragraphs 13 to 15** above.

Public Sector Equality Duty implications

28. The equality implications of the proposals outlined in **paragraph 12** above have been considered during their development and, where required, Equality Impact Assessments undertaken.

Implications for Service Users

29. As above, the implications of the proposals on service users have been considered during their development.

RECOMMENDATION/S

That Committee:

- 1) approves delivery of the three new savings and efficiency proposals outlined in **paragraph 12** that in tandem will deliver a further £0.810m savings over 2018/19 to 2020/21.
- 2) approves the creation of one temporary post, the extension of two existing temporary posts, and to change one existing temporary post to a permanent post, as outlined in **paragraphs 13 and 14**.
- 3) approves the clarification relating to the change of timescales for the part-time Commissioning Officer post approved at Adult Social Care and Health Committee on 9 October 2017, as outlined in **paragraph 15**.

Jane North
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Constitutional Comments (LM 27/11/17)

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

Financial Comments (DG 27/11/17)

31. The financial implications are contained within paragraphs 22 - 26 of this report.

HR Comments (initials xx/11/17)

32. Any new posts will be recruited to and fixed term contracts will be extended.

Background Papers and Published Documents

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

- Report to Adult Social Care and Health Committee, 10 July 2017. *Progress Report on Savings and Efficiencies.*
- Report to the Improvement and Change Sub-Committee, 26 September 2017. *Progress Report on Delivery of Programmes, Projects and Savings.*
- Report to Adult Social Care and Health Committee, 9 October 2017. *Supporting Best Practice in Care and Support Planning for Adult Care Services.*
- Report to Finance and Major Contracts Management Committee, 16 October 2017. *Financial Monitoring Report: Period 5 2017/2018.*
- Report to Adult Social Care and Health Committee, 13 November 2017. *Update on Tender for Home Based Care and Support Services.*
- Report to the Improvement and Change Sub-Committee, 11 December 2017. *Programmes, Projects and Savings – Quarter 2.*

Electoral Division(s) and Member(s) Affected

All.

ASCPH510

Appendix 1: Project Statuses at at October 2017 Highlight Reports and Period 07 Budget Monitoring Information - ASCH

Project Name	Project Status Sept 2017	Project Status Oct 2017	Cashable Benefits					Projected At Risk / Slippage & Over Achievement					Savings delivered in an	Net at risk amount
			2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	2020/21 (£000)s	Total (£000)s	2016/17 (£000)s	2017/18 (£000)s	2018/19 (£000)s	2019/20 (£000)s	Total (£000)s		
Living at Home Phase II	Closed or Completed	Closed or Completed						52		-114		-62		-62
Reduction in long-term care placements	At Risk	At Risk	300	435	35		770	95	125	200	-420			
Reducing the Costs of residential Placements - Younger Adults	Experiencing Obstacles	Experiencing Obstacles		500			500	724	-484	27		267		267
Care and Support Centres	Experiencing Obstacles	Experiencing Obstacles	292	3,268	294		3,854							
Direct Payments	On Target	On Target	580	1,280			1,860							
Promoting Independence in supported living and outreach services	On Target	On Target	1,000	1,250	625	100	2,975	-111				-111		-111
Early Resolution (Consulted on as - C05 New operating model for the Social Care Pathway)	On Target	On Target	176	176			352							
Targeted Reviews	On Target	On Target	2,010	3,010	2,000	1,000	8,020	-692	-234			-926		-926
Further Expansion of Assistive Technology to Promote Independence	On Target	On Target	543	40			583							
ASCH Strategy Phase II	Experiencing Obstacles	Experiencing Obstacles	750	375			1,125							
Various options to reduce the cost of the intermediate care service	On Target	On Target	800				800							
Gain alternative paid employment for remaining Sherwood Industries staff	Closed or Completed	Closed or Completed	35				35							
Partnership Homes	On Target	On Target	292				292							
Investment in Shared lives	On Target	On Target	60	60			120							
Improving Collection of Continuing Healthcare funding	Closed or Completed	Closed or Completed	2,550				2,550		-2,076			-2,076		-2,076
Increase in transport charge	Experiencing Obstacles	Experiencing Obstacles	80				80	-99				-99		-99
Charge for Money Management service	Experiencing Obstacles	Experiencing Obstacles	134				134		67	-67				
Integrated Community Equipment Loan Scheme (ICELS)	At Risk	At Risk	350				350		84			84		84
Review of partnership expenditure in Mid-Notts	On Target	On Target	67				67							
Maximise the income available to the Council's directly provided adult social care services	Experiencing Obstacles	Experiencing Obstacles	60	70			130		60	70		130	60	70
Cessation of First Contact	On Target	On Target	21				21							
Brokerage for Self-Funders - full cost recovery	Experiencing Obstacles	Experiencing Obstacles	12	28			40		12	-12				
START scheduling service users visits	On Target	On Target	6	33			39							
HPAS	Closed or Completed	Closed or Completed	167				167							
Transitions	On Target	On Target	60	60	50	50	220							
Supporting the use of best practice in the commissioning of Older Adults' care services	N/A	No Status		130	130	199	459							
Ensuring cost-effective services for younger adults through alternative accommodation	N/A	No Status			124		124							
TOTALS			10,345	10,715	3,258	1,349	25,667	-31	-2,446	104	-420	-2,793	60	-2,853

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

Project exceptions for 2017/18 – reasons and mitigating action

Reduction in Long-term Care Placements Project	
Reason for Exception	Mitigating Action
<p>Although the project exceeded its 2016/17 savings target by £0.102m, there is still a short-fall against target savings over 2014/15 to 2016/17 of £0.095m. In addition, there is a risk of under delivery of up to £0.125m of the 2017/18 savings target. However, it is anticipated that this, together with savings at risk of under delivery over 2014/15 to 2018/19 will be made up by 2019/20.</p> <p>The project has been working to reduce the number of adults living in long term care by developing more alternative services. However, a lack of supply of suitable housing has meant that less people have been able to move out of residential care and into supported living than planned.</p> <p>This is in part due to uncertainty over the central government's decision to remove the top up element of housing benefit that essentially funds supported housing from the housing benefit system and place it under local authority control from 2019. This has thus made investment in supported housing riskier for housing associations and their investors.</p> <p>As a consequence, only 2 new supported living developments were completed in 2016/17. Whilst 52 new supported living tenancies are scheduled to become available within the next six months, thus releasing capacity for moves out of residential care, some of these will take longer than originally scheduled due to either building issues or the complexity of the work with relevant individuals.</p>	<p>In mitigation, the Council has played an active part in the consultation about funding arrangements from 2019 and has offered support to providers to offset risks. There has also been a continued focus on filling existing vacancies in supported living settings. Such dialogue with developers has helped to provide improved confidence in the market.</p> <p>In addition, following a recent government announcement that supported living schemes will now continue to be funded through housing benefit within the existing framework, the views of the Council's housing providers are being canvassed on the changed position, and it is hoped this will improve confidence yet further.</p> <p>However, the projected savings profile will remain unchanged for now, until the outcome of Invitations to Tender that are soon to be issued are known.</p>

Reducing the Costs of residential Placements - Younger Adults Project	
Reason for Exception	Mitigating Action
<p>It is currently anticipated that £0.484m of the £0.724m under delivery over 2015/16 and 2016/17 will be made up in 2017/18. Across all years of the project, it is projected that a total £0.267m may be at risk on non-delivery by March 2019.</p> <p>Whilst fee increases have been given to account for National Living Wage increases, inflationary pressures remain for providers. Therefore, the ongoing negotiations with providers on the costs of residential care placements for younger adults is having to take account of these wider cost pressures.</p> <p>In some cases, the current market provision does not support an enablement approach. Homes rely on 1:1 support which makes moving to a shared model challenging, especially where the Council are not the only commissioning authority.</p> <p>Some providers face issues around sustainability as they have a number of empty beds and are not able to offer a service to the more complex service user cohort that is now requiring residential care. Overall, viability has to be taken into account when looking at individual reductions and may limit opportunities for savings.</p>	<p>The project's review work is providing the opportunity to talk to providers about the direction of travel and services required in the future. This should mean that over time the market can respond to the need for high quality services which aim to move people on, promoting independence and offering good value for money.</p> <p>All possible areas for savings will continue to be explored and negotiated with providers over the remainder of the project. Work continues to be undertaken to manage increase requests.</p> <p>Work also continues with key providers to consider a changing model of care and sharing support across service users where possible. This can take a long time, however, and requires the provider to work with us to make significant service delivery changes.</p> <p>Key messages are being shared with providers around future need in residential care, and providers are being asked to consider how they can transform their services to meet the changing needs of the service user group being placed in residential care.</p> <p>It has now been agreed that savings left over from the £2.2m 2016 inflationary fund can go towards the project's savings target as Commissioning Officers actively worked with providers to reduce claims against this. Validation is awaited on how much was spent from this fund, and the project will claim the difference.</p>

Care and Support Centres (CSC) Project	
Reason for Exception	Mitigating Action
<p>In order to address concerns expressed by a range of stakeholders during the consultation on the closure of the Care and Support Centres (CSC), the Council made a commitment that no Care and Support Centre would close until a local Extra Care scheme was opened that would provide local services for older people in the future. In addition to this, the CSC closure programme is predicated on:</p> <ul style="list-style-type: none"> • Finding alternative residential care or Extra Care placements for the people in long term placements at the Care and Support Centres. • Re-provision of fifty-four short term social care assessment beds and up to thirty-eight of the other short term beds used, e.g. for respite. • Working with health partners to re-provide NHS funded short term intermediate care beds. <p>Delays in securing partnerships to develop some of the new local schemes has led to delays in the closure programme in relation to four of the Care and Support Centres and the associated delivery of savings. Two of these are now resolved, with schemes currently under construction. Gladstone House is due to open in March 2018, linked to the closure of Woods Court, and Abbey Grove is due to open in Spring 2019, linked to the closure of James Hince Court. Plans and development partners for schemes linked to Bishop's Court and St Michael's View will need to be agreed in line with the Council's decision on the future funding model for the development of Extra Care. A Member Reference Group has been established to review the Council's previous strategies and success with the development of Extra Care and make recommendations to ASCH Committee for a future strategy in February 2018.</p> <p>For Woods Court Care and Support Centre, whilst the opening of the new Gladstone Court Extra Care scheme in Newark is still on track to open in April 2018, there is anticipated slippage of closure of two months (from March to May 2018), to allow sufficient time for moving residents from the CSC to alternative services. This will result in slippage of £0.160m savings from 2018/19 into 2019/20.</p> <p>There are no confirmed CSC closure dates beyond this for St Michael's View, James Hince Court and Bishop's Court CSCs. In addition to the links to opening of Extra Care, the range of short term beds also needs to be re-provided. Therefore, the level of further delays to the delivery of savings cannot yet be reported. Whilst the delays won't impact on the total level of savings that can be achieved (assuming all schemes go ahead), the impact of the revised timescales on the project's savings profile is significant.</p>	<p>The impact of this on the project's timescales / remaining savings profile, and the timing / logistics of establishing alternative services (e.g. re-providing short term bed capacity), is being assessed. The outcome will inform further adjustments required to timescales and the project's savings profile.</p> <p>Soft market testing is to be completed with independent sector providers regarding options for the re-provision of the range of short term beds currently provided by the Care and Support Centres.</p>

ASCH Strategy Phase II Project	
Reason for Exception	Mitigating Action
<p>This project is made up of four different workstreams:</p> <ul style="list-style-type: none"> • Care and support planning. • Nottinghamshire Enabling Service (NES). • Improving Lives in Learning Disability (LD). • Community Empowerment and Resilience. <p>It is the NES and Improving Lives in LD workstreams that are experiencing obstacles, though no savings have yet been quantified at risk of slippage or non-delivery.</p> <p>There continues to be difficulties attracting the required number of applicants to posts in NES and there is on-going work required to increase the number of referrals to the Community Independence Workers (CIWs) to the level required to achieve associated savings targets.</p> <p>There is also the need to increase the number of progression reviews being undertaken by Community Learning Disability Teams (CLDTs).</p> <p>Any potential impact on the project's savings target is currently being assessed.</p>	<p>Recruitment of the outstanding post vacancies continues.</p> <p>A time-limited Implementation Group, including operational younger adults and older adults' group and team managers, has been identifying ways to drive up the number of referrals and to test the approach with different teams.</p> <p>A joint session was delivered involving promoting independence staff and community learning disability staff to promote good working relationships between teams and to begin to embed the use of periods of promoting independence for all younger adults with social care needs.</p> <p>CLDT Team Managers have been asked to prioritise progression reviews. In future, a monthly update to the CLDT team managers will be generated, asking them to chase workers where either reviews have not been started or started but not finished.</p> <p>CIWs are starting to spend regular amounts of time in Older Adults operational teams across the county and have attended some social care clinics with social care staff in Broxtowe, Gedling and Rushcliffe. They are planning to attend others in Newark and Bassetlaw.</p> <p>One of the CIWs will focus on working closely with the reablement service for older adults in mid Nottinghamshire to identify community resources for people following a period of reablement.</p> <p>Development work is underway to create new referral pathways in Mosaic which is intended to streamline the workflow within the Notts Enabling Service and create more efficient ways for staff to refer to teams.</p>

Project	Reason for Exception	Mitigating Action
Increase in transport charge	The fee increase scheduled for implementation in April 2017 was delayed to 1st October 2017, a delay of six months, resulting in slippage of some savings from 2017/18 into 2018/19.	<p>Surplus savings of £0.099m achieved during 2016/17 will help to offset the resulting slippage.</p> <p>Income levels will be kept under review.</p>
Charge for Money Management Service	Implementation of a fee increase of £6 to the weekly charge for money management services for the appointeeship and deputyship functions which are provided to service users who are unable to manage their own finances was delayed from April to October 2017. This delay has caused slippage of half a year's savings, equating to £0.067m slippage.	<p>The slippage from 2017/18 will be made up in 2018/19.</p> <p>Income levels will be kept under review.</p>
Integrated Community Equipment Loan Scheme (ICELS)	This project intended to achieve its savings target by negotiating with partners to reduce the Council's contribution to the ICELS pooled budget, in line with a reduction in the Council's prescribing activities and the loaning of community equipment. However, it has not proven possible to negotiate this reduction, and alternative methods to deliver the savings are being investigated.	If the minor adaptations budget is under-spent this year, as last, then some of the savings may be achieved in a different way. £0.084m is currently projected to be at risk.
Maximise the income available to the Council's directly provided adult social care services	<p>In order to progress the income maximisation work, the Council's Direct Services have been engaging with the Commercial Development Unit, in order to deliver additional income targets of £0.060m in 2017/18 and £0.070m in 2018/19.</p> <p>However, the commencement of this work has been delayed due to a lengthy decision making process in respect of proposals developed and lack of capacity to take a further service through the CDU process until 2018.</p>	Savings this year will be achieved through an alternative way. Savings for 2018/19 are being assessed by the Service Director responsible for Direct Services.
Brokerage for Self-Funders - full cost recovery	Six months slippage, as the new fee was introduced from October 2017, following three months' notice. However, as these are annual charges, the Council will only receive the fee for new cases that come on board in year. Therefore, full slippage of £0.012m into next year is currently expected, though this may change.	Income levels will be monitored throughout the remainder of the year.

Adult and Health Portfolio as at September 2017

Progs.	<ul style="list-style-type: none"> • Adult Social Care Strategy & market development – preventing & reducing care needs by promoting independence • Integration with health – implementing joined-up working practices and initiatives with health • Public Health Outcomes – working with key stakeholders to establish how to allocate the current budget • Care Act Implementation – implementing the changes needed for the next stage of the Care Act • Direct Services Provision – developing different ways of delivering services 	
Benefits to be delivered	<ul style="list-style-type: none"> • Promoting independence and preventing, reducing and delaying the need for care and support (including providing information and advice to encourage people to look after themselves and each other) • Better and more joined-up working with partners (e.g. health) to improve outcomes for service users • More efficient, flexible and mobile staff by using technology to maximise staff time and help manage demand • Providing services that are creative, sustainable, value for money and legally compliant 	
Key achievements in last 3 months		Expected delivery over next 3 months
<ul style="list-style-type: none"> • An updated Adult Social Care Strategy has been developed with input from over 85 employees and service users. The strategy retains the key principle of Promoting Independence whilst giving a more defined structure to how the strategy can be applied in practice. • Following Committee approval in September work commenced to redesign the review process – this includes the policy, guidance, workflows and processes. • Decision made to extend the Notts Enabling Service and work commenced to recruit the required staff. • The new ways of working projects have been evaluated and the findings show that overall the early increased productivity evidenced last year has been sustained or improved. Overall the number of assessments and reviews completed for older adults has increased by around 30% since May 2015. This productivity has been channelled into responding to safeguarding, increased number of reviews and increasing the number of cases seen within the 28 day timeframe. 		<ul style="list-style-type: none"> • Following consideration, amendment and approval at Committee the Strategy will be used to further support transformation in Adult Social Care. • Work to redesign the reviews process will continue, it is expected to take at least six months to implement the new approach to reviewing. The emphasis will be on prioritising work to promote independence and ensuring as proportionate an approach to reviews as is appropriate. • The data on commissioning trends across teams for Older Adults has been combined with contextual information to understand where any unwarranted variations exist to help understand where teams can identify opportunities for improving practice. • Notts Enabling Service north and south teams will be established and work will have begun to make progress towards the objective of offering 800-900 younger adults with a learning and/or physical disability a period of reablement focussed support a year. This focussed support will aim, where possible to make them more independent and less reliant on formal support. • The Three Tier pilot, which is trialling an approach that looks to resolve people's needs by having different, more solution focused conversations is due to be extended from November. This will involve having a pilot team at the first point of contact looking to work with people as soon as they approach the department for support. The aim of the pilot is to help people be more independent for longer.

<ul style="list-style-type: none"> • Our savings partner – Newton Europe – have completed a diagnostic of ASCH. This work has involved a comprehensive analysis of data, workshops with staff to look at existing practice and reviewing ASCH's existing options for change. This work has been undertaken in partnership with the Transformation Team and involved staff at all levels of the department. • The first phase of an integrated discharge pilot was completed in September 2017 at Kings Mill Hospital. The purpose of this was to trial a new way of supporting people with complex needs to be discharged directly home from hospital. • A discrete set of Social Care data on known service users aged 75 years or more has been released into a data warehouse called ehealthscope and updated on a daily basis since August 2017. The data is processed by Rushcliffe CCG alongside other data from primary, community and acute health services. The information is available to primary care staff, to support more informed decision-making and provision of direct care to patients. All Information Governance requirements have been addressed. • Public Health are considering future commissioning intentions beyond 2018 as current contracts for Public Health commissioned services begin to expire. The intention is to look for creative options to deliver future services that will deliver value for money Public Health outcomes. 	<ul style="list-style-type: none"> • Further work is now being undertaken to validate the findings and the opportunities identified by Newton Europe. • The results of the discharge pilot will be analysed to inform decisions on the next steps to be taken. • New arrangements will have been trialled countywide to improve how health and social care staff work together more closely within each acute hospital setting to ensure the safe and early discharge for all patients across Nottinghamshire. • Work is underway with community health colleagues for social care to have access to physiotherapy within the Short Term Independence service to support the review process. It is anticipated that this will improve the outcomes for individuals who can be supported back to independence and potentially free up some homecare capacity. • Nottingham Trent University and PeopleToo will have delivered their evaluation report into the impact of the social care role within integrated care teams across Nottinghamshire. This will provide evidence about the cost-effectiveness of the social care input as well as other non-financial benefits, and will make recommendations about future development of the integrated care team model. • Proposals for future Public Health commissioning intentions are due to be considered by ASC&PH Committee in December 2017.
Key risks to delivery	<ul style="list-style-type: none"> • Pressures from changing demographics and increased responsibilities from legislation may increase demand for services. • There will not be the community based support available to provide alternatives to paid support in order to reduce demand. • Maintaining service quality as much as possible in the face of falling budgets and the continued need to find savings. • Maintaining care provision in the face of increased costs and problems with staff recruitment and retention. • Adoption of nationally proposed health models may increase demand for social care services, it is important to assess their impacts to ensure that they are implemented in a way that supports the Adult Social Care strategy.

11 December 2017

Agenda Item: 8

REPORT OF DIRECTOR OF PUBLIC HEALTH

USE OF PUBLIC HEALTH GENERAL RESERVES TO MARCH 2019

Purpose of the Report

1. To seek approval to proposed additional uses of Public Health reserves.

Information and Advice

2. Since transferring into the local authority in 2013, Public Health has been fully funded through a ring-fenced Public Health grant, provided annually as an allocation from the Department of Health. In past years, the Public Health grant allocation has been underspent, for reasons including:
 - underperformance on payment by results (PBR) contracts
 - extra efficiencies above those anticipated, being generated through integrated commissioning approaches
 - rigorous contract management focused on achieving value for money
 - savings from carrying staffing vacancies in anticipation of the Public Health restructure, and the effects of recruitment drag
 - requirement to retain a level of reserves as contingency for risk (see para 6 below)
3. Unspent Public Health grant has been placed in a separate, ring-fenced Public Health (PH) General reserve. The conditions of the grant allow that if at the end of the financial year there is any underspend this can be carried over, as part of a public health reserve, into the next financial year. In utilising those funds the next year, the grant conditions will still need to be complied with.
4. The PH General reserve has also been used to hold small amounts of external funding on behalf of other organisations, such as a small fund for Sector Led Initiatives held collectively by the East Midlands Directors of Public Health, and NHS Pioneer funding awarded to a consortium of local Councils for a health and housing project.
5. Because the Public Health division has access to the PH General reserve, the division makes its own arrangements to address risk. It is not expected to draw on the Council's other reserves in case of unexpected expenditure. Therefore, it has been important for the division to hold some level of reserves. Such reserves are tracked and expected to accrue to ensure

public health retains a satisfactory reserve for sudden expense such as local health protection emergencies.

6. As well as the PH General reserve, Public Health also holds some additional, separate Section 256 reserves. Section 256 of the National Health Act 2006 allows Primary Care Trusts (or successor bodies) to enter into arrangements with local authorities to carry out activities with health benefits. Section 256 funds received by the Council and currently held by Public Health are for activities to combat substance misuse, support for Children and Young People's mental health (Future in Mind programme), and the Family Nurse Partnership. Plans are in place to spend all of the S256 reserves on the relevant activities.

Review of Public Health Reserves 2017

7. Existing commitments against the Public Health reserves were reviewed during September 2017. Each commitment was examined to test the level of funds allocated, the rationale for the allocation, the impact of the intervention and the risk or consequence of removing the reserves funding. As a result, £1.157m of previous commitments were identified to be removed, releasing the funds for reallocation. £3,748,895 is currently committed with £2,185,689 remaining for allocation, as set out in Table 1 below.

Table 1 Summary of Public Health General Reserves as at 20 November 2017

	£
Committed use of PH reserves as of 20 November 2017	3,748,895
Total potential PH reserves available for allocation as of 20 November 2017	2,185,689
Total value of proposals for the remaining Public Health reserves	1,035,000
Reserves remaining for allocation or as provision for risk, should all proposals be approved	1,150,689

Proposals for use of the remaining Public Health reserves

8. A list of proposed items for use of some of the unallocated reserves is contained in Annex A. This appendix includes information on:
 - The level of funds requested and the financial years involved
 - The rationale for each proposal
 - Anticipated impacts of the intervention including links to Public Health outcomes
 - Risks / consequences of not allocating the Public Health reserves funding

Compliance with conditions of Public Health Grant

9. The ring-fenced allocation of Public Health grant is subject to national conditions specified by the Department of Health. These conditions apply to all local authorities in receipt of Public Health grant.
10. As the reserves were originally received in the form of Public Health grant, the conditions still apply to the use of the grant, even though these resources were provided as Public Health grant in previous years. The grant conditions reference this specifically as follows: "If there are funds left over at the end of the financial year they can be carried over into the next financial

year. Funds carried over should be accounted for in public health reserve. All the conditions that apply to the use of the grant will continue to apply to any funds carried over. However, where there are large underspends the Department reserves the right to reduce allocations in future years.”

11. The grant conditions specify that grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 (“the 2006 Act”). The conditions also state that the local authority must
 - “have regard to the need to reduce inequalities between the people in its area with respect to the benefits that they can obtain from that part of the health service provided in exercise of the functions referred to [above];
 - “have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.”
12. Although a Council may use its Public Health grant for other functions of the local authority, the Conditions state that “the authority must be of opinion that those functions have a significant effect on public health or have a significant effect on, or in connection with, the exercise of the functions described – “the public health functions as specified in Section 73B(2) of the National Health Service Act 2006” - and the authority must be satisfied that, having regard to the contribution from the public health grant, the total expenditure to be met from the fund and the public health benefit to be derived from the use of the fund, the arrangements provide value for money.”
13. CIPFA also provides guidance on the use of Public Health grant. Within the Service Reporting Code of Practice for Local Authorities, CIPFA lists the categories of expenditure that should be recorded. Most of these are specific to public health. The original five Public Health mandatory elements appear first (sexual health, NHS health checks, health protection, National Child Measurement Programme, public health advice to CCGs) followed by other public health activities such as obesity / physical activity, substance misuse, smoking and tobacco, and children’s 5-19 public health services. The last category within the CIPFA guidance is entitled “Miscellaneous” and includes the functions listed in Table 2 below.

Table 2 – Miscellaneous category within CIPFA Service Reporting Categories related to Public Health grant in England

Miscellaneous
Nutrition
Health at work
Accident prevention
Public mental health
General prevention
Community safety, violence prevention and social exclusion
Dental public health
Fluoridation
Infectious disease surveillance and control
Environmental hazards
Seasonal death reduction
Birth defect prevention
Mandated children’s public health service age 0-5

All 0-5 children's public health services
Other Public Health Services - defined as "Any spend from the public health grant used to tackle the wider and social determinants of health and health inequalities not already recorded in any other category".

14. The Council observed the conditions of the grant when previously agreeing realignment of Public Health grant to support activities formerly held by other parts of the Council. For example, just over £1m of Public Health grant now supports activities to address domestic violence, within the Community safety, violence prevention and social exclusion element in the Miscellaneous category.
15. The proposals for additional uses of the Public Health reserves set out in Annex A are all compliant with the conditions of grant outlined above.

Other Options Considered

16. Option to use Public Health reserves for other budgetary purposes in the local authority - It is not possible to place unspent Public Health Grant into the Council's general reserves or use it to offset budget pressures in other areas of the Council owing to the conditions of the Public Health grant as described in the report. The Council is required to use the Public Health grant in line with the conditions, must sign annual statements of assurance to this effect and must complete government returns reporting expenditure within specified categories.
17. Option to hold Public Health reserves against future Public Health expenditure beyond March 2019 - The Public Health grant ring fence is currently set to end in March 2019. No information has yet been provided by the Department of Health on what will happen to funds remaining in reserves at that date. If the Public Health reserves are not spent by the end of the ring fence, there is a risk that the funds may have to be returned to the Department of Health; therefore making decisions to utilise the funds before March 2019 will maximise funding available to the authority.

Reason for Recommendation

18. The proposed uses of Public Health reserves in Annex A are compliant with the Public Health grant conditions and will maximise the use of funding whilst it is available to the authority.

Statutory and Policy Implications

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

Financial Implications

20. The Public Health reserves built up from unused Public Health grant allocations in previous years. These are held separately so that they can be used in accordance with the conditions of the Public Health grant. Table 1 at paragraph 7 above summarises the latest financial position on the Public Health general reserves. If all the proposed additional uses of Public

Health reserves are approved, totalling £1,035,000, this would leave £1,150,689 in PH reserves still to be allocated or as provision for risk.

RECOMMENDATION

- 1) That Members approve additional uses of Public Health reserves from the list in Annex A of the report, including approval to implement the agreed proposals, commence any related procurement and extend related secondment arrangements.

Barbara Brady
Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (EP 09.11.2017)

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

Financial Comments (DG 09.11.2017)

22. The financial implications are contained with paragraph 20 of this report.

Background Papers and Published Documents

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

- Department of Health, Public Health Grant Conditions 2016/17 and 2017/18, 11 February 2016
- CIPFA Service Expenditure Analysis for Public Health (England)

Electoral Division(s) and Member(s) Affected

- All

Annex A: New proposals for PH General Reserves

Topic	2017/18	2018/19	Justification	Impact / PHOF	Potential consequences of not allocating the reserves
Domestic Violence contract cost pressure: Young People's Violence Advisors YPVAs	11,000	44,000	<p>Additional costs associated with children and young people (4-18 years) going through the Family Civil Courts.</p> <p>Capacity cannot be met within existing resources at present, and represents an unmet need/emerging need not originally considered when the contract was developed and agreed.</p>	<p>Children can be re-traumatised as part of the family court process and perpetrators can use these proceedings to continue their controlling behaviour. YPVAs will support, safeguard and work with the child to avoid further DVA, improve emotional wellbeing, school attendance and future life chances.</p>	<p>Operationally there would be unmet need, particularly among children. However this has not commenced so there is no legal/contractual damage.</p> <p>It may be possible to consider this as a pilot in part of the County, thus reducing investment by half to £44,000 over the 2 years.</p>
Re-instatement of Mental Health First Aid / Suicide Awareness training		50,000	<p>Previously delivered for one year as a time-limited pilot by Kaleidoscope using a previous allocation from within PH reserves. The previous service met all its contracted targets and evaluated well. Continuing enquiries since the pilot concluded are coming from emergency services and front line staff. Providing further funding would respond to expressed need.</p> <p>Awareness and training delivery would;</p> <p>1) Build on the self-care model by raising awareness on how people and communities can look after</p>	<p>Improve mental health outcomes such as;</p> <ul style="list-style-type: none"> Increased prevalence of self-reported wellbeing Reduce the number of suicide deaths Reduce the rate of self-harm A & E attendances <p>Impacts would include;</p> <ul style="list-style-type: none"> Promoting good mental health Preventing future mental health and co- 	<ul style="list-style-type: none"> - Population of Nottinghamshire remain unaware on techniques in managing self-care in mental health prevention - Make Every Contact Count (MECC) will continue to focus on physical health problems only. Therefore, not considering the impact of poor physical health on mental health problems and the impact of poor mental health on physical health - Early prevention and identification of mental health will potentially reduce the need

			<p>their mental health and build mental resilience and wellbeing</p> <p>2) Deliver training to front line health and social care and emergency service to raise awareness on the signs of mental health problems & the effect mental health problems has on individuals</p> <p>3) Develop knowledge and skills on the availability of Mental health services and the signposting/ referral pathways</p> <p>4) Develop knowledge and skills on the signs of suicide and the suicide prevention pathways</p>	<p>existing physical health problems</p> <ul style="list-style-type: none"> • Target and develop pathways for those with existing mental health problems to access health improvement interventions. 	<p>to access NHS and Social Care services</p> <p>-Health, social care and emergency services frontline staff will remain unskilled in identifying and supporting people with mental health problems, suicidal ideation and mental health crisis management.</p>
Chlamydia control		30,000	<p>Meet potential surge in demand for Chlamydia testing service in response to outreach work to address need in the population.</p> <p>The activity would help to address comparatively poor local performance relating to Chlamydia diagnosis and treatment, and respond to population need.</p>	<ul style="list-style-type: none"> • Address failing DRI (Detection Rate Indicator) to support achievement of the PHOF 3.02 Chlamydia Diagnosis Rate (Aged 15 to 24) • Facilitates access from different client groups that may not access a test via current outlets (young males) • Manage demand via online access route 	Failure to address the failing indicator identified previously.
Community Infection Prevention and Control Service – extension to 31 March 2018.		130,000	The CIPC service is currently being augmented through a fixed term allocation of funds from PH reserves, due to expire 31 March 2018. 12 month extension of existing Section 75 agreement,	<ul style="list-style-type: none"> • Maintain capacity to protect health of the population and to adequately respond to community infection threats as they arise 	Partner risk: impact on the CCG that provides the service. Staff are currently employed to deliver the service, although at present the augmented funds

			<p>already being funded out of PH reserves, to enable the augmented service to continue for a further 12 months.</p> <p>Providing additional funding would enable continuation of a valuable service with available resource, maintain benefits to care homes and nursing homes and protect health, and ameliorate the impact of significant funding reductions to this system-wide essential prevention and outbreak control service. It would preserve the integrity of the specialised knowledge and skills of the workforce, avoid erosion of capacity to protect health of the population and also provide additional time for the CCGs to then make up the future funding gap.</p>	<p>(including those relating to antimicrobial resistance, which is where the micro-organisms that cause infection survive exposure to a medicine that would normally kill them or stop their growth).</p> <ul style="list-style-type: none"> • Fewer people experience long term disability • Better quality of life, fewer infections and associated deaths <p>Lower burden on adult social care as a result of reduction in avoidable hospital admissions and need for social care at discharge</p>	<p>are due to end in March 2018 – see entry in table above.</p> <p>Service risks: risk associated with protection of health for residents in care homes and nursing homes.</p>
Antimicrobial resistance (AMR) campaign -		20,000	<p>Antimicrobial resistance arises when the micro-organisms that cause infection survive exposure to a medicine that would normally kill them or stop their growth. Proposal is for a public-facing awareness raising campaign regarding use of antibiotics.</p> <p>“Antimicrobial resistance poses a catastrophic threat” (Chief Medical Officer 2013) There is a local,</p>	<p>Support marketing of key messages to support local AMR messages to the public and health and care organisations. Contribute to national goal for commissioning for quality and innovation (CQUIN) 2016/17</p> <p>Reduce antibiotic consumption and</p>	<p>The value could be reduced to £10K and a smaller campaign run.</p>

			<p>national and global requirement for a reduction in antibiotic prescribing over increasing concern relating to AMR. It is difficult to achieve a balance between using antimicrobials when they are really needed and reducing use when they are not indicated. To preserve antimicrobial effectiveness they must be used appropriately (NICE).</p> <p>Providing time limited funding would enable a timely response to this emerging health issue, using existing networks and contracts for delivery of public health messages.</p>	encourage a focus on antimicrobial stewardship.	
Schools based academic resilience programme	150,000		<p>A schools-based academic resilience/mental health promotion programme is currently part funded by PH grant. Promotion of good mental health is a key responsibility for Public Health, for all ages. This service aims to improve mental health and wellbeing in school age children and young people, working closely with schools. Current funding is sufficient to deliver programmes for two - three years in 30 schools, currently in areas of highest need. Additional funding would enable programmes to be provided in more schools, for longer or support the development of alternative ways to promote</p>	<p>Contribution to improving PH Outcomes:</p> <ul style="list-style-type: none"> • pupil absence • first time entrants to youth justice system • 16-18 year olds not in education, employment, training • under 18 conceptions • emotional well-being of looked after children • smoking prevalence at age 15 • self-harm <p>Aims to develop self-awareness, confidence, self-esteem and self-</p>	<p>If funding is not made available, there will be reduced scope and opportunity to deliver interventions aimed at improving children's and young people's mental and emotional health in Nottinghamshire.</p> <p>Both nationally and locally, there is a recognition that young people's mental health is a significant cause for concern and action needs to be taken to improve this situation.</p>

			resilience and good mental health for children and young people.	<p>efficacy, improved behaviour and relationships, improved attendance at school, ability to focus and learn.</p> <p>Contributes to commitments relating to children and families within the Council Plan and to priorities of the <i>2016-2018 CYPF Plan</i> (see previous detail)</p>	
Children's Health Website	20,000		<p>Expansion of existing health web site aimed at teenagers (<i>Health for Teens</i>) to provide advice for younger children and families/parents/carers (<i>Health for Kids</i>). Clinically assured interactive content, striking design, games, localised information and signposting, divided between sections on <i>staying healthy, illness, feelings, help yourself</i> and <i>getting help</i>. Links to 0-19 public health service and can be embedded in the core offer of the Schools Health Hub. Assigning resources would enable the web provision to respond to identified need and develop an accessible service suitable for the age group. Links to <i>Notts Help Yourself</i> and the <i>Family Information Service</i> websites will be included.</p>	<p>Engagement with more families including those who may not engage with traditional services</p> <p>Increased knowledge of available health and other services and when to use them</p> <p>Reduced barriers to accessing services leading to earlier intervention and better outcomes</p> <p>Early identification of need or prevention in relation to weight management, physical activity, smoking,</p>	A missed opportunity to provide health information for children and families, to encourage self-care and improve understanding of local services.

				emotional health and other PH priorities	
KOOTH online advice and counselling service	150,000	150,000	<p>Universal, open access service providing advice, guidance and counselling for young people with mild emotional and mental health concerns, to improve wellbeing and reduce escalation and need for higher cost, specialised services. PH funding would be used to substitute for s256 funds, which could then be available to develop additional interventions to improve children's mental health and addressing gaps in provision in the area of children and young people's emotional and mental health. Alternatively, the contract for KOOTH can be extended, depending on its effectiveness.</p> <p>This area is a high priority, both locally and nationally. Public Health England 'The Mental Health of Children and Young People in England' (December 2016): identifies: <i>"The emotional health and wellbeing of children is just as important as their physical health and wellbeing. Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people (CYP)."</i></p>	<p>This service is key to providing early intervention for young people of Nottinghamshire. Children and young people accessing the service receive appropriate, timely and evidence based support to meet a diverse range of issues that impact on their mental health, wellbeing and quality of life.</p> <p>The support and strategies promoted by the service enhance and improve day to day living, link young people with others as appropriate and refer to specialised services if higher level need is apparent.</p>	<p>By not substituting the funds, it will reduce the opportunity to further improve children and young people's mental health and address gaps in young people's mental health provision in other parts of the system.</p>

<p>Pump priming – home safety assessment and equipment fitting scheme to reduce avoidable injuries in children</p>		<p>100,000</p>	<p>Avoidable injuries at home result in 450,000 emergency department (ED) attendances, 40,000 hospital admissions and 60 deaths per year in under-5s.</p> <p>In 2014 the Royal Society for the Prevention of Accidents (RoSPA) estimated national costs to wider society and NHS for avoidable injuries in the under-5s were £7.8billion and £140million respectively.</p> <p>Research shows NHS cost of hospital admission for ≥2 days for avoidable injury in the under-5s is £2000–£3000 and for admission for ≤1 day is £700–£1000. The cost to families is £100–£400 for admissions for ≥2 days and £40–£200 for admissions for ≤1 day; mainly due to childcare costs and time lost from work.</p> <p>Cochrane systematic review shows home safety equipment provision and education significantly improves home safety in families with young children.</p> <p>RoSPA estimates home safety equipment schemes can reduce</p>	<p>Potential 29% reduction in hospital admissions in under-5s.</p> <p>Cost savings - 10% reduction in injuries per 100,000 population saving over £47,000 in hospital admissions and ED attendances locally each year.</p> <p>Reduced short and longer term (disability, scarring, psychological harm) consequences of injuries</p> <p>Improved home safety for local families.</p> <p>Reduced inequalities in safety equipment possession and use.</p> <p>Increased parental knowledge, confidence and skills in maintaining safer homes.</p> <p>Increased housing and early years staff knowledge, confidence</p>	<p>29% of potentially avoidable hospital admissions not avoided. This equates to 122 admissions per year not avoided based on PHOF 2.07i 0-4 does not include other avoidable admissions such as burns outpatient. This is a total of 244 for the two years of PH investment but working with District councils to continue scheme beyond years of PH investment.</p> <p>Potential cost savings to NHS and local economy not realised.</p> <p>Inequalities in home safety equipment use and child injuries persist with higher injury rates with increasing deprivation.</p> <p>Missed opportunity to improve home safety and empower individual families (depending on levels of District council funding this could be around 700 families over the two years).</p>
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		<p>hospital admissions in the under-5s by 29%.</p> <p>Home safety equipment scheme evaluations show families are highly satisfied with schemes, schemes helped them improve home safety and continued equipment use for at least 12 months after fitting.</p> <p>Home safety assessment and equipment schemes are recommended by NICE (PH30), PHE's "Reducing unintentional injuries in and around the home among children under five years" and our 'Reducing avoidable injuries for children and young people' strategy.</p> <p>Epidemiological data shows strong social gradient, with higher injury rates with increasing deprivation. Children and young people whose parents have never worked/long-term unemployed have injury death rates 13 times higher than those whose parents are managers/professionals. Research also shows inequalities in safety equipment possession and use,</p>	<p>and skills in promoting home safety.</p>	<p>Missed opportunity to increase staff knowledge, confidence and skills in injury prevention.</p>
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			<p>and safety equipment schemes can reduce inequalities.</p> <p>This proposal would empower families at high risk of child injury to make homes safer and reduce inequalities in safety equipment use by providing advice, support and correctly fitted equipment.</p> <p>This proposal responds to expressed need and feedback from partners, using existing services to integrate public health interventions and deliver additional outcomes.</p> <p>This pilot is potentially sustainable by collaborating with housing departments within district councils across the county. This would be dependent on Better Care Fund allocations going forward.</p> <p>The proposal will necessitate going out to procurement for the safety equipment and a separate exercise for procuring of fitting. It is anticipated that the fitters' procurement may be able to happen through Handy Person Adaptation Scheme. Alternatively district council's fitters could be paid directly. There will be a</p>		
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			payment to the Customer Call Centre to manage the administration of the project.		
Falls prevention activity – extension of pilot project		150,000	<p>Falls are the commonest cause of death from injury in the over 65s, and many falls result in fractures. Falls are a key factor that leads to admission into residential care and sets older people on a pathway to increasing social care support needs. Internal investigations in 2013 at NCC highlighted that 20% of a sample of 100 people were admitted to a care home in Nottinghamshire following a fall. If this rate is projected onto the 969 social care funded admissions into long term care in 2015/16, then an estimated 203 placements could be related to a fall. A much larger number of people would receive a care package at home. With the number of people aged 65 and over expected to rise by 10% over the next 5 years, to over 175,000 in 2020, costs are set to rise further. Based upon the 5,500 residents aged 65+ in NCC-funded Adult Social Care in September 2017 this number is estimated to increase by 500 to 6,000 in 2020. The cost of this increase</p>	<p>Contribution to Public Health outcomes:</p> <p>2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons)</p> <p>4.14i - Hip fractures in people aged 65 and over (Persons)</p> <p>2.13ii - Percentage of physically inactive adults - current method</p> <p>Also would impact on Adult Social Care Outcomes Framework.</p> <p>Permanent admissions to residential and nursing care homes per 100,000 aged 65+</p> <p>NICE Guidance states that evidence based tailored exercise programmes to reduce falls can reduce falls by between 35 to 54 per cent.</p>	<p>Missed opportunity to achieve the following return on investment: (Modelled on the findings made in the NCC 2013.) The September 2017 weekly cost per person in NCC funded Care is £576 per week or £29,952 per annum. Multiplied by the 2,111 people in receipt of NCC care this equates to £63.2 million annually.</p> <p>A 1% saving predicated on the Falls prevention project work would represent £632,000 A 21 % saving of this 1% (according to the S. Buck Study in 2013) to prevent a Fall and likely admission to residential care would equate to 4.2 people at a cost of £125,000.</p> <p>Based upon the Nottinghamshire geographic spread and the 7 districts, it would be prudent to estimate an annual reduction of 1 care home admission per locality – a total of 7 citizens per annum</p>

			<p>would be approximately £14.9 million per annum.</p> <p>In response to this, ASCH developed a pilot project seeking to reduce falls, for which funding is due to cease in March 2018.</p> <p>The proposal is for Public Health reserves to be used to fund an extension to the pilot project until March 2019.</p> <p>The falls prevention project has focussed primarily upon creating and promoting resources specifically for prevention and early intervention services, using communications to promote the benefits of physical activity and home safety in reducing the falls risk; providing training for front line staff to identify people at risk of a fall and offering advice on supporting them and signposting to appropriate guidance; and collaborative working: building the strength of preventative approaches within the falls pathway and the links between primary and secondary prevention.</p>	<p>Cost savings - reduction in injuries saving money in hospital admissions and care costs each year.</p> <p>By the end of one year, 20 Care Homes or Extra Care facilities are delivering Strength and Balance programmes as part of a new 3 tier physical activity programme and 300 individuals identified at high risk of falling attend strength and balance programmes.</p> <p>Reduced short and longer term (disability, scarring, psychological harm) consequences of injuries</p> <p>Improved alignment of service between Public Health commissioned provider, Everyone Health Ltd, and NCC commissioned services including voluntary sector contracts, Extra Care Homes and Care Homes.</p>	<ul style="list-style-type: none"> • The anticipated yearly cost saving would be approximately £210,000 p.a. • Requested Annual Investment: £75,000 in the Falls prevention project work p.a • 2 year IBCF investment £150,000 • Estimated Net Annual Return: £135,000 p.a. • A two year return on investment would be approximately £270,000
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			<p>If extended, the Nottinghamshire Falls prevention project will continue to embed these preventative messages and tools across agencies and communities in Nottinghamshire, targeting both professionals and citizens. Key activities will include:</p> <ul style="list-style-type: none"> (a) Embedding core Falls prevention messages aka Get Up & Go. (b) Developing the Falls prevention Community Exercise offer (c) Ensuring falls prevention is embedded in the Hospital discharge process. 	<p>Ensure that the pathways and procedures were in place to ensure that these evidence based interventions were offered consistently to citizens as part of a comprehensive falls prevention offer.</p>	
Health and Housing Coordinator - extension		30,000	<p>In 2016, Nottinghamshire County Council was successful in securing a one year £57k Pioneer Fund Grant for the position of a Public Health - Health and Housing Coordinator post. The post commenced on the 1st of April 2017 and is due to end on the 31st of March 2018. Under the terms of the grant, any underspend cannot be rolled over into 2018/19, so funding is being sought from Public Health reserves to help to continue the project to 31 March 2019.</p> <p>Delivery contributes to STP and HWB health and housing priorities</p>	<p>Impact on PHOF includes;</p> <ul style="list-style-type: none"> 2.07i – Hospital admissions caused by unintentional injuries in children 2.24 – Reduce hospital admissions due to falls in people aged 65 and over 4.11 – Emergency readmission within 30 days of discharge from hospital 4.13 – Health related quality of life for older people 	<p>Without continued funding for the Health and Housing post, there is a strong likelihood that the current programme of work is unsustainable and the current projects will not be completed.</p> <p>Therefore, Public Health funding is required to secure the Health and Housing post continuation until 31st of March 2019.</p>

			<p>to improve health and wellbeing outcomes through delivery healthy homes initiatives, communities and neighbourhoods and to integrate effective services that meet individuals', their carer's and their family's needs.</p>	<p>4.14i Reduction of hip fractures in people aged 65 and over 4.15i: Reduce excess winter deaths</p> <p>Preventing child accidents in the home by promoting the use of aids to keep children safe in the home.</p> <p>Impacts would include: Drive forward the provision of Disabled Facilities Grants, handypersons scheme; Warm Homes on Prescription, Assisted technology schemes etc.to prevent emergency readmissions, reduce falls and hip fractures and reduce excess winter deaths.</p> <p>Prevention and health improvement by targeting middle aged people in addressing housing needs early in preparation for old age.</p>	
Totals	331,000	704,000			

11 December 2017

Agenda Item: 9

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE**EXTENSION OF FALLS PREVENTION PROJECT****Purpose of the Report**

1. The purpose of this report is to provide an update of the current Better Care Fund (BCF) falls prevention project and its impact in the first nine months of implementation (January – October 2017).
2. The report also seeks approval for the extension of the falls prevention project for two further years beyond 31st March 2018 with an allocation of £150,000 funding from Public Health Grant to ensure further targeted prevention work, focussed on reducing falls risk for Nottinghamshire residents and thereby reducing falls related residential care admissions and social care interventions.

Information and Advice

3. According to NICE (National Institute for Care Excellence) Guidance CG161, one in three people aged over 80 years fall at least once a year. Falls are the commonest cause of death from injury in the over 65s, and many falls result in fractures. The annual cost to the NHS alone is estimated at £2.3billion a year.
4. Research by the *Institute of Public Care* (IPC) identified falls as a key factor that both leads to admission into residential care and sets older people on a pathway to increasing social care support needs. Internal investigations by the Council in 2013, as part of the Living at Home Project, highlighted that 20% of a sample of 100 people were admitted to a care home in Nottinghamshire following a fall. If this rate is projected onto the 969 social care funded admissions into long term care in 2015/16, then an estimated 203 placements could be related to a fall. A much larger number of people would receive a care package at home. Therefore, falls are a significant issue for social care in Nottinghamshire. With the number of people aged 65 years and over expected to rise by 10% over the next five years, to over 175,000 in 2020, costs are set to rise further.
5. Based upon the 5,500 residents aged 65+ in Council funded Adult Social Care in September 2017, this number is estimated to increase by 500 to 6,000 in 2020. The cost of this increase would be approximately £14.9 million per annum. The projected return on investment from implementing this project is detailed at **paragraph 30** of this report.

6. There is a strong evidence base around falls prevention, with a variety of evidence based interventions available which can significantly reduce an individual's risk of falling, and also of injuring themselves when they fall. These interventions include home hazard assessments, strength and balance programmes, and promotion of self-care and self-recovery. Implementing these interventions consistently across Nottinghamshire will have a significant impact on both the number of people falling and the number of people injuring themselves due to a fall. Pro-active falls prevention work in partnership with other agencies, will help citizens to remain more independent and live healthily in their own homes for longer, contributing towards greater financial savings for the Council.
7. Key goals of healthy ageing with a good quality of life for older people include being able to remain mobile, continue to learn, to develop and maintain relationships, interests and contribute to society. These can all be supported by proactive falls and fracture prevention initiatives. It is important that preventative activity is targeted at those most likely to benefit and is carried out in a way that is meaningful and appropriate. There is also a need for greater general awareness that falls are not an inevitable aspect of older age.
8. Reduction in falls has been recognised as a local priority across the system and has been put forward for consideration as a key indicator within the updated Sustainability and Transformation Partnership (STP). Strategic partners in the 6 Clinical Commissioning Groups (CCGs) have also committed to a renewed focus on falls prevention through implementation of targeted falls reduction action plans in Bassetlaw, Mid Nottinghamshire and Greater Nottingham.

Progress to date – Current Falls Prevention Project - 9 month update:

9. In September 2016, Adult Social Care & Health (ASCH) Committee approved a 12 month BCF Falls Prevention project, funding a worker and a small amount of development money. Since January 2017, a Commissioning Officer has been working with Public Health and a broad range of public and voluntary sector partners (including Extra Care Homes, the Council's Occupational Therapists, the Council's third sector contract holders, Clinical Commissioning Groups, Nottinghamshire Fire and Rescue Service, and Sport & Leisure providers) to raise awareness of the impact of falls and the evidence based interventions and self-care that can be put into place to prevent them.
10. To date, the falls prevention project has focussed primarily upon creating and promoting resources specifically for prevention and early intervention services. This meets with Adult Social Care Strategy's principles of enabling people to live independently, reducing demand for institutional care and the need for long term care in the community and promoting individual health and independence through joint and collaborative working. This work has entailed:
 - a) **Multi-channel Communications:** using a variety of mediums to promote a comprehensive guide developed by the Chartered Society of Physiotherapy (CSP) entitled '*Get Up and Go*' and promoting the benefits of physical activity and home safety in reducing the falls risk.
 - 25 *Get Up & Go* Events were implemented to coincide with Older Peoples Day - 750 attendees, TV coverage, 4 new 'Strength & Balance' classes in care homes

- In excess of 18,000 *Get Up & Go* Guides have been disseminated to individuals in Nottinghamshire (via GP surgeries, libraries, leisure centres and supermarkets)
 - The Council's falls webpage (including an e-version of the guide) has received in excess of 4,150 web page views in the past nine months, a substantial increase of over 300%
 - This has aimed for a consistent, evidence based Nottinghamshire wide approach and messages for our citizens to support them to self-care to prevent falls.
- b) **Embedding & Educating**: training front line staff (both class-based and online have been devised and implemented) to identify people at risk of a fall and offering advice on supporting them and signposting to appropriate guidance. e.g. The Nottinghamshire Falls '*Guide to Action*' tool.
- The outcome will be 250 class based training attendees, County wide by the end of year one (50 to date following pilot)
 - An online 'Falls Prevention' training module has also been developed.
- c) **Collaborative working**: building the strength of preventative approaches within the falls pathway and the links between primary and secondary prevention.
- A new physical activity programme for older adults is being developed, in partnership with Public Health, which will ensure that older adults have the opportunity to access appropriate evidence based physical activities that will reduce their risk of falling.
 - This includes training 12 exercise instructors to deliver the evidence based OTAGO, which delivers leg muscle strengthening and balance retraining exercises designed specifically to prevent falls.

Moving Forwards: The proposed Nottinghamshire Falls Business Case: 2018-20

11. If extended, the Nottinghamshire falls prevention project will continue to embed these preventative messages and tools across agencies and communities in Nottinghamshire, targeting both professionals and citizens.
12. This paper makes the case for a two year extension to the current project from 1st April 2018 – 31st March 2020. This extension will build upon the outcomes and tools developed in the initial nine months of the project, adding value by embedding these in a sustainable way in more organisations. This will include:
 - (a) Embedding core falls prevention messages of *Get Up & Go*.
 - (b) Developing the falls prevention Community Exercise offer
 - (c) Ensuring falls prevention is embedded in the hospital discharge process.
13. Without an extension to the project the County Council will not get the full potential benefit out of one year of investment. The project has exceeded the anticipated expectations of the first year. Close working with Public Health has enabled a joined up approach across many areas of falls that has opened up further strategic opportunities.

(a) Get Up & Go – Embedding Falls prevention core messages

14. The extended Nottinghamshire Falls prevention project will seek to sustain and embed the core falls prevention messages through a number of mechanisms that will support people to maintain their well-being and independence within their local community. These include:
- **Very Brief Intervention:** A very brief intervention has a duration of 30 seconds to a few minutes. It provides citizens with targeted information, or signposts them where to go for further help. It may also include other activities such as raising awareness of risks, or providing encouragement and support for change. This is likely to comprise of disseminating the *Get Up and Go* guide, prompting the person to do home or class based exercises and potentially informing other relevant support services e.g. Handy Persons Adaptation Scheme (HPAS) / Notts Help Yourself.
 - **Brief Intervention:** A brief intervention involves oral discussion, negotiation or encouragement, with or without a follow-up. It may also involve a referral for further interventions, directing people to other options, or more intensive support. Brief interventions are often opportunistic and typically take no more than five minutes for basic advice. This is likely to encompass better understanding a citizens issues and guiding them to appropriate advice.
 - **Extended Intervention:** An extended intervention is similar in content to a brief intervention but usually lasts more than 30 minutes and consists of an individually-focused discussion. This is likely to entail the completion of a falls assessment such as the Falls *Guide to Action* which includes assessing individuals risk and putting in place actions to reduce this risk. There is potential that this could include direct referral into NHS provision.
15. Adult Social Care already commissions or directly provides a range of services which can support falls prevention as part of their day to day work. **Table 1** below highlights some of the examples of interventions that would be explored for implementation via the two year extended falls prevention project.

Service Provision	Type of Intervention	Mechanism	Project Role	Embedding change
Homecare	Very brief and brief interventions on physical activity, home hazards and intrinsic factors.	Contract mechanism	Falls training provision delivered through the project.	Monitored through contract processes
Home Care Rapid Response	Very Brief Intervention for prevention plus planning for a fall and post falls provision.	Contract mechanism supported by work from the 3 area falls groups – CCG led.	Falls training provision delivered through project.	Monitored through contract processes
Handy Persons Adaptation Scheme (HPAS)	Extended intervention – delivering Home Hazard reduction	Facet of the discharge process	Falls prevention training / GUGO guide	Monitored via hospital discharge rates

Connect short term prevention service	Very brief, brief and extended interventions	Commissioning processes supported by training provision delivered through project.	Falls prevention training / GUGO guide dissemination	Monitored through contract processes
County Enterprise Foods (Meals on Wheels)	Very brief and brief interventions	Discussions with CEF management	Falls prevention training / GUGO guide dissemination	Quarterly performance updates
Extra Care – falls prevention Exercise Classes to be delivered in suitable venues.	Very brief and brief interventions	Discussions with Extra Care Managers / Officers	Exercise class brokerage & promotion	Numbers attending tailored strength and balance classes
START Re-ablement Service	Very brief, brief and extended interventions	Embedded into START development action plan	Advice to START development project	Numbers receiving and potential follow up of impact
Customer Service Call Centre (CSC)	Brief Intervention – referral to HPAS or OTs for adaptations, electronic access to 'Get Up and Go Guide' and signposting to Everyone Health for a physical activity intervention.	Discussions with CSC Team Leaders	Get Up & Go Guide, web page signposting, falls online training, Informing TL's	Number of falls related enquiries and signposting advice provided.
Notts Fire & Rescue Service	Extended intervention via 'Safe & Well' home visits	<i>'Fire as a heat asset'</i>	Get Up & Go & Training & events	Quarterly Safe & Well monitoring

(b) Developing the falls prevention Community Exercise offer

16. To underpin the three modes of intervention detailed in paragraph 12, Nottinghamshire citizens require a robust and progressive community based exercise offer, which they can be reliably signposted into (or self-serve via appropriate webpages), to reduce the levels of falls.
17. Currently, Nottinghamshire residents have extremely limited access to evidence based tailored exercise to reduce falls. However, NICE Guidance states that such programmes can reduce falls by between 35 & 54%. The Council is now investing in a new three tier physical activity programme that will develop local provision to ensure that citizens have access to these interventions to support better self-care in falls prevention. This programme is due to start in 2018.

18. The strength and balance programme commissioned by Public Health and co-ordinated by Everyone Health Ltd will support the establishment of a three tier physical activity programme for strength and balance comprising of chair based exercise, Otago and Tai Chi classes. These will be progressive, suited to the ability of the individual and sustainable as they will be self-funded.
19. An extended falls prevention programme would focus on facilitating the relationship between the Public Health commissioned provider, Everyone Health Ltd, and Council commissioned services including voluntary sector contracts, Extra Care Homes and Care Homes. This would ensure that the pathways and procedures were in place to ensure that these evidence based interventions were offered consistently to citizens as part of a comprehensive falls prevention offer.
20. **Year 1** 20 Care Homes or Extra Care facilities are delivering Strength and Balance programmes as part of a new 3 tier physical activity programme and 100 individuals identified at high risk of falling attending strength and balance programmes.
21. **Year 2** 40 Care Homes or Extra Care facilities are delivering Strength and Balance programmes as part of a new 3 tier physical activity programme and 200 individuals identified at high risk of falling attending strength and balance programmes.

c) Ensuring falls prevention is embedded in the hospital discharge process

22. A recent requirement and need has recently been identified for the falls prevention work to be aligned with the Hospital Discharge process. A pilot could indeed be implemented at a suitable (to be agreed) hospital.
23. The cost of falls and fractures for social care are significant, but are not precisely known. The King's Fund Study ['Exploring the system-wide costs of falls in older people in Torbay'](#) shows a 40% increase in social care costs for individuals in the 12 months following an admission to hospital.
24. This project will focus on ensuring that those who are discharged with 'deconditioned' muscle tone have access to the right tailored strength and balance program, have access to timely home adaptations that will support falls prevention (working with district council housing providers) and have access to assistive technology providers who understand how to support those who are experiencing (potentially for the first time) non-injurious falls. Over 65s who have spent extended periods in hospital care are at higher risk of experiencing a fall due to deconditioning, these interventions will support them to recover to their previous condition and mobility levels whilst at the same time ensuring that the falls hazards in their home environment are reduced.
25. The extended falls prevention project will ensure falls prevention is consistently applied across all Nottinghamshire discharge processes. This will include working with district council housing providers to create 'Safer Homes' via HPAS and hospital discharge programmes, ensuring timely offer of access to the strength and balance programme for recovery, and facilitating access to other providers such as Connect provision and Nottinghamshire Fire and Rescue service who offer provision which will reduce falls risk and support the transition towards independence.

26. **Year 1** 60% (tbc) adults aged 65+ to be supported with falls prevention advice as part of hospital discharge. Plus evaluation to follow up on numbers of people who fall post intervention against a baseline, with an expected reduction in rate.
27. **Year 2** 75% (tbc) adults aged 65+ to be supported around falls prevention advice as part of the hospital discharge. Plus evaluation to follow up on numbers of people who fall post intervention against a baseline.

Return on Investment (ROI)

28. The direct cost of falls (in terms of community health care interventions, unplanned hospital admissions, increased demand for home care services and falls-related entries to residential care) are high, with around 70,000 hip fracture nationally each year and 1 in 10 people who fall losing the confidence to leave the house. The average weekly cost of funded residential care in Nottinghamshire is £548 per week and the Council's current commitments in respect of caring for older adults include £45m on residential care costs, £16m on home care and £18m on direct payments.
29. Evidence from studies in the UK and overseas suggests that falls can be reduced by 35-54% through tailored exercise programmes alone. Nottinghamshire is developing a proactive approach to engaging staff in a holistic approach to identifying people at risk and combining home hazard assessment, self-care advice and support to become more physically active.
30. If, as a result, just one person per district is prevented from needing residential care, the annual saving would be approximately £200,000. This proposal seeks a two year investment totalling £150,000.

Other Options Considered

31. The falls project could be ceased or only extended for one year. It is clear, however, that falls prevention is a complex agenda with numerous stakeholders and inter-dependencies. Establishing a programme of one year and then reviewing extension would create a lull in the project and not enable full potential to be delivered.

Reason/s for Recommendation/s

32. In order to make a discernible impact to the falls prevention agenda across Nottinghamshire, the existing post requires a two year extension. This will roll out and embed the project work and tools developed in year 1 across a range of services, with the aim of embedding it in day-to-day practice by the end of year 2. Ending the funding after the initial year would mean that the full potential benefit and impact of rolling out the work completed to-date are not realised.

Statutory and Policy Implications

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

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

Financial Implications

34. The costs associated with the extension of the project are as follows:

Temporary 1 x FTE Commissioning Officer (Band C) contract is extended for 2 years up to 31st March 2020.

Costs	Staffing (inc on costs)	Project costs*
Year 1 extension	£55,000	£20,000
Year 2 extension	£55,000	£20,000
<i>Subtotal</i>	<i>£110,000</i>	<i>£40,000</i>
Total	£150,000	

*** Project costs:**

- 25,000 CSP 'Get Up and Go Guides' and physical activity supplements
- Later Life Training courses (OTAGO / PSI) for exercise instructors
- Room hire for training
- Promotional events
- Marketing design
- Contingency costs @ 10%.

35. These costs will be funded from the Public Health Grant.

Human Resources Implications

36. The existing 1 FTE Commissioning Officer role is agreed to 31st March 2018. If approved, this post will be extended to 31st March 2020.

RECOMMENDATION/S

That:

- 1) the falls prevention project is extended for a further two years from 1st April 2018 to 31st March 2020, utilising Public Health Grant
- 2) the 1 FTE temporary Commissioning Officer (Falls Prevention) post at Band C is extended from 1st April 2018 to 31st March 2020 in order to deliver the outlined project.

Sue Batty
Service Director, Mid Nottinghamshire

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Constitutional Comments (SMG 29/11/17)

37. The proposals outlined in this report fall within the remit of this Committee.
38. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (KAS 20/11/17)

39. The financial implications are contained within paragraph 34 & 35 of the report.

HR Comments (SJJ 24/11/2017)

40. The HR Implications are contained within the report.

Background Papers and Published Documents

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

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

Electoral Division(s) and Member(s) Affected

All.

ASCPH511



11 December 2017

Agenda Item: 10

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

QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY - CARE HOME AND COMMUNITY CARE PROVIDER CONTRACT SUSPENSIONS

Purpose of the Report

1. The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality & Market Management Team (QMMT) including:
 - the quality monitoring and market shaping activity across both residential and community care services across the County
 - advising the Committee about the services that currently have their contracts suspended by the Council so that the Committee can consider any issues raised and how it may wish to monitor progress.

Information and Advice

2. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an **Exempt Appendix**. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any particular person (including the Council).
3. The QMMT has responsibility for monitoring both residential and nursing care homes and also community care services across the County for adults over the age of 18 years. This includes care homes for both older and younger adults, Care Support and Enablement Services (Supported Living), Home Care, Extra Care and Day Care. In total there are over 350 providers delivering a range of services in Nottinghamshire.
4. Nottinghamshire continues to have the highest number of services both residential and community that are inspected/rated by the Care Quality Commission (CQC) in the East Midlands and the number of services that are rated as good or outstanding is continuing to rise with nine services rated by the CQC as outstanding currently.
5. The Quality Monitoring Officers (QMOs) continue to develop their portfolio of services which is enabling them to have an overview of providers, particularly where they have more

than one care home. They are also well placed to be more supportive in supporting homes where necessary to ensure that required improvements are made in a timely manner. The officers work very closely with the local Clinical Commissioning Group (CCG) and undertake joint visits where possible so as to limit the impact on providers. It also means that intelligence from both organisations is shared and appropriate additional audits carried out as necessary, for example, medication or infection control.

6. Feedback from commissioners is also key including social workers, community care and reviewing officers and district nursing staff all visit the homes very regularly and they have direct knowledge about the residents living at the homes. The audit tool is also continuing to be adapted so that it can highlight the lived experience of people living within a home and also highlight and share good practice.
7. There are also regular information sharing meetings held that all agencies are invited to including the CCGs, CQC and Healthwatch who also recently attended a residents' meeting at one of the older people's care homes with representatives from the Council and the local CCG to seek the views of residents and relatives at the home.
8. Following the decision made by Adult Social Care and Public Health (ASC&PH) Committee on 10th July 2017 that members of the Committee would commence visits to care homes within the County, five members attended a briefing session in September with the QMMT to become more familiar with the audit process and agree a plan to start visiting care homes across the County. Following discussions at Committee, further briefings are to be offered to all Councillors with two sessions to be planned in 2017 and a further one at the beginning of 2018.

Care Home Provider Forum

9. The Council has a duty under the Care Act 2014 to ensure that there is a viable and sustainable social care market that provides high quality services that are appropriate to meet the needs of local communities. Market shaping activity must be undertaken with relevant partners including people who use services and their families. To achieve this one of the ways that the team works with key stakeholders is through the care home provider forum.
10. The forum takes place on a quarterly basis and has a focus on particular strands of work, for example, what happens in a good care home, how can staff retention be improved, how can care home providers use beds differently and how is good practice shared more wisely. The strands of work are identified by providers, social care and health partners and people who use the services. People who live in care homes in Nottinghamshire now also attend the forum. The planning meetings take place in different provider venues and the forum itself takes place in a Community Interest Company venue in the centre of the County.
11. The forum enables providers to work together to look at issues within the sector and to share good practice. Commissioners from the Council are also involved in sharing 'market messages' so that discussions can be had about the strategic direction and commissioning practices of the Council, the impact of this on providers and what they may need to think about in developing their services or different models of service to enable local people to be supported more flexibly and to promote independence. The promotion of the 'flu vaccination for staff was also promoted at the recent forum.

12. One care home provider of a Band 5 care home which has just been rated by the CQC as 'outstanding' talked to the group about the work that they do in local communities, how they have improved staff retention and the use of 'champion' roles within the care team. The provider was subsequently asked by other care home owners/managers to visit their care homes to enable them to look at how their innovative approach could work in their service. The sharing of good practice is something that is increasing with providers.

Nottingham University Research in to Modern Day Slavery.

13. The Council is currently part of a project being led by the Hermes Fellowship Programme at Nottingham University which is looking at Modern Day Slavery Risks in Supply Chains in Social Care Procurement. Other participants are the Nottingham Care Home Association and the Safer Nottingham Board. A questionnaire has been developed for participants and this has been sent to all older and younger adult care home providers who are contracted to work with the Council in addition to Direct Payment Support service providers.
14. It is anticipated that the research will enable participants to have a greater understanding of the issues.

Other Option/s Considered

15. No other options have been considered.

Reason/s for Recommendation/s

16. Following the formation of the new Committee guidance is sought on how it wishes to be updated on this work on a regular basis.

Statutory and Policy Implications

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

Financial Implications

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

Implications for Service Users

19. The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they be funded by the Council or whether they fund their own care either fully or in part. The market shaping duty also requires that the Council works collaboratively with relevant partners including people that use services and their families. The proactive approach of quality monitoring undertaken in

Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service.

RECOMMENDATION/S

That:

- 1) Members consider whether there are any actions they require in relation to the issues contained within the report
- 2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Paul McKay

Deputy Corporate Director, Adult Social Care and Health

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Constitutional Comments (SLB 19/10/17)

20. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (DG 19/10/17)

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

Background Papers and Published Documents

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

Quality and Market Management Team Quality Monitoring and Audit Activity – report to Adult Social Care and Public Health Committee on 10 July 2017

Electoral Division(s) and Member(s) Affected

All.

ASCPH499

11th December 2017

Agenda Item: 11

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

CHANGES TO ESTABLISHMENT OF THE MOSAIC DEVELOPMENT TEAM

Purpose of the Report

1. The purpose of the report is:
 - to seek approval to disestablish the post of 1 fte (full-time equivalent) Business Lead (Band B) and to permanently establish the post of 1 fte Technical Specialist (Band C)
 - to request approval for funding to support the change of job request and subsequent salary increase to support the ongoing development requirements of the Adult Social Care & Health Department.

Information and Advice

2. The current staffing of the Mosaic Development Team consists of a number of positions with varying roles and responsibilities. The current permanent establishment is as follows:
 - 1 fte Team Manager – Band D
 - 1.8 fte Business Leads – Band B
 - 1 fte Technical Specialist – Band C
 - 2 fte E Systems Support Officer – Grade 5
 - 1 fte Business Systems Support Officer – Grade 4
 - 1 fte Business Lead (vacancy) – Band B
3. In addition to the above permanent establishment, the team currently has temporary resource to aid delivery of a significant number of developments and changes, many of which are connected to delivering significant efficiencies and cost saving initiatives. The temporary resource is as follows:
 - 1 fte Technical Specialist (Band C) - contract end date 31st December 2017
 - 2 fte Technical Specialist (Band C) - contract end date 30th May 2018
4. The requirement to secure additional temporary resource has been due to insufficient resource to carry out the work within the necessary timelines and insufficient Technical

Specialist resource to undertake the developments and configuration of the Mosaic Social Care System.

5. The additional temporary post of 1 fte Technical Specialist (Band C) due to cease on the 31st December 2017 will result in an inability for the Mosaic Development Team to deliver a number of the efficiencies and cost savings initiatives, putting the realisation of identified budget savings at risk.
6. The Adult Social Care and Health Mosaic (previously named Framework) Team's establishment was reduced in April 2014 from 9.8 fte to 7.8 fte posts to achieve savings of £79,000 for 2014/15. The posts deleted were:
 - 1 fte E-Support Worker
 - 1 fte Project Manager (Technical Specialist)
7. Since this reduction in resources, there have been a number of occasions when it has been necessary to secure additional technical support on a temporary basis to fulfil Departmental priorities. This has proved a significant cost to the Council as the relevant skill and expertise has not been available within the authority and so has necessitated the procurement of agency workers.
8. The 1 fte post of Business Lead currently vacant is graded at Band B (£45,776) and the 1 fte Technical Specialist role is graded at Band C (£52,076), a difference of £6,300 per annum including on-costs.
9. The average daily rate of a Technical Specialist with relevant knowledge and skills procured through Reed Solutions is £400 per day.
10. The cost of procuring external resource through Reed Solutions, the Council's preferred supplier, at an average rate of £400 per day for 16 days, would equate to the difference in pay scales of the above two job roles.
11. In addition the Mosaic Development Team budget is overspending as a consequence of procuring this resource externally.

Other Options Considered

12. Consideration has been given to the resource gap within the Mosaic Development Team and the ability to deliver numerous changes within required timeframes. The current staffing of the Mosaic Team consists of a number of positions with varying roles and responsibilities as detailed previously in the report. It is envisaged that a significant number of future developments will require a high level of technical specialist resource which is where limited resource is available within the current staffing establishment.

Reason/s for Recommendation/s

13. Approval of the disestablishment of the post of 1 fte Business Lead (Band B) and establishment of the post of 1 fte Technical Specialist (Band C) will result in the Mosaic Development Team being more resilient, with the necessary skills and expertise available

in house, so reducing the necessity to secure costly temporary personnel to deliver changes and developments in the future.

Statutory and Policy Implications

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

Financial Implications

15. The financial implications are contained within **paragraph 8** of the report.
16. Funding for the additional monies has been identified from the underspend on the Strategic Commissioning, Access and Safeguarding (SCAS) budget on the basis that this request provides best value for the Council and continuity of service.

RECOMMENDATION/S

That Committee:

- 1) approves the disestablishment of the 1 fte Business Lead post (Band B) and the permanent establishment of the 1 fte Technical Specialist (Band C) post
- 2) approves the re-allocation of £6,300 per annum within the Strategic Commissioning, Access and Safeguarding budget, on a permanent basis, to fund the change of job role from 1 fte Business Lead to Technical Specialist, this being the difference between pay Bands B and C.

Paul Johnson

Service Director, Strategic Commissioning, Access and Safeguarding

For any enquiries about this report please contact:

Kathy Fox
Team Manager, Mosaic Development Team
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E: kathy.fox@nottsc.gov.uk

Constitutional Comments (SLB 28/11/17)

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

Financial Comments (DG 28/11/17)

18. The financial implications are contained within paragraphs 15 and 16 of this report.

HR Comments (SJJ 10/11/17)

19. The post to be disestablished is currently vacant so there is no impact on employees, the new post will be recruited to in line with the current recruitment procedure. The trade unions have been consulted.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH507

11 December 2017

Agenda Item: 12

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

PUBLIC CONSULTATIONS TO INFORM FUTURE COMMISSIONING ACTIVITY IN RELATION TO DIRECT PAYMENTS AND DAY SERVICES

Purpose of Report

1. To seek approval to consult with existing users of Direct Payments on their expectations and experience of using Direct Payment Support Services to inform future shaping of these services.
2. To seek approval to consult with existing users of Day Services on how current day service provision is meeting their needs and any gaps in that provision, to inform future market development.
3. Committee is also asked to agree to receive further reports on the results of the consultations, how this has informed future commissioning of the relevant services and to seek approval for tendering activity to be undertaken.

Information and Advice

General approach to consultation and engagement

4. As part of an on-going approach to engagement with users and carers, Strategic Commissioning is seeking to include the views of service users and carers more frequently and meaningfully within routine commissioning activity.
5. During 2018 current contracting arrangements for both Direct Payment Support Services and for Day Services will be reviewed in order to ensure the services are appropriately meeting need and offering best value.
6. As part of this review, Strategic Commissioning wish to seek the opinions of service users at an early stage about their current services and whether they are appropriately meeting need. This will be done initially through a questionnaire which will be available in paper format and on-line. This will give service users and carers an opportunity to let commissioners know of anything they value about existing services and anything they think could improve the services.
7. As part of this initial questionnaire, service users will also be asked if they would like to be further engaged in developing services, either around the identified service area or about

wider service provision. This will feed into work to around developing a network of users and carers whom Adult Social Care can more easily engage in specific pieces of work as they arise throughout the commissioning cycle.

Direct Payments

8. As at the end of October 2017 there were 3,221 people using a Direct Payment of which approximately 35% were using some kind of Direct Payment Support Service.
9. Direct Payment Support Services (DPSS) are currently largely provided by four accredited providers. Service users are, however, not obliged to use these accredited providers and can find alternative providers should they wish to do so. The service user contracts with the DPSS provider directly and pays them for the services they provide. Services provided include:
 - a) Third Party Managed Accounts (TPMA) – where the DPSS acts as a nominated person and supports the individual with all aspects of their Direct Payment funding, paying providers or Personal Assistants (PAs) and HMRC where applicable, on behalf of the service user.
 - b) Payroll services – where they calculate the pay for a PA, what tax is due to HMRC and produce payslips. The individual may then undertake the payments themselves or use a TPMA.
 - c) Employment support – everything from helping with recruitment adverts and interviews and employment contracts, to advising on updated employment rights, supporting with disciplinary issues and supporting in the event of redundancy or dismissal.
 - d) Start up support – helping the person to put everything in place to enable them to manage their Direct Payment themselves going forward.
 - e) On-going advice and support to individuals managing their own direct payment but who may occasionally need some input.
10. The proposal is to send a questionnaire out to all service users who have a Direct Payment, whether or not they currently use a Direct Payment Support Service. This is to give a better understanding around not only which elements of the DPSS are important to the people who use them but also to ensure that all Direct Payment recipients are aware of the support they can receive and can suggest any service which would make it easier for them to manage their Direct Payment in future.

Day Services

11. As well as 10 in-house services who provide services for 1,196 people, there are currently 33 providers on the accredited list of external day service providers who provide services for 599 people, offering a variety of opportunities throughout the County at four standard costs. These costs are called 'matrix rates' as they seek to balance the need of the individual with the associated cost of supporting them. Some parts of the County are better served than others and there are gaps in some areas for certain groups of people.
12. Service users wanting a managed service are free to choose a day service from any accredited provider, subject to transport arrangements being cost effective (e.g. if a service user was entitled to transport from the Council, if there were services which could meet their needs locally but they chose to go further afield, they may have to provide their own

transport). Direct Payments are limited to matrix rates, except where an individual's needs could not be met by any service on the accredited list or in-house, or the combination of service cost plus travel costs made the Direct Payment overall more cost effective.

13. Some market gaps are met through Direct Payments, and are typically more costly services. This is because the service is providing something very specialist which cannot be provided within matrix rates.
14. The accreditation process is due to be reviewed in 2018/19 and therefore this is an opportunity to undertake some market development so that providers contracting directly with the Council can offer a wider range of services for those who would prefer not to have a Direct Payment or do not have capacity to do so. In order to ensure current market knowledge is robust, Strategic Commissioning will proactively seek the views of service users and carers so that providers can be informed of what people are looking for in a good day service and what kind of activities they want on offer.
15. The consultation will ask existing users of day services what they like about current services, including in-house services, and what they feel could be done to improve services. It will also ask if they feel there is sufficient choice of services which can meet their needs. There will also be the opportunity for people to get more involved in the future, should they wish to be engaged in the commissioning of services.
16. As part of the consultation expectations will be managed by explaining that where service users want to do specific activities with their day service providers which may have an additional cost (e.g. horse riding or attending swimming baths) then this will not be funded by the Council as part of their day service offer and would be payable by the service user. While this is what happens now for those who do undertake specific activities within accredited or in-house services, when asking about what new things people would like to be on offer, it is important to reiterate this message to avoid any confusion.

Other Options Considered

17. An immediate face to face engagement event could be undertaken. However, a similar consultation regarding the use of pre-payment cards last year only attracted 5 people. It was felt that wider range of views would be more actively engaged through an initial survey and then hopefully be able to undertake some more detailed work with a smaller group of interested people with whom some specific pre-event engagement can be undertaken to ensure the engagement provides the most relevant information for shaping the market going forward.

Reason/s for Recommendation/s

18. The Care Act 2014 states that 'authorities should engage with local people about their needs and aspirations'. This will ensure that services are meeting the needs of local people in the most effective way. This engagement is at an early stage of the process to ensure future commissioning decisions are appropriately informed.

Statutory and Policy Implications

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

Financial Implications

20. There are no immediate financial implications identified in this report. Future reports recommending specific tender routes and contract terms will be brought to Committee.

Implications for Service Users

21. Service users will have the opportunity to have their views heard and to influence the commissioning practices of the Council.

Public Sector Equality Duty implications

22. Questionnaires will be sent to existing users of day services and or their carers/representatives. Carers may also wish to complete the questionnaire in their own right as beneficiaries of a day service as a carer break service. The questionnaire will be made as accessible as possible through easy read and use of signs and symbols as a large proportion of the service users will be people with a learning disability.
23. The Direct Payment questionnaire will be sent to those in receipt of a Direct Payment. It is expected that where the person has an authorised or nominated representative, they will complete the questionnaire with or on behalf of the service user. The questionnaire will be in Plain English.

RECOMMENDATION/S

That Committee:

- 1) gives approval to consult with existing users of Direct Payments on their expectations and experience of using Direct Payment Support Services to inform future shaping of these services
- 2) gives approval to consult with existing users of Day Services on how current provision is meeting their needs, and any gaps in that provision, to inform future market development
- 3) agrees to receive further reports on the results of the consultations, how this has informed future commissioning of the relevant services and to seek approval for tendering activity to be undertaken.

Paul Johnson

Service Director for Strategic Commissioning, Adult Access and Safeguarding

For any enquiries about this report please contact:

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Constitutional Comments (SMG 29/11/17)

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

Financial Comments (DG 24/11/17)

25. The financial implications are included in paragraph 20 of this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH509

11 December 2017

Agenda Item: 13

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such

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

RECOMMENDATION

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
8th January 2018			
National Children and Adult Services Conference 2017	Report back on attendance at conference.	Corporate Director, Adult Social Care and Health	Jane North
Health and development of Adult Social Care and Public Health workforce	Report on state of adult social care workforce, including health of Council workforce (adult social care and Public Health) and work to develop and improve wider adult social care workforce in the county.	Service Director, Mid Nottinghamshire	Veronica Thomson/Kay Massingham
Adult Social Care and Health consultation – presentation of outcomes and recommendations	Report on the outcomes of the consultation undertaken in relation to 4 proposals relating to services to carers, and charging for social care services.	Corporate Director, Adult Social Care and Health	Bridgette Shilton/Karen Peters/Maggie Pape
Progress report on Fair Price for Care review of fees framework for older people's residential care		Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Friary Drop In	Report requesting approval to cessation of contract	Consultant in Public Health	Jonathan Gribbin
5th February 2018			
Progress on tender for older people's home based care and support services	Progress report on the tender for these services.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/Jane Cashmore
Recommendations for a future strategy on Extra Care	Report on the outcome of a review of the current Extra Care strategy by Members working group and recommendations for a future strategy.	Chair of Member Working Group	Sue Batty/Rebecca Croxson
Approval of temporary posts in Adult Social Care and Health		Corporate Director, Adult Social Care and Health	Veronica Thomson/Jennie Kennington/Kath

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
			Sargent
Public Health commissioning intentions	Proposals for recommissioning of Public Health Services from 2019 onwards	Director of Public Health	Jonathan Gribbin
Adult Social Care and commercial development	Progress update on work undertaken with the Commercial Development Unit on County Horticultural Services and the outcomes so far, and an update on evaluation of alternative service delivery models for direct services.	Service Director, North Nottinghamshire and Direct Services	Ainsley MacDonnell/Jane McKay/Jennifer Allen
12th March 2018			
Defence Medical Welfare Service - Aged Veterans Services in Nottinghamshire - project evaluation		Service Director, Mid-Nottinghamshire	Lyn Farrow
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Service Director, South Nottinghamshire	Celia Morris/ Matthew Garrard
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 3, 2017/18)	Consultant in Public Health	Nathalie Birkett
Progress with allocation of Improved Better Care Fund 2017/18	Following approval of proposals for allocation of IBCF (July 2017), report on progress with areas identified in the report.	Corporate Director, Adult Social Care and Health	Jennie Kennington
Progress with the development of the transitions service for children and young adults with disabilities		Service Director, North Nottinghamshire and Direct Services and Service Director, Mid-Nottinghamshire	
Quality auditing and monitoring activity - care home and community provider contract	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
suspensions			
16th April 2018			
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department.	Programme Director, Transformation	Ellie Davies
Progress with tobacco control and smoking cessation services	Report on progress with and uptake of these services commissioned by the Council.	Consultant in Public Health	Nathalie Birkett
14th May 2018			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Service Director, South Nottinghamshire	Celia Morris/ Matthew Garrard
Outcome of the Social Care Assistants pilot	Report on outcomes and evaluation of the Social Care Assistants pilot approved at committee in Nov 2017.	Programme Director, Transformation	Ian Haines
11th June 2018			
Review of Rapid Response and Hospital Discharge Service	Report on progress and outcomes of Rapid Response and Hospital Discharge Service after 6 months of service implementation.	Service Director, Mid-Nottinghamshire	Jane Cashmore
9th July 2018			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 4, 2017/18)	Consultant in Public Health	Nathalie Birkett
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk

