

Adult Social Care and Public Health Committee

Monday, 16 March 2020 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|----|--|-----------|
| 1 | Minutes of the last meeting held on 3 February 2020 | 3 - 6 |
| 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) | |
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| 5 | Notts Substance Misuse Treatment and Recovery Service - Vision and Outcomes for the Future | 35 - 42 |
| 6 | Developing Integrated Models of Urgent and Emergency Care | 43 - 48 |
| 7 | Adult Social Care Performance and Progress Update for Quarter 3 2019/20 | 49 - 82 |
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| 9 | Proposed Increases in Fees for Independent Sector Adult Social Care Providers, Direct Payments and Other Charges | 97 - 108 |
| 10 | Work Programme | 109 - 112 |

Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

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

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Date 3 February 2020 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Tony Harper (Chairman)
Boyd Elliott (Vice-Chairman)
Francis Purdue-Horan (Vice-Chairman)

Joyce Bosnjak		Andy Sissons
Dr. John Doddy	A	Steve Vickers
Sybil Fielding	A	Muriel Weisz
David Martin	A	Yvonne Woodhead

SUBSTITUTE MEMBERS

Councillor Richard Butler for Councillor Steve Vickers
Councillor Errol Henry JP for Councillor Yvonne Woodhead
Councillor John Peck for Councillor Muriel Weisz

ALSO IN ATTENDANCE

Councillor Neil Clarke MBE
Councillor John Longdon

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's
Sue Batty, Service Director, Adult Social Care & Health
Melanie Brooks, Corporate Director, Adult Social Care & Health
Sue Coleman, Public Health & Commissioning Manager, Adult Social Care & Health
Ainsley Macdonnell, Service Director, Adult Social Care & Health
Philippa Milbourne, Business Support Administrator, Adult Social Care & Health
Catherine Pritchard, Consultant in Public Health, Adult Social Care & Health

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of Adult Social Care and Public Health Committee held on 6 January 2020 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

The following apologies for absence were received:

- Councillor Steve Vickers (other reasons)
- Councillor Muriel Weisz (other reasons)
- Councillor Yvonne Woodhead (medical/illness)

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

4. DOMESTIC ABUSE SERVICES

Councillor Boyd Elliott, Catherine Pritchard and Sue Coleman introduced the report and responded to questions.

RESOLVED 2020/006

- 1) That the outcome of the procurement process for the Nottinghamshire Domestic Abuse support services and the Domestic Abuse Prevention, Promotion of Services and Training service (subject to finalisation of contracts) and their commencement from April 2020 be endorsed.
- 2) That the launch and ongoing promotion of Domestic Abuse services, including the Helpline number and Prevention, Promotion of Services and Training elements, to residents and stakeholders across Nottinghamshire for the duration of the contract, be approved.

5. LIVING WELL SERVICES – NEW MODEL AND FUTURE PRIORITIES

Councillor Boyd Elliott and Ainsley Macdonnell introduced the report, gave a presentation and responded to questions.

RESOLVED 2020/007

That the future strategy and key priorities for Living Well services as detailed in paragraph 38 of the report be approved.

6. DEVELOPMENT OF THE NOTTINGHAMSHIRE SHARED LIVES SCHEME

Councillor Francis Purdue-Horan and Ainsley Macdonnell introduced the report and responded to questions.

RESOLVED 2020/008

That the establishment of the following permanent posts be approved in order to promote and expand the Shared Lives scheme and support more people in a Shared Lives setting:

- 2 fte (full time equivalent) Coordinator posts at Grade 5 from April 2020
- 2 fte (full time equivalent) Coordinator posts at Grade 5 from September 2020

7. WORK PROGRAMME

Members had requested that the following additional item be added to the work programme:-

- Progress report on the actions arising from recent Local Government Ombudsman (LGO) cases

RESOLVED 2020/009

That the work programme, with the additional item, be agreed.

The meeting closed at 11.22 am.

CHAIRMAN

16 March 2020**Agenda Item: 4****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****VIOLENCE AGAINST WOMEN AND GIRLS PROJECT****Purpose of the Report**

1. To advise Committee of the progress on the violence against women and girls (VAWG) project, and on the evaluation so it can be shared with the Home Office.
2. To approve the recommendations proposed by officers in response to the evaluation report (paragraph 17) and identify any additional work required.

Information**Strategic Context**

3. Ending violence against women and girls (VAWG) forms part of the agenda to tackle domestic abuse, sexual violence and child and adult safeguarding.
4. In the UK, 1 in 4 women experience domestic abuse (equating to 56,756 women in Nottinghamshire). The Crime Survey of England and Wales estimates 20% of women have experienced some type of sexual assault since the age of 16, equivalent to an estimated 3.4 million female victims with 5 out of 6 victims (83%) not reporting their experiences to the police. An estimated 3.1% of women (510,000) aged 16-59 experienced sexual assault in the last year.
5. The Violence against Women and Girls Strategy (2016 – 2020) set the national ambition to eliminate violence against women and girls. By 2020 it aimed to reduce the prevalence of all forms of VAWG, as well as increase reporting, police referrals, prosecutions and convictions (HM Government, 2016). This was completed through partnership working with local authorities, the NHS, Police and Crime Commissioners (PCC), the specialist VAWG sector and other local partners to create a secure foundation for a range of support and educational services.
6. In 2017 Nottinghamshire County Council partnered with Nottingham City Council and the Police and Crime Commissioner and secured three years funding to deliver services across the city and county from April 2017 to March 2020. As part of this bid there was a requirement to evaluate the work undertaken.

Evaluation approach

7. The evaluation was managed by Nottinghamshire County Council's Public Health Division between August to September 2019. The aims were to:
 - Explore the work undertaken by the three delivery organisations
 - To evaluate the objectives of the funding award
 - Identify needs and recommendations
 - Identify areas for improvement
8. The evaluation utilised a mixed method approach gathering quantitative data from each service, supplemented by qualitative data from semi-structured interviews with service/project managers.
9. The remainder of this report summarises the evaluation which was undertaken specifically in relation to structure and the outcomes from the project. (Full details in Appendix 1)

Structures

10. The Nottinghamshire partnership initially received £445,822 split over three years. In 2018/19 an additional budget of £36,980 was provided by the Home Office to increase provision in year, which created the new budget total of £482,802. The funding was secured to deliver services to address some of the local gaps and inconsistencies in support available to women and girls and invest in prevention work. No funding was allocated for evaluation or the management and administration of the fund. The evaluation was completed by an external medical student on a professional work rotation placement within the Nottinghamshire Public Health Team.
11. The funding was used to ensure there was consistent, coordinated and equal provision of services across the County and City. It was provided to three organisations;
 - Nottinghamshire Sexual Violence Support Service (NSVSS)
 - Juno Women's Aid previously known as Women's Aid Integrated Services (WAIS)
 - Equation
12. Independent advocates were appointed to give a voice to those who feel voiceless, enabling victims of domestic abuse and/or sexual violence to pursue justice and put the building blocks in place to begin a new life, free from fear, abuse and violence.
13. Independent advocates also play a crucial role in the community. They provide essential training to key agencies such as the police and the Crown Prosecution Service, which greatly improves the way they respond to cases of domestic violence. These are the Independent Sexual Violence Advocates (ISVAs) and Independent Domestic Violence Advocates (IDVAs).

Outcomes

14. In accordance with Home Office requirements organisations were performance managed at six monthly intervals. Both quantitative and qualitative data indicated that over the course

of the project there was an increase in the demand and need across the services with an increase in the number of ISVA posts used to support clients.

15. Positive impacts were noted with clients, particularly on their emotional and mental wellbeing. Positive feedback was received from teachers and pupils in relation to the prevention work in schools. The partnerships that had been developed with key organisations were identified as strengthening service provision for clients.
16. The evaluation also identified challenges for women and girls trying to access mainstream mental health services to address the trauma incurred from their domestic or sexual abuse. The VAWG funded services partially bridged this gap.
17. The evaluator provided four generic recommendations for consideration by the Home Office and local commissioners. Following a review of the evaluation and further consideration of implications, it is recommended that the authority will;
 - Ensure all vulnerabilities are considered and risks to prevent violence and provide support to women and girls are listed within domestic abuse and sexual abuse service specifications, future developments and within the Violence Reduction Strategic Needs Assessment.
 - Ensure that prevention services build upon the information in the evaluation report by promoting and targeting resources to schools and communities, recognising the positive impact services make on children and young people.
 - Write to the ICS highlighting the current challenges for survivors of domestic and sexual abuse accessing support from mental health services and notify the ICS of the end of the funding and potential increase in demand.

Financial Implications

18. The Home Office funding ends in March 2020, closing the VAWG grant, and terminating the specialist provision.
19. Financial options to draw on the work established over the past three years through the VAWG grant, the evaluation and recommendations are being considered in collaboration with the partner commissioning organisations. This includes:
 - Domestic abuse support services in the County have recently been re-commissioned including IDVA provision for high risk survivors. The learning from the specialist approach provided through the VAWG funding to be shared.
 - Similarly, an established broad Prevention, Promotion and Training contract with a £20K annual budget and a £35K single year (Sept 2020/Aug 2021) additional allocation to deliver preventative training to children affected by domestic abuse, has been procured, enabling the continuation of the domestic abuse work already established through the VAWG funding.
 - The commissioning of a new sexual violence and abuse (SVA) service for Nottingham and Nottinghamshire is being led by the OPCC who have successfully applied for additional funding through the NHSE high volume fund.

20. It is noted that the VAWG strategy aligns with the agenda established in the draft Domestic Abuse Bill (2019). It is anticipated this Bill will be reinstated into the parliamentary programme. Following its approval, the Bill will establish the national direction and finance for this work.

Reasons for Recommendations

21. To share the report with the Home Office, highlighting the valuable contribution of the VAWG funding in Nottinghamshire and Nottingham, in reducing the prevalence of violence against women and girls.
22. To highlight the partnership and collaborative success achieved in securing and delivering this programme, through the shared engagement between the three statutory commissioners in relation to the VAWG agenda; Nottinghamshire County Council, Nottingham City Council and the Police and Crime Commissioner.
23. To build on the learning from the evaluation report to influence future service developments and commissioning.
24. To share the identified local concerns regarding the implications of ending this specialist grant in light of the increased demand and complexity of women's situations being reported by the IDVA and ISVA services. Also, the concern regarding the future sustainability of effective tailored engagement with young women and men through the preventative workshops, as well as the sustainability of the broader community initiatives that challenge unacceptable behaviour and introduce empowering and inclusive cultural norms that is fundamental to ending violence against women and girls in Nottinghamshire.

Statutory and Policy Implications

25. 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.

RECOMMENDATIONS

- 1) To approve the recommendations identified by public health for the authority
 - Ensure all vulnerabilities are considered and risks to prevent violence and provide support to women and girls are listed within domestic abuse and sexual abuse service specifications, future developments and within the Violence Reduction Strategic Needs Assessment.

- Ensure that prevention services build upon the information in the evaluation report by promoting and targeting resources to schools and communities, recognising the positive impact services make on children and young people.
 - Write to the ICS highlighting the current challenges for survivors of domestic and sexual abuse accessing support from mental health services and notify the ICS of the end of the funding and potential increase in demand.
- 2) To identify any additional work required from officers arising out of the evaluation report
 - 3) To approve and share the evaluation with the Home Office who provided the funding to Nottingham and Nottinghamshire.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact
 Sue Coleman, Public Health and Commissioning Manager
Sue.coleman@nottsc.gov.uk

Rebecca Atchinson, Senior Public Health and Commissioning Manager
Rebecca.atchinson@nottsc.gov.uk

Constitutional Comments (CEH 06/03/2020)

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

Finance Comments (DG 13/02/2020)

27. There are no direct financial implications arising out of this report. Domestic abuse support services in the County have recently been re-commissioned at an annual cost of £1.4m, funded from the Public Health Grant.

Background Papers and Published Documents

Electoral Division(s) and Member(s) Affected

- All



Nottingham
City Council



Nottinghamshire
County Council

Violence Against Women and **Girls Funded programme in** **Nottingham and Nottinghamshire** **Evaluation**

Nabila Bakar
December 2019

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1. Introduction

Violence against women and girls is a major public health issue and a grave violation of human rights. The United Nations defines violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women' (United Nations, 1993). The Crime Survey of England and Wales estimates that between the ages of 16-59, 28.9% (4.8 million) of women have experienced some form of domestic abuse (ONS, 2018) and 20.3% (3.4 million) of women have experienced some form of sexual violence (ONS, 2017), since the age of 16 years. These numbers are continuing to rise every year according to the Office of National Statistics, yet they are still being under reported.

Violence against women can lead to serious short- and long-term consequences on a woman's life. This ranges from immediate physical injury to chronic ill health, as well as ongoing mental health issues, substance and alcohol misuse, self-harm and suicide (Lacey, et al., 2013). It also affects the survivors' children and can lead to high social and economic costs for women, their families and societies (World Health Organisation, 2017).

The Government's approach to this issue is framed in a Violence Against Women and Girls (VAWG) strategy. By 2020, the VAWG strategy aims to reduce the prevalence of all forms of VAWG, as well as increase reporting, police referrals, prosecutions and convictions (HM Government, 2016). This will be done through commitments to work with local authorities, the NHS, Police and Crime Commissioners (PCC), the specialist VAWG sector and other local partners to ensure a secure future for a range of support and educational services (Home Office, 2016).

In Nottinghamshire, there has been a City and County joint approach in response to the strategy to tackle VAWG on a local level.

1.1 The VAWG proposal

The VAWG partnership bid was led by the Nottingham Crime and Drugs Partnership (CDP) on behalf of Nottingham City Council, Nottinghamshire County Council (Public Health) and the Police and Crime Commissioner (PCC) for a 3-year period from 2017 to 2019. The proposal aimed to ensure that domestic abuse initiatives in Nottingham and Nottinghamshire are consistent and co-ordinated and provide equal access to high quality services for all. The application focused on awareness raising preventative work with young people, prevention work with emerging perpetrators, and support for survivors with complex needs and those of BMER status, ensuring that the same provision was available across city and county. It was informed by Joint Strategic Needs Assessments (JSNAs), local strategies, the National Statement of Expectations (NSE) and there was consultation with the local specialist sector.

Nottingham/shire already had robust and longstanding formal partnership arrangements in place regarding the Domestic and Sexual Violence and Abuse (DSVA) agenda. This involved City and County Councils, the Police and Crime Commissioner (PCC) and Nottingham/shire CCGs. The proposal was built on these partnerships to continue to co-commission and expand prevention and early intervention work and to address gaps in the support services.

The delivery services involved and a summary of what was included in the application are shown in table 1.

Table 1: Delivery organisations funded by VAWG bid, service summary and area in the Nottinghamshire who benefit

Delivery organisation	Service summary	Work in City, County or both
Nottingham Sexual Violence Support Services (Notts SVS)	One full time complex needs Independent Sexual Violence Advocate (ISVA) to support women and girls, caseload of 65, with 20 women actively supported at any one time for up to two years.	Both City and County
Juno Women's Aid, previously known as Women's Aid Integrated Services (WAIS)	Two part time specialist Independent Domestic Violence Advocates (IDVAs), one part time IDVA for complex needs one part time IDVA for Black, Minority, Ethnic and Refugee (BMER) Caseload of 32 women actively supported at any one time for up to 12 weeks.	Both City and County but with priority focus on City survivors.
Equation	2 x "Equate" packages: 900 students and 100 teachers per year 3 x "Know more" packages: 30 students per year 3 x "Choices" packages: 30 students per year. Website and social media campaigns	County Both City and County but with the priority focus on County.

1.2 Funding

The Nottinghamshire partnership initially received £445,822 split over three years. In 2018/19 an additional budget of £36,980 was provided by the Home Office to increase provision in year, which created the new budget total of £482,802. The funding was secured to deliver services to address some of the gaps and inconsistencies in support available to women and girls and invest in prevention work. No funding was allocated for evaluation or the management and administration of the fund. The evaluation was completed internally by the Nottinghamshire Public Health Team. The annual allocated funding is detailed with Table 2 including the breakdown of the additional budget of 2018/19 of £36,980(starred).

Table 2: Allocated funding to each delivery organisation

	2017/18	2018/19*	2019/20	Total
Notts SVS - ISVA	£65,457	£66,534 £12,155*	£67,638	£211,784
Juno WA - IDVAs	£39,145	£39,685 £12,163*	£39,891	£130,882
Equation – student training, website and social media	£42,069	£42,488 £12,662*	£42,915	£140,134
Total	£146,671	£185,687	£150,444	£482,802

1.3 Commissioner expectations

To structure and inform the evaluation research interviews with two of the commissioners (City Council and Police and Crime Commissioner) were organised to provide a summary insight to the evaluation. These interviews informed the setting of the evaluation objectives, a summary of the questions and responses are set out below.

Why was the VAWG funding needed?

- Independent Sexual Violence Advocate (ISVA) and Independent Domestic Violence Advocates (IDVA) previously funded through Home Office allocations required financing to preserve the established services.
- Demand for these ISVA and IDVA services were increasing, both in terms of the number of referrals and the complexity of the client's situations. These pressures were creating unsafe caseloads.
- IDVA provision in the City was identified as a key service gap, as well as, the recognition that better tailoring of provision to support Black, Minority Ethnic and Refugee (BMER) client's needs was required to achieve equity of service outcome.
- The commissioners recognised these needs but didn't have the statutory local finance to align with the pressing financing timeframes.
- To establish a preventative programme in schools in the County to align with the specialist provision being delivered to City based pupils.
- To improve awareness and understanding of DA issues across the County.

How were the priorities/need for the funding identified?

- In Nottingham/shire excellent service provision aligning with the VAWG strategy were already established. Gaps, inconsistencies and emerging issues in the support available and prevention work were identified.
- The commissioners took a whole system approach across Nottingham/shire to consider the National Statement of Expectations (NSE) assessing these priorities.

2. Evaluation Objectives

The evaluation was undertaken within Nottinghamshire County Council Public Health Division between August to September 2019. The aims were to:

- Explore the work undertaken by the three delivery organisations; Nottinghamshire SVS Services, Juno and Equation
- To evaluate the objectives of the funding award
- Identify needs and recommendations
- Identify areas for improvement

The evaluation utilised a mixed method approach gathering quantitative data from each service and this was supplemented by qualitative data from semi-structured interviews with service/ project managers. The purpose of this report is to provide an overview of this evaluation specifically in relation to structure and the outcomes from the project

2.1 Evaluator

This evaluation has been written by Dr Nabila Bakar, whilst on a 4-month public health medical rotation, whilst sited within Nottinghamshire County Council. This evaluation is a semi objective third party review that was conducted independently, with minimal support provided by the host Public Health team.

The report was reformatted by Rebecca Atchinson and Sue Coleman, Nottinghamshire County Council Public Health.

3. PROGRAMME OUTPUTS

3.1 A Summary of the Commissioned Services Provision.

Nottingham/shire sought to ensure the consistent, co-ordinated and equal provision of high quality specific initiatives. Delivery was through the three identified organisations.

The summary details on each of the programmes/services provided through the VAWG funding are set out below:

3.2 Preventative programmes with Young People:

3.2.1 Targeted programmes were delivered with key secondary schools. This included the following provision and opportunities:

- The Know More, young women's project worked with Year 9 pupils considered vulnerable or at risk of experiencing domestic abuse and/or other forms of abuse or exploitation.
- The Choices young men's projects worked with Year 10 pupils displaying or identified by the school as at risk of displaying abusive attitudes and/or behaviour towards women and girls and/or whom have other vulnerability factors.
- Through the programmes the young people could access an interactive project delivered by specialist trainers over an eight week period, building the young people's self-esteem and confidence within relationships, as well as focusing on positivity and empowerment.
- In total four County Secondary Schools have received this programme through the VAWG funding; two over the course of the three years and two other splitting the offer.

3.2.2 Whole School Initiatives improving awareness and understanding with young people.

- The Equate programme worked through a whole school approach to domestic abuse prevention and healthy relationships education. Engaging interactive sessions were delivered to full year groups and complementary training provided to the teaching staff.
- In addition, presentations were given at head teacher meetings, networks and safeguarding lead meetings to promote and raise awareness of this secondary school prevention work.

3.3 Campaigns promoting awareness using Social and Traditional Media

Geographical and community campaigns were developed to raise awareness, identify indicators and promote safe ways to support and sign post survivors.

3.4 Improved local public access web resources

An initiative to develop a website, already in place, to provide Nottinghamshire businesses with support in developing best practice, especially in terms of early intervention and accurate advice and support.

3.5 Targeted Support Service Provision

Victims and survivors of domestic abuse who are at high risk of serious harm or murder are referred to a local Multi-Agency Risk Assessment Conference (MARAC) and offered support by an Independent Domestic Violence Advocate (IDVA). This service is paralleled for victims of sexual abuse in terms of a sexual abuse multi-agency panel and an ISVA. The Independent Sexual Violence Advocates (ISVAs) play a vital role in supporting survivors of sexual violence with reporting to the police and going through the criminal justice system.

The IDVA and ISVA provision was already in place across the area. However the provision of a complex Needs ISVA and a Complex Needs /BMER IDVA would be a new and effective way to support these groups of high risk survivors providing a person centred, trauma-informed approach, and one with awareness on issues affecting victims from BMER communities.

4. Research Methods

The data for the evaluation was collected using a mixed methods approach to ensure both qualitative and quantitative data were used to achieve the evaluation objectives. The qualitative data was collected through semi-structured interviews with the project managers of each delivery service. The quantitative data was provided by each service from the years 2017 to 2019 for retrospective analysis.

5. OUTCOMES ACHIEVED

Quantitative Data. Each of the services assessed the provision delivered with reference to the deliverables set out in the project proposal. These are detailed in tables 3 – 7.

Table 3: Nottinghamshire SVS Services

	April 2017 – March 2018	April 2018 – March 2019	April 2019 – Sept 2019	Total
No of ISVAs posts	2 ISVAs (originally part-time but became full-time in Sept 2017 1 part-time Admin	1 ISVA manager, 1 full-time ISVA, 3 part-time ISVAs	1 ISVA manager, 1 full-time ISVA, 3 part-time ISVAs	5
Number of Clients using service	731	749	520	2000
New referrals to service	473	474	260	1207
Number of Clients supported	284 (Senior ISVA: 93 clients ISVA: 191 clients)	590 Senior ISVA: 61 clients (reduced down to 7 by year-end) F/T ISVA supporting: 198 clients 2 part-time ISVAs (30 hours/week): average of 130 clients each	307 ISVA Manager: 6 clients F/T ISVA: 108 clients 2 P/T ISVA (30 hours/week): average of 75 clients each P/T ISVA (22.5 hours/week): 43 clients	1181
Number of Court cases supported	61	50	16	127
Average number of days per clients supported through the time period.	340	336	247 Additionally, court support only: 2 clients and To Be Allocated/Pending: 23 clients	n/a

Notes:

Sept 2019 (as of 23/09/19). Services are offered at the base in Nottingham, and also at outreach appointments in Mansfield, Newark and Retford

Trend:

Nottinghamshire SVS Services also provided data from the years 2011 to 2016, which included number of referrals, number of clients supported and number of court cases ISVAs supported clients through. This was combined with the above data to look at the trend from April 2011 to April 2019.

Table 4: Juno Women's Aid - Overview of Services Provided Apr 2017 – Sept 2018

Support Provided	Details of Support	Number
Overall survivors who/whose	were supported for the year	859
	- who were new survivors	472
	risk decreased	338
	safety improved	339
	were supported through the criminal justice system	311
	Were supported through MARAC process	416
Overall number of new survivors	Of BME status	72
	With insecure immigration status	5
	Needing support around Honour Based Violence (HBV) including	13
	<ul style="list-style-type: none"> (including Female Genital Mutation (FGM) and forced marriage) Number of total complex needs survivors 	
		90

Throughout 2017-2018 and first half of 2018-2019 the data was submitted as part of the full CDP monitoring and Juno would pull the information for their report for transformation fund monitoring.

From Quarter 3 (Q3) of 18-19 through to date Juno then started sending a brief overview of the women supported covered by the VAWG funding. Therefore, the data below is different to the data above.

Table 5 Juno Overview of Services Provided Oct 2018 – March 2019

Support Provided	Details of Support	2018/19 Q3 – Q4 6 months	2019 Q1 – Q2 6 months
Overall number of BMER women supported	All had a safety and support plan in place.	209	123
Specific areas of support provided included the following:			
Survivors supported:-	Through the Specialist Domestic Violence Court (SDVC)	33	32
	Through the MARAC	109	103
	Around Honour Based Violence (HBV) including (including FGM and forced marriage)	17	17
	Gang related issues	-	2
	Around Destitution Domestic Violence Concession (DDVC)	-	7
	Around other immigration status	-	8
Number of new survivors	With insecure immigration status	9	

Support Provided	Details of Support	2018/19 Q3 – Q4 6 months	2019 Q1 – Q2 6 months
	With no recourse to public funds	18	12
	Who had been trafficked	2	
	Requiring an interpreter	-	21
Survivors identified with complex needs	Safety and support plans in place (ALL)	37	41
	Supported through MARAC process	34	41
	Supported through the criminal justice system	3	7
	Main areas of support overall:	Housing, Health and Finance	Housing, Health and Finance

Table 6: Equation project offer overview

(Each of the training Initiatives were individually evaluate by the young people before and after the project. These evaluation Results from Participants, can be found in Appendix B)

	Project	No of Schools	No of Young People	No of Teachers	Session Topics (no of pupils)
2017/2018	Equate (An 8 wk project)	2 Secondary	960	100	Relationships (320) Teen abuse awareness (320) Personal space (320)
	Know More (Young Women)	3 Secondary	12		
	Choices (Young Men)	3 Secondary	12		
2018/2019	Equate	3 Secondary	1536	149	Relationships (360) Teen abuse awareness (360) Personal space (452) Misogyny awareness (364)
	Know More (Young Women)	3 Secondary	12		
	Choices (Young Women)	3 Secondary	12		

Table 7: Media and Social Marketing Campaigns, ‘Help a Friend’ delivered in Newark & Sherwood (N&S) and Bassetlaw District – Campaign Outputs:

	Newark & Sherwood	Bassetlaw	Newark & Sherwood	Bassetlaw	Stapleford
	March 2018		March 2019		

	Newark & Sherwood	Bassetlaw	Newark & Sherwood	Bassetlaw	Stapleford
'Help a Friend' Promotional 'giveaway teabags' events (1)	New Ollerton	Worksop	Newark	Worksop	
	1200 Contacts		1,700 Contacts		
Fliers/booklets "How to Respond" targeted delivery to homes	3000 (fliers)		2,300 (booklets)	2,300 (booklets)	
Fliers "How to Respond" to County organisations	1000				
Posters "Warning Signs" delivered to targeted Community venues	100 (including 16 children's centres)		16 (68 posters/380 booklets)	25 (112 posters/560 booklets)	
Bus Posters "Warning Signs"	Inside 6 buses (May)		10 buses Bulkhead adverts	4 bus shelters ads (2 wks)	
Social Media Promoting awareness of warning signs and how to respond.	12,200 Facebook followers reached Partner packs of posts and Twitter contents shared with partners for social media channels.		Partner packs of posts and Twitter contents shared with partners for social media channels.		
Large scale Social media delivered by Puzzle Agency Results <u>"warning signs" video</u> and <u>"how to respond" blog</u>	Organic social media (Facebook) campaign and Blog. Reach – 8,400 women Link clicks – 100 Reach – 3,300 women Link clicks - 80		Video View ads Impressions (no of times content displayed) – 126,644 Video views – 39,670 Link clicks – 384 Link click Ads - Reach – 8321 - Impressions – 20,959 - Link Clicks – 340 - Video Views – 1,616		

Notes:

(1). 'Help a Friend' Promotional 'giveaway teabags' events. Event delivered in partnership with Nottinghamshire Women's Aid Limited.

6. Data Analysis

6.1 Analysis of qualitative data

Semi-structured interviews were undertaken based on a set of eighteen interview questions that were forwarded to the participants prior to the meetings. (Details of these interview questions are outlined in Appendix A.) The information collected from the interviews was analysed and grouped into five recurring themes. The main themes identified were:

- Demand
- Impact
- Partnerships
- Mental Health Support
- Funding

A summary of the discussions and key points within each of these themes is presented below

Demand:

Both the ISVA and IDVA service have communicated an increased demand for their service over the project term. They both report an increase in the number of referrals into the services and a bigger caseload for each ISVA and IDVA, which has been confirmed in the quantitative data. The services highlight that it has been essential to increase their workforce in response to the increased demand and that the VAWG money has enabled them to do this.

Equation have found that they have created an increased demand for their prevention work. Schools have communicated their valuing of this training provision and also students and teachers overall identifying their need for more support and education opportunities.

Impact:

It was evident during the interviews that all three services had met the objectives of the VAWG proposal and made a big impact on their service users. With the ISVA and IDVA clients the main effects of the services were on their emotional and mental wellbeing, their safety and also their navigation through the legal system and different support services. Both Nottinghamshire SVS Services and Juno Women's Aid offer a "life saving service", without which there would be drastic long-term consequences for survivors.

With all prevention it is recognised that it is hard to measure the long-term impact. However, the prevention sessions delivered to both students and teachers were met with very positive feedback. Equation reported that schools feel they are now more well equipped to support students affected by domestic abuse and that students now have a healthier mindset regarding women and relationships. The targeted projects have made a very positive impact on at risk students, which could potentially reduce the consequences related to children growing up with domestic abuse. Equation's 'Help a Friend' Campaign has also had a positive response and been successful in raising awareness across more areas and encouraged more people to access support.

Partnerships:

For all the services, a key part of their success were the partnerships they had built with different agencies and services. They all worked through a multi-agency approach, and whilst this comes with the obvious challenges involved with working with different organisations, all three services identified it as playing a significant role in strengthening their service. Nottinghamshire SVS Services relied on their contacts to get their clients through the Criminal

Justice Process and provide them with the right support services such as for finance, education and housing. Partnerships were the driving factor for Juno Women's Aid in the Multiagency Risk Assessment Conference (MARAC) process, which is acknowledged will not work without the involvement of different agencies. Equation relied on the contacts they had with schools to be able to deliver their packages. They were able to have one school that stayed consistent for all three years of the funding, this enabled them to build a positive partnership and have a bigger impact. The 'Help a Friend' campaign also relied heavily on different organisations to ensure they could launch the campaign successfully and utilise their resources.

Mental Health Support:

One of the biggest challenges for the support services was accessing mental health provisions. Survivors of sexual and domestic abuse are at high risk of mental health issues such as depression and suicide. Yet both services found there were no clear pathways into mental health services and the extensive waiting lists were detrimental to a survivors emotional and mental wellbeing. ISVAs and IDVAs are having to take on roles above their qualifications and capacity to provide mental health support for survivors. Although this is making a positive impact on their clients' mental wellbeing, it is beyond their remit and not a long-term support solution. This gap in mental health services also extends to children and young people, who are vulnerable to the effects of growing up with sexual or domestic violence but cannot easily access mental health support.

Funding:

Funding was a recurring theme for all three services. All three felt that there is not enough funding to ensure optimum capacity for the services to meet the demand in Nottingham and Nottinghamshire. For Nottinghamshire SVS Services and Juno Women's Aid in particular, insufficient funding means survivors do not get the right quantity or quality of support. It also means that IDVAs and ISVAs are having to work harder and being pushed to their limits. It was highlighted that should funding be downsized further, it would have detrimental effects on their service and on survivors.

Equation also report that there is a clear need and demand for their work, but funding is their biggest obstacle. They feel that as well as support work, prevention work is essential because the cause of the issue needs to be tackled alongside the consequences of it. It is recognised that Schools have limited funding, Equation would like to be able to deliver their packages at the lowest cost possible. Without sustainable funding, Equation believe they will not be able to educate and raise awareness around sexual and domestic violence effectively, and this would leave gaps in young people's knowledge and make support less accessible to those that may need it most.

6.2 Analysis of quantitative data

Nottinghamshire SVS Services:

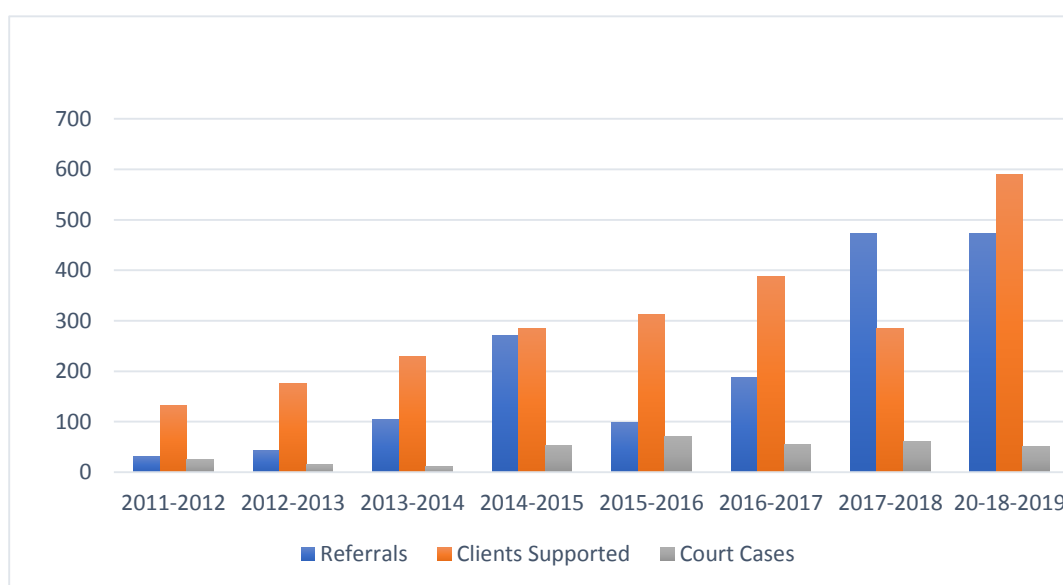
The first year of the data represents a smaller ISVA team. It includes the VAWG funded ISVA, who began working full time in September 2017. When comparing the data from 2017-18 to 2018-19, there was minimal change in the number of new referrals and number of clients coming through the service, however the number of clients supported increased by **52%**. This was largely because there were three more members of the team and therefore a bigger workforce to take on more cases.

The data for the third year of VAWG funding only encompasses the first 6 months, therefore it is more difficult to make direct comparisons with previous years. However, the number of

clients coming through the service, number of new referrals and number of clients supported have already exceeded more than half of the numbers in the second year. If this trend were to carry on for the rest of the year we would expect the number of clients coming through the service to increase by **39%**.

Figure 1 illustrates a clear increase in the number of referrals, clients supported and court cases from 2011 to 2019. This tells us that both the demand for the service and the proportion of clients having access to support have been growing exponentially. Between 2015 to 2017 although the number of court cases and clients supported were rising, there was a large dip in referrals. It is impossible to know the reasons behind this, but very shortly after in 2017-2018 there was a surge in referrals, the most the service has received thus far. This was when the VAWG funding was introduced, which allowed the service to become better established and therefore more people knew about it and were referring into it. As figure 1 demonstrates, over the last year there have been many cases supported and the service has been able to manage its surge in referrals.

Figure 1: Graph showing trend in ISVA service figures from 2011 to 2019



The ISVA service is likely to overachieve again this year. In the original bid, 200 women were forecasted to be supported via the VAWG funds. In year one Nottinghamshire SVS Services supported **206** women and in year two **224** women were supported due to VAWG funds. The 2018-19 performance report states **30%** of these women had complex needs and over **60%** had mental health issues and multiple disadvantage. Moreover, the service reports on average it receives **95%** positive feedback.

The ISVA service continues to be in high demand. VAWG funding has enabled the service to meet this increase in demand and to reduce waiting times for survivors.

Juno Women's Aid:

Comparison of the data from 2017 to 2019 for Juno is difficult to complete due to different timescales and data collection methods. It is not possible to confidently identify the additional impact of the VAWG funding. The information below provides an overview of the information received.

The numbers show that in 2018-19 there were more than double the number of Black and Minority Ethnic and Refugee (BMER) survivors than in 2017-18. However, for 2017-18 the data only states the number of new black and minority ethnic, immigrant and Honour Based Violence (HBV) survivors that came through the service, it does not clarify how many were actually supported and in what way. Also, for 2017-18, the data only mentions the total number of complex needs survivors, it does not distinguish new from existing survivors or how they were supported, so it is again difficult to compare.

In the first two quarters of 2019-20 there are already more than half the number of BMER women and over **10%** more complex needs survivors than there were supported in 2018-19. This suggests that the IDVA service is likely to overachieve again, with more BMER women being supported in the third year of the VAWG funding than previous years.

The data demonstrates how the VAWG funding has enabled many BMER and complex needs survivors to get support which may have otherwise not been possible. There is a growing number of women requiring an interpreter, needing support around HBV, needing support around gang related issues and survivors with an insecure immigration status. These women require additional support and having a separate IDVA that can address their needs is important.

There has been a substantial increase in numbers of survivors being referred through to the Multiagency Risk assessment Conference (MARAC), due to a change in local policy to refer all high-risk cases to the MARAC. The service reports this has led to an increase of up to **20%** in referrals to the IDVA service. This has been managed so far with the help of the VAWG funding but is not sustainable.

Equation:

The work delivered by Equation within schools has achieved the targets as set out in the original bid. The aim was to reach 900 students and 100 teachers per year for the Equate package and 60 students per year for the targeted packages. With the additional funding Equation have overachieved on this target by reaching out to **1,608** young people the last academic year.

The student feedback for the Equate package demonstrates an increase in students' and teachers' knowledge and understanding of the topics discussed. When comparing this from the first to the second year, there is an even larger percentage increase in participants knowledge and understanding, with each area scoring more than **70%** for the second year. A reason for this may be due to more students being reached the second year, and also perhaps the learning from the first year enabled better delivery and facilitator experience for the second year.

For the targeted projects the student feedback is positive and show an improvement in both female and male students ideas around healthy and safe relationships. The comparison between the two years also demonstrates much better student response and learning in the second year, with larger percentage increases and scores of nine and ten in the post course evaluations. The number of students participating were the same for both years, so similarly

for the Equate packages, a reason for the better response could simply be due to experience and refinement of the package using the feedback from the previous year.

Equation have also significantly developed their social media reach this year. For example, they reached **38,385** during the month of March 2018 but by December 2019, they reached **39,892** in one week. As well as this, the average video viewing time increased from **6** seconds to **10** seconds. This additional information was provided in the performance report for Q3 & 4 of 2018-19. The data above also demonstrates an increase in the resources distributed from the first to the second year, therefore reaching more people and raising more awareness. The campaign has met its target for both years by booking 25 venues in each area and meeting target giveaway numbers.

The campaign performance report states that during the period of the first full 'Help A Friend' campaign in Nottingham, calls to the helpline from survivors in Nottingham City were up **42%** compared to the same period in the previous year. The report states the helpline has seen a general year-on-year increase in callers over the past decade, and that there is a marked increase in calls during the period the campaign runs. So overall, additional VAWG funding has enabled much wider reaching for Equations 'Help a Friend' campaign and this has encouraged more people to access the helpline.

7. Challenges and Limitations

This evaluation has required talking to and collecting data from three different services. This has presented challenges regarding the timeline in completing the evaluation and also created a disparity between the data collected.

The VAWG funding bid cannot be seen in isolation of the wider domestic and sexual violence support system in Nottingham and Nottinghamshire. There have been other changes in the system (for example the set up of an expanded ISVA service) which have had an impact.

Every service collects and presents data in a different way, so it has been difficult to make comparisons and conclusions with some of the data provided. It was sometimes challenging to piece together relevant data from what was given and clarify where the VAWG funded applies, again because the VAWG funding for ISVA and IDVA were a part of funding for a wider service. Also, survivor feedback from the ISVA and IDVA services would have been useful to illustrate the impact of these services.

However, the data collected has still provided the information needed to meet the objectives of the evaluation and effectively assess the impact of the VAWG funding on these services.

8. Findings

The objectives set out in the VAWG bid have not only been met but also overachieved by all three services. The VAWG funding has enabled Nottinghamshire SVS Services and Juno to optimise their service to meet the increasing demand and provide support for more survivors. It has allowed Equation to deliver key prevention messages to young people and expand their reach for raising awareness about VAWG.

The impact of the work these services have been able to provide is clearly evident in the data. For the support services, the impact simply cannot be measured. Survivors are vulnerable to many of the negative consequences of VAWG, and ISVAs and IDVAs are providing a crucial

role to ensure these women can navigate life after abuse. They are invaluable services that are saving women's lives.

Equation have made an immense positive impact on the young people they have worked with, as well as made support more accessible for more people with their 'Help a friend' campaign. With such a vast issue such as VAWG, it is critical to provide prevention services else a vicious cycle continues to be perpetuated, that is where only support work is being funded to manage the consequences of interpersonal violence.

The key issues raised have been funding and mental health support. The proposal helped the services just about manage their demand, but it was by no means the optimal conditions for the services to flourish. Moreover, access into mental health has remained an enormous barrier.

9. Conclusion and Recommendations.

The evaluation of the VAWG proposal in Nottingham/shire clearly demonstrates its success and the positive impact of the services provided by Nottinghamshire SVS Services, Juno Women's Aid and Equation. The VAWG grant in Nottingham/shire has facilitated the delivery of the following achievements:

- Commissioners securing the complex needs/BMER ISVA and IDVA support services for women and girls.
- Improved outcomes for the sexual abuse survivors in terms of their confidence to stay engaged through the criminal justice process (ISVA), and improved survivor wellbeing (IDVA) having been supported for a longer period.
- Introducing a new preventative educational awareness programme in the County secondary schools including whole year and targeted approaches. The targeted awareness raising programmes included focused work with young men who were identified as at risk of establishing perpetrator behaviour. Young women whose life experiences were recognised to heighten their present and future exposure to intimate partner violence also had the opportunity to engage with a tailored programme as part of the schools' initiative. A quality programme available to three schools (at any point). An initiative which has expanded to other schools too now as the provider, Equation, has secured additional grants from other funds.
- Delivery of a community-based media initiative promoting awareness of domestic abuse as an issue of concern and providing information to empower people to feel able to engage in conversation.

Recommendations:

The VAWG proposal has been successful, highlighting what excellent support and prevention services can be provided if there were enough provisions for it. In order to continue to deliver and improve their work, the Nottingham/shire services all need not just more funding but sustainable funding.

In-light of this assessment this evaluation report concludes in providing four recommendations for consideration by the Home Office and local commissioners;

- Wider recognition of Violence Against Women and Girls as an issue in the community, with more commitment and engagement from the government to address it.
- Sustained and secure funding for support services so delivery can meet local need.
- Recognition of the importance and expansion of prevention services tackling VAWG

- Expansion of mental health services to improve their capacity and clear referral pathways for survivors of sexual and domestic abuse.

10. Appendices

Appendix A - Qualitative Data – Interview format and questions

Prior to the interviews, a set of evaluation questions were developed and sent out to the interviewees for preparation. These questions provided guidance, but the interviews were not formally structured. The evaluation questions used are detailed in table A1.

Table A1: Interview evaluation questions:

	The evaluation questions were as follows:
	<ol style="list-style-type: none"> 1. Could you please summarise what you are funded to do from the VAWG programme? 2. How was the service implemented? Was it implemented correctly? 3. How were participants chosen? Were participants reached as intended? 4. How was it monitored? 5. What preparation was needed? 6. How was it quality assured? 7. How well did the service work? Did it meet its objectives? 8. What were the short/medium- and long-term effects for the participants involved? 9. What features in particular made a difference? 10. What was the influence of other factors? 11. Were there any unintended outcomes? 12. What has helped/hindered in meeting the objectives? Were there any obstacles? 13. How well has the service worked in conjunction with other initiatives, programmes or services in the area? 14. Was the service cost effective? Was it the best use of resources? 15. To what extent does the service address an identified need? 16. How well does it align with government and public health priorities? Does it represent a legitimate role for the government? 17. What would be the implications if the funding was discontinued? 18. What are your recommendations/needs moving forward?

Appendix B – Equate Training Initiatives - Evaluation Results from Participants.

Equate: An evaluation was completed by young people before and after the project.

Table B1: The Findings from the Evaluation Information for the Equate Programme:

		2017/2018 (%)	2018/19 (%)
Their understanding of domestic abuse had increased	Percentage of <u>young people</u> who said this were:	55.6	90
They know more about the where to go for help and support		31.8	82
They know more about healthy relationships		57	81
They will think through how their behaviour impacts on relationships		42.8	74
They had an increase in ability to understand and respond to young people experiencing domestic abuse and/or harmful behaviours	Percentage of <u>school staff</u> after their training who said this were:	95	99

Know more and Choices: An evaluation was completed by young people at the beginning and end of the 8-week project.

The Findings from the Evaluation Information for the Know more and Choices Programme:

Table B2: Know more and Choices 2017-2018

Know More	Young Women	2017/2018 (%)	2018/19 (%)
They get along with other women	After completing the project the young women attended believed that there was their abilities in these areas increased by the following (%):	40	28
They know what to do when feeling angry		28	
They know how to keep calm when they feel angry or things annoy them			69
They find it easy to speak to a teacher if they have a problem		34	53
They know what they want from a relationship		32	20
They are confident they know what the law says about sex and consent.		19	
They know what their rights over their body are.		22	
They have a lot to offer a relationship			29

Table B3: Choices programme evaluation outcomes

Choices	Young Men	2017/2018 (%)	2018/19 (%)
They get along with each other	After completing the project the young men attended believed that there was their abilities in these areas increased by the following (%):	40	
They believe they have control over the choices they make		20	
They know what to do when feeling angry		17	51
They know how to keep calm when things annoy them		27	49
They find it easy to speak to a teacher if they have a problem			48
They know what they want from a relationship			21
They are confident they know what the law says about sex and consent.		9	
That men should show their emotions		17	
They have a lot to offer a relationship			17

At the end of the projects, participants were asked to reflect on their experience and consider the impact the project had on them out of 10, with 10 being the most positive score. Below are the average impact scores recorded.

Table B4: Know More Programme outcomes

Know More	Young Women	2017/2018 (%)	2018/19 (%)
Change the way they think about being a woman	After completing the project the young women attending gave the following scores in response to these questions.	40	28
Helped them to know where to go for help and support with unhealthy relationships		28	
Helped them to understand the warning signs of an unhealthy relationship.			69
They find it easy to speak to a teacher if they have a problem		34	53
They know what they want from a relationship		32	20
They are confident they know what the law says about sex and consent.		19	
They know what their rights over their body are.		22	
They have a lot to offer a relationship			29

2019-2020:

The projects for this academic year are still ongoing so data could not be provided.

Appendix C

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16 March 2020**Agenda Item: 5**

REPORT OF DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE SUBSTANCE MISUSE TREATMENT AND RECOVERY SERVICE – VISION AND OUTCOMES FOR THE FUTURE

Purpose of the Report

1. For Adult Social Care and Public Health Committee to consider the key performance indicators (KPIs) and outcomes that Change, Grow, Live (CGL) will be performance managed on as part of the new all age Nottinghamshire Substance Misuse Treatment and Recovery Service.

Background and policy context

2. Substance Misuse is the harmful use of substances like drugs or alcohol and is associated with a wide range of physical and mental health issues as well as broader social issues including homelessness, unemployment, criminal activity and anti-social behaviour. Based on projections from national estimates (Alcohol and Drug Prevention Treatment and Recovery: Why Invest, Public Health England 2018), the financial costs for Nottinghamshire County are estimated to be £31.8 million each year for alcohol related harm and £15.8 million for illicit drug misuse.
3. Modelling cited in the Nottinghamshire Joint Strategic Needs Assessment on Substance Misuse (November 2018) highlights that there are more than 170,000 residents who would benefit from a substance misuse intervention because they misuse substances frequently and an estimated 26,000 who are dependent on substances (4,436 dependent opiate and/or crack users and 21,632 dependent on alcohol). Both represent pressing public health needs and alcohol represents by far the greater burden. For young people specifically, it is estimated that 665 10-17 year olds are misusing drugs and 5,114 young people are drinking at increasing and higher risk levels. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.
4. At its October 2019 meeting, the Adult Social Care and Public Health Committee reviewed the outcome of the tender for the new all age Nottinghamshire Substance Misuse Treatment and Recovery Service which will be fully mobilised from 1st April 2020. The Committee requested a follow up report to describe in more detail the key performance indicators that the service will work towards.

The vision for the Nottinghamshire Substance Misuse Treatment and Recovery Service

5. The new vision for the service will be not only to support individuals but also to tackle inter-generational substance misuse through a family-based approach. This vision will be enacted through a move towards incorporating a family-based model, as specified in the tender, to support all individuals to recover from their substance misuse as well as take a personalised care approach. Personalised care is also one of the key projects within the Adult Social Care and Public Health Departmental Strategy (2019-2021), under the programme area *Develop our integrated health and social care*.
6. With this vision in mind, Nottinghamshire County Council Public Health commissioners and CGL are working to place the service user at the heart of the service to enable them to exercise control over their treatment outcomes and goals.
7. Personalised care means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs. It provides a positive shift in power and decision making that enables people to have a voice, to be heard and to connect to each other and their communities. Personalised care represents a new relationship between the individual, professionals involved in their care and indeed the entire health and social care system. There is increasing evidence that a more personalised care approach results in better health and wellbeing outcomes for people therefore taking a personalised care is an integral part of the new service model.

Nottinghamshire Substance Misuse Treatment and Recovery Service – KPIs and Outcomes

8. In addition to CGL adopting a personalised care approach to substance misuse treatment and recovery, Public Health commissioners will also be gathering a range of performance monitoring information from CGL on a quarterly basis (see Appendix 1). These indicators are outcome based and focus on specific elements of the service (such as outcomes for young people, families and adults).
9. The service will also be gathering a range of completely new information on treatment outcomes where there are children present within the household and evaluating how the new family-based model will reduce the hidden-harm caused by substance misuse in Nottinghamshire. For example two of these new KPIs are the number of young people who show improvements in their social, emotional and mental wellbeing, and the proportion of adults with responsibility for children successfully completing and not re-presenting to the service within 6 months.
10. The KPIs and outcome measures ensures that the success of the service is not just seen in terms of "successful completions of treatment". The service will also measure the wider health and social benefits that are accrued whilst service users remain in treatment and recovery, such as improvements in mental and physical health, self-reported quality of life, reductions in substance misuse and increased engagement with education and training and employment. For individuals who have been misusing substances for many years and who have significant mental or physical health problems as a result of this, successful completion of treatment is often simply not a realistic goal. Public Health England reported in *An*

evidence review of the outcomes that can be expected of drug misuse in England (2018) that treatment goals for ageing substance misuse users who are very unwell, may simply be to maintain them in treatment, as clinically appropriate, in order to keep them alive and manage their physical and mental health conditions as far as possible. Therefore, CGL will be measuring the improvement in mental health, education and training for those service users who have been in treatment for over four years.

11. The Nottinghamshire Substance Misuse Treatment and Recovery Service is co-commissioned by Nottinghamshire County Council and the Police and Crime Commissioner. As such, CGL will continue to measure and report on a range of outcomes specifically for those service users coming through the criminal justice system.
12. Given that the Nottinghamshire Joint Strategic Needs Assessment on Substance Misuse highlighted that alcohol was in fact the highest need, there has also been added focus when designing the new service model that the number of service users coming into alcohol treatment should increase. Alcohol has therefore been deemed a key priority within the new service and will be operationalised through a new digital offer (an innovative Alcohol ChatBot), as well as alcohol specific recovery workers, and alcohol only clinics. The work of the Nottinghamshire Substance Misuse Treatment and Recovery Service is fully aligned with the wider Nottingham and Nottinghamshire Integrated Care System's Alcohol Harm Reduction Plan and CGL are an active member of the Nottinghamshire Alcohol Pathways Group.
13. Given that the contract length for the Nottinghamshire Substance Misuse Treatment and Recovery Service is up to 8 years and that trends in substance misuse can rapidly change, it is recognised that the service key performance indicators and outcomes are likely to evolve over the life-course of the contract.

Reasons for Recommendations

15. At their meeting on the 8th October 2019, the Adult Social Care and Public Health Committee requested a report to be presented on the key performance indicators and outcomes which would demonstrate the success of the new all age Nottinghamshire Substance Misuse Treatment and Recovery Service.

Statutory and Policy Implications

16. 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.

Crime and Disorder Implications

17. The links between substance misuse and the criminal justice system have been considered. The PCC is a member of NCC Public Health's strategic commissioning advisory group. NCC Public Health intend to commission a substance misuse service for all residents that is inclusive of the criminal justice pathway.

Financial Implications

18. The substance misuse contract will be funded from the Public Health Grant, within the budget envelope that is available for this service. The current NCC Public Health investment is £8,570,135 per year.

Human Resources Implications

19. There are no HR implications as this is a commissioned service.

Human Rights Implications

20. No known human rights implications, service functions will still be provided and available to the communities across the County.

Implications in relation to the NHS Constitution

21. No known NHS Constitutional implications. Further conversations are taking place with NHS Stakeholders across the County.

Public Sector Equality Duty implications

22. Nottinghamshire County Council have considered the equality implications of the consultations reach and completed an Equality Impact Assessment on the process. The document has been uploaded onto the Council's publicised page.
<http://www.nottinghamshire.gov.uk/jobs-and-working/equality/completed-equality-impact-assessments-eqias>

Implications for Service Users

23. Service users will receive a new service offer which is integrated and coordinated. This should improve the information and support available to residents across the county.

Implications for Sustainability and the Environment

24. The service model is working within local communities, responding directly to communities needs which will be more sustainable long term.

RECOMMENDATIONS

It is recommended that the Committee:

- 1) Consider whether there are any actions they require in relation to the issues contained within this report.

Jonathan Gribbin, Director of Public Health

Jonathan.gribbin@nottscc.gov.uk

For any enquiries about this report please contact:

Sarah Quilty, Senior Public Health and Commissioning Manager: Sarah.quilty@nottscc.gov.uk

Amanda Fletcher, Consultant in Public Health: Amanda.fletcher2@nottsccl.gov.uk

Constitutional Comments (EP 03/02/2020)

25. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents 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 03/02/2020)

26. The current NCC Public Health investment is £8,570,135 per year, funded from the Public Health Grant. If there are increases or reductions to future grants, the affordability of the contract will be re-assessed in light of this.

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.

- Substance Misuse Service / New Psychoactive Substances (NPS) paper – October 2019 – Adult Social Care and Public Health Committee.
- Substance Misuse Service paper – October 2018 – Adult Social Care and Public Health Committee.
- Commissioning Intentions paper – February 2018 – Adult Social Care and Public Health Committee.

Electoral Division(s) and Member(s) Affected

All.

Appendix 1: Key performance indicators for the all age Nottinghamshire Substance Misuse Treatment and Recovery Service

Measure	Measure Name	Description	By Drug Category	Adult	Criminal Justice	Young Persons
1	Number in Structured Treatment	Number of individuals in structured treatment within the reporting month.	✓	✓	✓	✓
2	Number of Successful Completions	<p>Number of successful completions within the reporting month. Discharge Reason of the below: *Treatment Completed – Drug Free *Treatment Completed – Alcohol Free *Treatment Completed – Occasional User</p> <p>To be in line with National Drug Treatment Monitoring System (NDTMS) definitions: *Number successfully completed treatment and did not re-present within 6 months. *Remove re-presentations from final figure.</p>	✓	✓	✓	✓
3	Number in Recovery Support	Individuals open to Recovery Support within reporting month.		✓	✓	
4	Number of Referrals received	<p>Number of referrals received within reporting month. *Broken down by Referral Source. *Include ALL referrals regardless of Treatment Pathway.</p>		✓	✓	✓
5	Hidden Harm Outcomes Framework	Opening & Closing Comparison of the 13 questions.		☐	☐	✓
6	Number of First Time Entrants for Alcohol Treatment	<p>Number of Alcohol Only individuals who are new to structured treatment. *Remove those who have accessed Alcohol Only structured treatment in the 6 months prior.</p>		✓		
7	Mental Health & Wellbeing Improvements	<p>The percentage of individuals who improve their mental health and wellbeing. Successful completions in reporting month only. Comparison to Treatment Start or Earliest Review to Treatment Exit.</p>		✓	✓	

8	Education, Training & Employment Improvements	<p>The percentage of individuals who increase engagement in Education, Training & Employment at any point during the treatment journey.</p> <p>To be eligible to include = 20 days or less engagement at Treatment Start or Earliest Review.</p> <p>Includes: Days volunteering, Unpaid work, Paid work and Education.</p> <p>Successful completions in reporting month only.</p> <p>Comparison to Treatment Start or Earliest Review to any Treatment Review or Treatment Exit within treatment journey.</p>		✓	✓	
9	Housing Improvements	<p>The percentage of individuals who improve their housing situation.</p> <p>Includes: Acute housing problem, Housing risk & Unsuitable housing</p> <p>Successful completions in reporting month only.</p> <p>Comparison to Treatment Start or Earliest Review to Treatment Exit.</p>		✓	✓	
10	4 Year+ Cohort	<p>Mental Health, Wellbeing, Education, Training, Employment and Housing Improvements (Measures 7,8 & 9) for individuals who have been in treatment for 4years + in reporting month.</p> <p>Comparison to Treatment Start or Earliest Review to any Treatment Review.</p>		✓	✓	
11	Intravenous use for 4 year+ cohort	<p>The percentage of individuals who are injecting on the latest Treatment Outcomes Profile review.</p>		✓		
12	Number of Unplanned Discharges	<p>Number of Unplanned Discharges within the reporting month.</p> <p>Discharge Reason of the below within reporting month:</p> <p>*Incomplete – Client Died</p> <p>*Incomplete – Dropped Out</p> <p>*Incomplete – Onward referral offered but refused</p> <p>*Incomplete – Retained in Custody</p> <p>*Incomplete – Treatment commencement declined by client</p> <p>*Incomplete – Treatment withdrawn by provider</p>		✓	✓	✓
13	Number of Drug Rehab Referrals (DRR) and Alcohol Treatment Referrals (ATR) received from criminal justice	<p>Number of individuals who received a DRR or ATR within reporting month.</p>			✓	

16th March 2020**Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR FOR COMMUNITY SERVICES
(AGEING WELL)****DEVELOPING INTEGRATED MODELS OF URGENT AND EMERGENCY CARE****Purpose of the Report**

1. The purpose of this report is to:
 - provide an overview of progress with the development of integrated models of health and social care that support acute Emergency and Urgent Care systems
 - seek approval to establish two temporary posts and 11 permanent posts to respond to increasing demands in these areas.

Information

2. The interface of social care with the acute sector Urgent and Emergency Care services primarily covers services provided by the three acute hospital systems based in south, mid and north Nottinghamshire. Nottinghamshire County Council has social care staff based in the Integrated Discharge Services of all the main acute and community hospitals, but currently does not have staff based in the Accident and Emergency Departments.
3. This report builds on the report presented to Committee on 6th January 2020 regarding work on Admission Avoidance which approved the establishment 1.5 FTE Social Workers funded from the mid-Nottinghamshire Integrated Care Partnership Transformation Fund. The workers will be based in King's Mill Hospital Accident and Emergency Department (A&E), seven days a week, to give advice and guidance, address safeguarding concerns, or carry out assessment and support planning with the aim of avoiding unnecessary admissions. The proposal does not commit the Council to this being the right long-term model. It will, however, enable the system to test the impact of placing dedicated Social Worker capacity in the A&E Department and the learning will then be used to inform the development of a future integrated model with health and housing.
4. All three acute hospital sites are continuing to experience significantly higher than predicted volumes of people presenting at hospital and being admitted. The impact of this is that people are having to wait in A&E for longer to be seen and for a hospital bed to be available. A further effect of this is that the number of people requiring support plans to enable them

to be discharged has significantly increased, which in turn is placing pressure on staff supporting discharge planning and local community services.

5. In order to respond to these increasing and sustained pressures, maintain the Council's quality of service to people and the excellent performance record of avoiding unnecessary delays, three main actions are proposed:

- two temporary Social Worker posts are established for 12 months to be based in Queen's Medical Centre and Bassetlaw Hospital Accident and Emergency Departments to reduce unnecessary admissions and thereby reduce pressure in the system. The evaluation methodology used for the worker at King's Mill Hospital will be extended to these posts to inform the development of future integrated models.

2 FTE Social Workers (Band B) for 12 months at a cost of £118,225.

- additional qualified and unqualified Occupational Therapist posts are established permanently to work alongside the Home First Response Service (HFRS) commissioned from the Carers Trust. They will establish a more aligned approach and 'virtual' team with the reablement teams in the Council's Maximising Independence Service. They will work closely with HFRS to support and enhance the reablement skills of their staff. Through focused goal setting they will also support the timely flow out of the service, for those that need it, into an appropriate service such as reablement or ongoing homecare. This will maximise capacity in short term services that support discharge home and also avoid admissions into hospital or residential care.

3.5 FTE Occupational Therapists (Band B) and 3.5 FTE Community Care Officers (Occupational Therapy) (Grade 5) at a cost of £300,505.

- additional Community Care Officer (Occupational Therapy) posts and an additional Senior Reablement Worker post are established permanently to work in the Maximising Independence Service to support the increased demand for reablement.

3 FTE Community Care Officers (Occupational Therapy) (Grade 5) and 1 FTE Senior Reablement Worker (Grade 3) at a cost of £137,695.

6. Frontline social care staff are working closely with health staff on a daily basis. To-date the main focus of joint work with senior social care managers and directors has been to respond rapidly to operational pressures through, for example, Accident and Emergency Delivery Boards. There is currently no countywide, medium to long term evidence based vision and plan for integrated operational models and jointly commissioned health and social care services, for Urgent and Emergency Care or Community Services.

7. The Corporate Director and Service Director, Community Services (Ageing Well), have now agreed a series of meetings with partners at Chief Executive and Director level to seek sign up to a programme of work that will set out the strategic vision for integrated health, social care and therapy for:

- the front door (A&E Departments)
- hospital discharge arrangements (the backdoor)
- community health and care teams

- community beds.
8. The meetings are also seeking to agree the governance for this programme of work with reference to the two Integrated Care Systems across Nottinghamshire, Integrated Care Partnerships and delivery of the national Ageing Well Programme (which includes deliverables for social care, for example, with prescriptive timescales for the availability of crisis response and re-ablement). The aim from the Council's perspective is to have strategic consistency of models where there is an evidence base of delivering the most successful outcomes for people, which will provide the framework for local delivery through the Integrated Care Partnerships and Primary Care Networks. The discussions are also exploring the option of a jointly funded post to develop and deliver this work, along with the potential for it to report into both the Council(s) and the Clinical Commissioning Groups (CCGs).

Other Options Considered

9. The option of not progressing this work would mean that the Council will not be able to meet rising demand for services to discharge people directly home from hospital and people will be also be admitted to hospital that could have been avoided. The options presented have been chosen in consideration of how to best achieve the department's strategic objectives and outcomes for people, in the most cost effective way.

Reason/s for Recommendation/s

10. The reasons for the recommendations are to enable people to be discharged directly home from hospital, rather than into short/long term residential care and to avoid people being admitted into hospital where possible.

Statutory and Policy Implications

11. 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

12. The two temporary Social Worker (Band B) posts will be funded from Better Care Fund reserves. The costs include additional funding to cover enhanced costs of some weekend working. Health partners are supportive of these posts.
13. The Occupational Therapist (Band B), Community Care Officer (Occupational Therapy) (Grade 5) and Senior Reablement Worker (Grade 3) posts will be based in the Maximising Independence Service and the costs include salaries and other associated costs which totals £438,200. This can be met from the department's existing budget.

RECOMMENDATION/S

- 1) That Committee approves the establishment of the following posts:
 - 2 FTE temporary (12 month) Social Workers (Band B), one at Queen's Medical Centre and one at Bassetlaw Hospital
 - In the Maximising Independence Service, START Re-ablement Team:
 - 3.5 FTE permanent Occupational Therapists (Band B)
 - 6.5 FTE permanent Community Care Officers (Occupational Therapy) (Grade 5)
 - 1 FTE permanent Senior Reablement Worker (Grade 3).

Sue Batty

Service Director for Community Services (Ageing Well)

For any enquiries about this report please contact:

Sue Batty

Service Director for Community Services (Ageing Well)

T: 0115 9774876

E: sue.batty@nottsgov.uk

Constitutional Comments (EP 17/02/20)

14. The recommendations fall within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (OC 24/02/20)

15. The 2 FTE Social Workers (Band B) for 12 months at a cost of £106,350 includes salary and associated cost and will be met by the BCF Reserves.
16. The 3.5 FTE Occupational Therapist (Band B), 6.5 FTE Community Care Officer (Grade 5) and 1 FTE Senior Reablement Worker (Grade 3) posts costs include salaries and other associated costs which totals £438,200. This can be met from the department's existing budget.

HR Comments (SJJ 14/02/20)

17. All posts will be recruited to, with the temporary posts recruited on fixed term contracts. Staff who are required to work over 7 days will be entitled to claim enhanced rates for work undertaken over Saturday and Sunday in line with the Authority's Premium Rate Working Policy.

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.

Electoral Division(s) and Member(s) Affected

All.

ASCPH704 final

16th March 2020**Agenda Item: 7****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH****ADULT SOCIAL CARE PERFORMANCE AND PROGRESS UPDATE FOR
QUARTER 3 2019/20****Purpose of the Report**

1. To provide an update of the current financial position of Adult Social Care, as requested previously by Committee.
2. To provide Committee with a summary of performance for Adult Social Care and Health for quarter 3 (1st October 2019 to 31st January 2020) and seek comments on any actions required.
3. To propose a new reworked format for reporting performance information to Committee going forward.
4. To provide Committee with an update for the Improving Lives Portfolio (as at 31st January 2020), which is the programme of work delivering service transformation and budget savings for the Adult Social Care department over the period 2018/19 to 2019/20, including proposals for closure of the programme and details on how the department's transformation programme will be monitored and reported going forward.

Information**Current Financial Position**

5. As at the end of December 2019, the Adult Social Care and Public Health department is forecasting an in-year underspend of £5.532m before reserves and £4.192m after accounting for reserve movements.
6. Public Health is forecasting an underspend of £1.340m before reserves; this is due to the contract variation on the Public Health Nursing 0-19 contract which has reduced the contract in-year by £1.53m offset by small increased spend on Sexual Health, Domestic Violence, Futures in Mind (FIM), Academic Resilience and Substance Misuse. Any net underspend will be added to reserves at year end.

7. The £4.192m underspend in Adult Social Care and Public Health is across the County as represented in the table below:

Department	Annual Budget £ 000	Actual to Period 9 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
<u>ASCPH Committee</u>				
Strategic Commissioning and Integration (SCI)	(22,075)	(51,110)	(24,581)	(2,506)
Living Well and Direct Services	113,173	103,234	110,787	(2,386)
Ageing Well and Maximising Independence	114,483	96,919	115,183	700
Public Health	4,582	439	3,242	(1,340)
Forecast prior to use of reserves	210,163	149,483	204,631	(5,532)
Transfer to / (from) reserves (SCI)	(7,314)	-	(7,314)	-
Transfer to / (from) reserves (Living Well)	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	-	-	-	-
Transfer to / (from) reserves (Public Health)	(4,582)	-	(3,242)	1,340
Subtotal	(11,896)	-	(10,556)	1,340
Net Department Total	198,267	149,483	194,075	(4,192)

8. Strategic Commissioning and Integration are forecasting an underspend of £2.5m. This is primarily due to additional Client Contributions of £1.4m due to increases in Residential & Nursing income and Personal Budget income across all ages and additional savings from closure of the Care and Support Centres which was originally earmarked for additional assessment flats/beds but is not currently required this year.
9. Across the districts, Living Well and Direct Services are forecasting an underspend of £2.4m primarily due to additional Joint Healthcare Funding of £3.2m which is offset by overspends on additional care package costs, predominantly for Residential and Nursing Care.
10. Ageing Well & Maximising Independence are forecasting an overspend of £0.7m, primarily due to a £2.2m overspend on Long Term Residential and Nursing placements offset by small underspends on other services and employee costs.
11. The forecast includes a net use of reserves of £10.5m which is £1.3m less than budget. This comprises the anticipated net use of £3.2m of Public Health reserves, £7.3m in Section 256 Health Partnership reserves and £0.2m of Better Care Fund (BCF) Pooled budget reserves. BCF Carers are contributing £0.2m to reserves. BCF Carers is a ringfenced allocation of the BCF agreement with Clinical Commissioning Groups, this is specifically for supporting carers.

Performance Framework

12. The quarter 3 performance information in the format as it has previously been provided to Committee is attached as **Appendix A**. A summary of the highlights and areas for improvement is also contained within the body of this report.

13. In April 2019 Policy Committee approved a refreshed Planning and Performance Management Framework to drive and deliver the Council Plan outcomes, Investing in Nottinghamshire. Following this work has taken place between Adult Social Care and the corporate Performance Improvement and Planning Team to better align the reporting of the department's performance with the new planning and performance framework and the Departmental Strategy.
14. In order to do this a set of core metrics is being developed that focusses on the key outcomes of the department and which all existing performance measures sit beneath. In addition to being better aligned to corporate plans and strategies the main objectives of the core measures are:
 - to consider if we are fulfilling our purpose as an Adult Social Care department
 - to be used to clearly communicate how we all contribute to the success of the department
15. Once developed and agreed the core metrics will be used to manage performance across all levels of the department. This means they will form the basis of all service plans from April 2020 onwards with devolved targets for each service area and team. They will also be used by managers with their employees via the corporate Employee Performance and Development Review (EDPR) process. This will ensure that there is a clear focus for every member of the department on their role and how it contributes to the broader aims of the department and how they support better outcomes for individuals.
16. The core metrics are outcome focussed with what is important to people and carers at their centre. The core metrics are split into four areas as listed below and more detail on each area is included in the presentation attached as **Appendix B**:
 - Positive Contributions
 - Independence
 - Quality of Life
 - Use of Resources.
17. The core metrics and framework are still in development with the intention that a first version will be in place from April 2020 with an iterative process of development then continuing. In order to illustrate the benefits of the more aligned and outcome focussed approach the summary of quarter 3 performance for 2019/20 will be presented in this report using the new core metrics framework. The new core metrics includes drawing on wider information than previous performance reports, including case studies as well as information on complaints and Employee Health and Wellbeing information from HR.

Summary of Quarter 3 Performance

Positive Contributions

A. Keeping family, friends and connections

18. Nottinghamshire performs well on the proportion of adults receiving a Direct Payment with quarter 3 performance at 41.4% against a national average of 28%.

19. Below is a case study where using a Direct Payment to employ Personal Assistants (PAs) has supported an individual to have greater control over their care and support and to be better connected to their community.

E is a 36-year-old man who has Cerebral Palsy and requires support with his personal care and to access the community to do the things he enjoys. E has a Direct Payment for his support and uses this to employ 2 Personal Assistants. The PAs support E with personal care, support to manage his paper work, to access community activities and enable E to undertake his volunteering roles. E feels the support from the PAs is very flexible and tasks undertaken can change as required. E has been really pleased with the flexibility and consistency that having PAs gives him saying 'life is a billion percent richer for having a Direct Payment' and is "Better than the conveyor belt of changing agency staff"

He feels his staff are the best employees in Newark and enable him to be independent and are a benefit to both his physical and mental health.

20. An area for future focus for social inclusion is to improve the proportion of adults receiving support who have as much social contact as they would like; this indicator is at 38.8% in the 2018/19 annual statutory returns for Nottinghamshire against an England average of 45.9%.
21. Over the next 12 months more work is being done to focus on embedding a strengths-based approach to help change practice and focus on supporting people to have higher levels of social inclusion as well as work to develop community resources to increase availability and access to the community for people with support needs.

B. Learn, volunteer and work

22. There are a number of good examples of people being supported into or back into employment, including the case study below. It is however recognised that this is an area where improvement is required. Currently the department's performance for employment for people with learning disabilities in paid employment is at 2.4% against a national average of 5.9%.
23. To address this performance as well as other wider employment and health issues a Council-wide Employment & Health programme has been established to work with a range of the Council's external partners to review the employment offer to people with disabilities and long-term health conditions in Nottinghamshire. The purpose of the programme is:
- to enable the County to grow a productive and inclusive workforce
 - to develop the economy, create work and foster conditions for good employment
 - to invest in specific support for care leavers, and people with disabilities and long-term health conditions to secure and sustain work.

S is a 23-year-old male who has a diagnosis of Autism Spectrum Disorder (ASD) and Moderate Learning Disability (MLD). S lives at home with his mother and siblings, unfortunately S's father deceased in 2015. S is dedicated to supporting his family and wants an income to help to provide for the family home.

S had attended a college in the local area and started work experience through the college at a food production factory. S started his work experience once a week for 3 hours at a time alongside a job coach from the college. Over time S increased the hours on a weekly basis to a full day in the factory alongside the job coach who supported him. S continued with his work experience weekly with college for the next nine months.

As S was due to leave college, the factory had offered S a job as a Production Operative. The college had also referred S to iWork to continue with the support in work. The iWork team worked to ensure a smooth transition and to find out what adjustments and support S needed. The factory HR were very supportive and gave S the option of a 3-day week to start with the chance of increasing his days when he was ready.

Over time and with support S has increased his working hours from 3 days, to 4 days and then to a 5-day working week.

Independence

A. My support, my way and staying in control

24. Reablement services support people to regain their independent living skills and confidence following a period of ill-health, which often has required a stay in hospital. This is good for people's health and wellbeing and in turn reduces the need for health and social care and support services. This indicator captures the outcomes for people receiving social care (directly delivered and externally contracted) at home and accommodation based reablement services.
25. The proportion of older people (65 years and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services is on a positive upward trend due to successful delivery of key Transformation projects to both increase capacity in the Council's services and sustain or improve outcomes that help people remain living at home. This quarter the Council's target of 83% has been exceeded with performance of 85%. An example of the impact that reablement services can have on an individual's independence and wellbeing is illustrated with the below case study.

A had been left with life changing injuries following an accident when she was referred to START.

To continue living independently at home A needed support with: cooking and eating; showering and washing; stairs; transporting things around the house; her mental health; finances; and housing.

START supported A for several weeks with visits daily from Reablement Support Workers to support her with personal care and in using equipment to regain her independence.

Occupational Therapy (OT) support was vital in identifying A's support needs and the right reablement approach to help her regain her independence.

START provided equipment to help A shower safely and to cook and shop for herself. Equipment such as one-handed tin openers, sloped plates and dining trolleys helped make life much easier.

The OT liaised with the Department for Work and Pensions and the Council to address her benefits and housing and with her GP and mental health services to get support with her anxiety.

Outcome:

When A left START, she had no ongoing care needs and was fully reabled thanks to her hard work and determination and the dedication, support and accomplished intervention of START staff.

26. In order to make improvements in this area targeted work is underway to increase the number of people whose queries can be resolved earlier in their social care journey. As part of the department's revised operating model the ambition is that 80% of people who approach the Council for support will have their needs met with low level interventions; a further 15% with short term reablement type interventions; and with the remaining 5% requiring ongoing care provision for complex needs.
27. Currently the proportion of people who contact the Council who go on to have an assessment is 45% and large programmes of work are underway to shift this figure closer to the 80% target. The Maximising Independence Service established as part of the new workforce model aims to support this ambition and has already been heavily involved in increasing the resolution of queries received at the front door. This has resulted in 84% of people who approach the Council via the Customer Service Centre and the Adult Access Service having their queries resolved without being assessed for long term ongoing care
28. It is also intended that the work to embed a strengths-based approach as approved by Committee in January (see report on Adult Social Care Culture Change Programme listed in Background Papers) will also positively impact on this area of performance.

B. Living the life, I want, keeping safe and well

29. In order to assess if the interventions that have been put in place are effectively supporting people to greater levels of independence the department monitors the number of packages that change as a result of review. The premise being that if on review a package of support can be reduced this means that the support plan agreed with the individual has been successful in helping them achieve their short-term goals and greater independence.
30. As at quarter 3 19% of people over 65 years and 15.7% of people under 65 years had their package of care reduced on review against targets of 15% and 66% respectively. It is expected that the performance for people under 65 years will improve as enabling services such as Notts Enabling Service (NES) have now been embedded into the new workforce model as limited capacity to work with existing people under 65 years with social care needs has been available in the department until relatively recently.
31. In Nottinghamshire a high proportion of people with long-term needs are supported to live in housing with their own front door; the figures as at December 2019 are:

- Ageing well – 66.8% of people being supported have their own front door
- Living well – 85.9% of people being supported have their own front door

32. While the overarching figures are positive there are related areas within this measure where improvements are required. While the Council is achieving the target of less than 19.9 per 100,000 of the population of people under 65 yrs with care and support needs living in residential care, new admissions remain higher than desired. Similarly, for people over 65 new admissions to residential care are likely to be higher by year end than anticipated with an average admission rate of 85 people a month against a target of 80 people a month. So, while the Council benchmarks within the top end of the average banding across English councils nationally and regionally, this is an area where performance is dipping and needs to be mitigated. For both of these areas where improvements are required there is significant work taking place to implement housing strategies which should impact positively on these indicators going forward as well as lots of work with partners to ensure the right types of accommodation in the right capacity are available to avoid residential care admissions wherever possible.

C. Information and Advice

33. Measures for this area are currently being considered and worked up.

Quality of Life

A. People

34. The social care-related quality of life as reported in the annual statutory returns ranks Nottinghamshire as 75th out of 151 councils with performance remaining static over the last four years. This is an area where improvements are required and plans to gather more frequent and timely feedback from people who experience social care in Nottinghamshire are in progress.
35. In addition to the statutory returns it is also the intention to provide an update on Local Government & Social Care Ombudsman's (LGSCO) decisions relating to the Council each quarter. This will be a summary of the information reported to the Governance and Ethics Committee on a quarterly basis. The next report is due to be considered on 4th March (see Background Papers).
36. A total of five decisions relating to the actions of Adult Social Care have been made by the Ombudsman in this period. Following initial enquiries into one complaint about the Council's decision to refuse a Blue Car Badge application, the Ombudsman decided not to continue with any further investigation as there was no evidence of fault on the Council's part. Of the remaining four, the Ombudsman consider there to be fault found with the Council's action in three cases; a summary of the complaints is below.

COMPLAINT SUMMARY	DECISION	RECOMMENDATION	FINANCIAL REMEDY
The Council reduced his adult son's personal budget without full assessment and consideration of his needs. Complainant believes decisions	Fault found i) failure to review service user's care for three years	Corporate Director for Adult Social Care to write and apologise to service user and parents for failures.	

COMPLAINT SUMMARY	DECISION	RECOMMENDATION	FINANCIAL REMEDY
taken to reduce son's personal budget were financially motivated. Consequently, parents had to top-up his budget to enable him to continue receiving support from a specific care provider.	<p>ii) Personal budget was reduced by Council because the cost of service was above set rates</p> <p>iii) service user had to top up personal budget from state benefits causing hardship</p> <p>iv) parents had to top up payments for long standing care service. Council should have ensured personal budget was sufficient to cover service</p> <p>v) The suggested change of care provider seemed financially motivated as service user was told his budget may reduce further in the future without knowing what his needs may be</p> <p>vi) service user and parent were both found to be eligible for respite care funds but have not received the payments from the Council. This has impacted on them both</p> <p>vii) concern raised about social care support literature in circulation which is out of date.</p>	<p>Review service user's assessment and produce care and support plan to detail how needs will be met.</p> <p>Financial remedies for stress and loss of respite services to service user and to his mother</p> <p>Complete a new financial assessment to include all disability related expenditure</p> <p>Review care and support assessment and produce a support plan setting out how needs will be met. By 5th February 2020 the Council should:</p> <ul style="list-style-type: none"> consider if other service users may have been affected by arbitrary upper limits on hourly rates, and take any necessary action to address this; amend its procedure to ensure the Council does not set arbitrary limits of hourly rates; and take steps to actively publicise its current literature to address concerns about the previous literature it has issued 	<p>£1,000 each to service user and parents. £2,050.62 reimbursement of top up fees.</p> <p>Total £4,050.62</p>
<p>The Council unreasonably sought repayment of the direct payment. Complainant used the amount to pay husband to provide her care.</p> <p>Council also refused to meet complainant to discuss her concerns about how it had calculated the amount she needed to repay.</p>	<p>Fault</p> <p>Department only undertook one annual review and did not raise concerns about the service user's spending between 2012 and 2016.</p> <p>Policy and statutory guidance state annual reviews should take place.</p> <p>This meant the complainant did not have an opportunity to amend the way she</p>	<p>The Council should amend its calculation of the amount to be repaid to reflect the Council's acceptance that the complainant's husband provides 25 hours care per week which can be funded.</p> <p>The Council should write to the complainant to confirm the remaining amount to be recovered;</p>	<p>The department agreed not to pursue</p>

COMPLAINT SUMMARY	DECISION	RECOMMENDATION	FINANCIAL REMEDY
	managed her direct payments.	<ul style="list-style-type: none"> write to the complainant to confirm it is no longer intending to pursue recovery of the £21,768.26 it considers she has misused the account for; and apologise for the faults identified in this statement. 	<p>recovery of £21,768.26 and the additional debt of £30,575.41.</p> <p>A waiver was applied for the full amount totalling £52,343.67</p>
<p>The Council's review of the service user's care and support plan</p> <p>The amount it is asking him to pay.</p> <p>How the Council has sought to obtain information about the complainant's disability related expenditure.</p>	<p>Fault Lack of contemporaneous record following the assessment to explain why some aspects of support package were being removed and increase others.</p> <p>Fault Assessor did not explain to service user what the review would cover before it began.</p> <p>Records did not show the department tried to reach an agreement with the service user about the level of support he needed, leading to a misunderstanding.</p> <p>There was no evidence found that the service user was advised to complete a financial form so the Council could consider his disability related expenditure.</p> <p>No fault in Council's decision to charge the service user for his support or refuse to offer a further waiver to his contribution.</p>	<p>The Council should:</p> <ul style="list-style-type: none"> offer the service user a further review of his care and support plan seek agreement with the complainant about what his support needs are the Council should accept any information the complainant sends it in support of his request for disability related expenditure. If it agrees to allow increased disability related expenditure, I recommend it backdates this increased amount to January 2019 (except for any expenditure that began after that date). 	

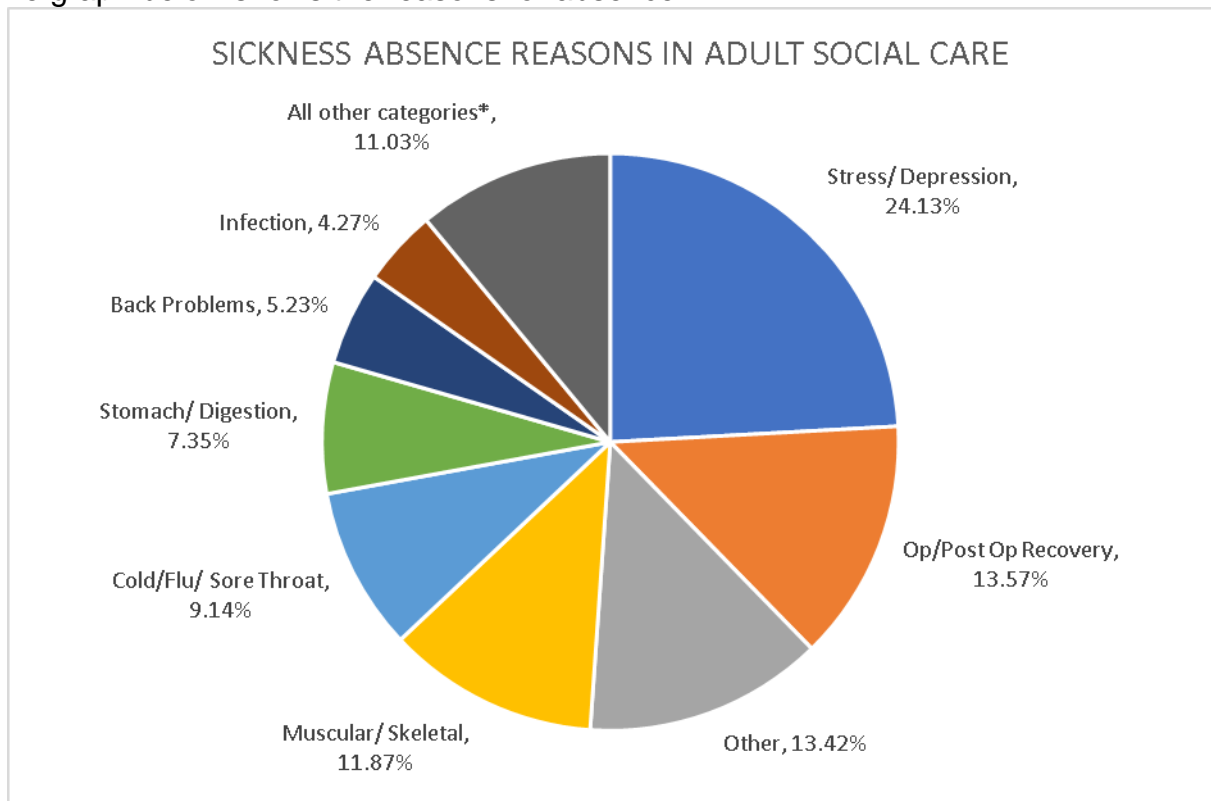
37. In each case where fault is found the department works closely with the Ombudsman on recommendations to remedy the situation for those concerned. In addition, the department is implementing a more robust process for wider learning from these decisions with a view to reducing any similar future investigations.

B. Carers

38. The social care-related quality of life for carers as reported in the annual statutory returns ranks Nottinghamshire 105th out of 151 councils and Nottinghamshire ranks poorly for all Carer satisfaction figures. Again, as with the above, mitigating plans to receive more regular and timely feedback to be able to improve in this area are being considered and further information will be provided as this progresses.

C. Workforce

39. It is the Corporate Director's intention to expand performance reporting to include information on Employee Health and Wellbeing as part of this report on a regular basis. The information reported to Personnel Committee on Sickness Absences for Quarter 2 provides the following information. On a rolling 12-month average from October 2018-September 2019 the average days sickness for Adult Social Care and Health was 12.46 days against an Authority wide (including NCC schools) average of 8.91 days.
40. The graph below shows the reasons for absence:



* All other categories include - not assigned, headache/migraine, heart/circulation, respiratory, pregnancy related, skin disorder, terminal illness.

41. In order to address the levels of sickness absence, the department in conjunction with HR has developed a departmental health and wellbeing plan and is working on providing more detailed information by team once the new workforce structure is implemented from 1st April 2020.

42. An employee pulse survey is also being designed to seek regular feedback from employees across the whole department; this will give a richer source of information to allow more targeted interventions that might improve the health and wellbeing of colleagues to improve this indicator.

Use of Resources

43. This area of the core metrics is still under development and a first draft will be available in the next quarterly update. It is however envisaged that it will be under this section that service improvement work and progress will be reported.

Transformation and Change

44. The current transformation programme, Improving Lives, is due to close on 31st March 2020. The Improving Lives Portfolio previously reported to this Committee quarterly and has reported delivery of savings across the below programmes of work from 1st April 2018 to 31st March 2020:

- Early Resolution
- Promoting Independence Interventions
- Commissioning & Direct Services

45. A more detailed summary of the Improving Lives Portfolio along with a future transformation plan for the department will be provided following 2019/20 year-end validation. In summary the programme is on track to have delivered £24.891m savings against a target of £21.094m between 2018/19 and 2019/20. The latest Programme summary status is included as **Appendix C**.

46. There remains a further £6.317m of approved savings to be delivered by Adult Social Care between 2020/21 and 2022/23 and these will continue to be monitored and tracked with progress being reported to Committee via the relevant finance reports.

47. It is proposed in future that this report contains both the performance update using the core metrics framework and the transformation and change update with the addition of information on complaints and employee wellbeing as contained in this report. The rationale for this proposal is so that the performance of the department can be considered more fully and in the round with the availability a wider suite of information available to cross reference.

Other Options Considered

48. Reporting in the same way as previously provides two separate quarterly reports to Committee - a quarterly Performance update and a quarterly Transformation and Change report - however it is felt that this is not an efficient way to continue, neither does it provide the range of data required to give a more rounded view of the department's performance and progress.

Reason/s for Recommendation/s

49. To agree a future approach to performance reporting to Adult Social Care and Public Health Committee.

Statutory and Policy Implications

50. 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

51. The department is currently forecasting a net underspend of £4.192m as described in **paragraphs 5 to 11**.
52. Progress on delivering the department's savings is contained within **paragraphs 44 to 47**.

RECOMMENDATION/S

That Committee:

- 1) considers whether there are any further actions it requires in relation to the finance and performance information for the period 1 October 2019 to 31st January 2020
- 2) approves the proposed new core metrics as a framework for reporting performance against going forward.
- 3) agrees to the closure of the Improving Lives Portfolio, pending year-end summary, and agrees to take updates on Service Improvement and Transformation and Change as part of quarterly performance reports in future.

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Stacey Roe
Service Improvement Group Manager
T: 0115 9774544
E: Stacey.roe@nottsccl.gov.uk

Constitutional Comments (AK 18/02/20)

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

Financial Comments (KAS 14/02/20)

54. As at the end of December 2019, the Adult Social Care and Public Health department is forecasting an in-year underspend of £5.532m before reserves and £4.192m after accounting for reserve movements.
55. The savings currently forecast to be delivered by the end of this financial year are £2.85m more than the cumulative target due to the early delivery of savings. This has been factored into the department's forecast financial position and is contributing to the in-year underspend position

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.

[Planning and Performance Management Framework](#) – report to Policy Committee on 24th April 2019

[Adult Social Care Culture Change Programme](#) – report to Adult Social Care and Public Health Committee on 6th January 2020

[Sickness Absence Performance and Ongoing Actions for Improvement](#) – report to Personnel Committee on 27th November 2019

[Adult Social Care and Public Health Departmental Strategy](#)

[Local Government and Social Care Ombudsman Decisions – November to December 2019](#) - report to Governance and Ethics Committee on 4th March 2020

Electoral Division(s) and Member(s) Affected

All.

ASCPH702 final

Adult Social Care Performance Update - January

	Nottinghamshire						Completion National
	Current Value	Best to be	Target 19/20	Reporting Period	Previous month	Previous Annual	
Assessments and Reviews							
Percentage of contacts passed to Tier 3 (assessment)	45.9%	Low	25%	Dec-19	43.2%	33.3%	SA
Percentage of reviews of Long Term Service Users completed in year	70.0%	high	80%	Dec-19	64.1%	68.6%	L
Percentage reviews where the package cost was reduced following review (long term services only) Older Adults	19.0%	High	15%	Dec-19	19.7%	21.1%	SA
Percentage reviews where the package cost was reduced following review (long term services only) Younger Adults	15.7%	High	66%	Dec-19	16.0%	18.5%	SA
Average number of reviews per SU per year per pathway: Active	1.5	High	2	Dec-19	1.5	1.38	SA
Average number of reviews per SU per year per pathway: Standard	1.51	-	1	Dec-19	1.5	1.35	SA
Average number of reviews per SU per year per pathway: Continuation	1.27	-	1	Dec-19	1.26	1.18	SA
Reablement							
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	84.4%	high	83%	Nov-19	84.3%	77.9%	£
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	2.6%	high	2.5%	Nov-19	2.8%	1.9%	
Average length of stay in START reablement (days)	21	Low	20	Dec-19	21	23.7	SA
Percentage of contacts resulting in referral to Programme of Independence (enablement type services)	49.8%	High	70%	Dec-19	49.5%	46.6%	SA
Delayed Transfers of Care							
Delayed Transfers of Care per day per 100,000 popn NHS (iBCF)	7.2	low	5.5	Nov-19	6.7	7.7	
Delayed Transfers of Care per day per 100,000 popn Social Care (iBCF)	0.1	low	0.7	Nov-19	0.1	0.3	
Delayed Transfers of Care per day per 100,000 popn Joint (iBCF)	0.2	low	0.55	Nov-19	0.2	0.4	
Packages of Care and Support							
Number of new packages set up each month		Low	To reduce	Dec-19	515	485	SA
Average package cost for LT and ST services		Low	To reduce	Dec-19	£476	£ 415	SA
Direct Payments							
Proportion of adults receiving direct payments	41.4%	high	42%	Dec-19	41.3%	42.8%	2
Proportion of carers receiving direct payments for support direct to carer	100%	high	90%	Dec-19	100%	100%	7
Percentage of new Direct Payments used to purchase a Personal Assistant	18.9%	High	50%	Apr - end Oct	18.6%	16.3%	SA

	Nottinghamshire						Completion Nation
	Current Value	Best to be	Target 19/20	Reporting Period	Previous month	Previous Annual	
Long Term Care							
Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	14.6	low	19.9	Dec-19	13.2	17	
Number of Younger Adults supported in residential or nursing placements (Stat return)	625	low	635	Dec-19	634	635	
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	437.6	low	583.5	Dec-19	374.2	595.1	
Percentage of older adults admissions to LTC direct from hospital (BCF)	14.1%	low	11%	Dec-19	15.2%	14.0%	L
Number of Older Adults supported in residential or nursing placements (Stat return)	2349	low	2309	Dec-19	2356	2349	
Percentage of LTC admissions that came direct from all types of short term bed based care interventions	44.2%	Low	n/a	Dec-19	43.9%	45.3%	SA
Employment and accommodation							
Proportion of adults with Learning Disabilities in paid employment	2.4%	high	2.9%	Dec-19	2.5%	2.7%	
Proportion of adults with learning disabilities who live in their own home or with their family	74.8%	high	77%	Dec-19	76.2%	75.4%	7
Proportion of adults with a Mental Health problem in paid employment	4.8%	high	new	Dec-19	4.7%	5.3%	L
Proportion of adults with a Physical Disability in paid employment	3.8%	high	new	Dec-19	3.6%	n/a	L
Safeguarding							
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	66.1%	high	70%	Dec-19	66.9%	67.9%	6
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)	86.0%	high	85%	Dec-19	86.1%	84.8%	7
Percentage of safeguarding service users who were asked what outcomes they wanted (stat return)	83.5%	high	85%	Dec-19	84.3%	81.7%	L
Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved (stat return)	74.5%	high	80%	Dec-19	73.1%	77.6%	L
DoLS							
Percentage of DoLS assessments received and completed in year	85.0%	high	90%	Dec-19	83.0%	87.0%	L

Developing a new set of metrics for Adult Social Care

Adult Social Care Core Metrics



Positive Contributions



Independence



Quality of Life



Use of resources

Melanie Brooks & Stacey Roe
January 2020

Objectives

To develop a set of core metrics for the department that:

- Let us see if we are fulfilling our purpose as a Social Care Department
- Can be used to clearly communicate how we all contribute to the success of the department

Will be used :

- To inform all Service Plans and therefore the department's key messages
- To set targets – i.e. Corporate Director, Service Directors, all managers, teams and individuals
- In all EPDR's i.e to measure performance of employees

Ideally the
core measures
will...

- Be co-produced with colleagues
- Easy to understand
- Drawn from a range of sources
- In place from 1st April 2020

Adult Social Care Core Metrics



Positive Contributions



Independence



Quality of Life



Use of resources



Positive Contributions

Do we support people to enjoy meaningful lives where they can make positive contributions to their families, networks and communities?



Independence

Do we support people to live as independently as possible, allowing them to be in control of their lives and support?



Quality of Life

Do we contribute towards people having a better quality of life?



Use of Resources

Is the way we are managing resources and work with partners across the department and the wider system effective, efficient and consistent in supporting good outcomes for people?



Positive Contributions

Keeping Family, Friends and Connections

Are the people we support connected to networks and the community?

Learn, Volunteer and Work

Are we supporting people to engage in activities that add meaning to their lives?



Independence

My Support, my way and staying in control

Are we working with people to ensure they are in control of their support and can make their own decisions?

Living the life I want, keeping safe and well

Do we work with people to understand what is important to them and then support them to achieve this?

Information and Advice

Do we provide the right information and advice so people can help themselves when they need to?



Quality of Life

People

Do people we work with have a good quality of life?

Carers

Do carers have a good quality of life?

Workforce

Is staff wellbeing high and are we enjoying our jobs?



Use of resources

Use of the Adult Social Care Budget

Are we best utilising the overall budget to provide the best outcomes for people? Including how we work with partners across the wider system.

Consistent Support Offer

Can we offer consistent support in terms of practice, quality and provision across the county?

Time spent working directly with People

How much time are we spending with people v time on processes?

Development of metrics requires:

- Be clear on what we are wanting to measure
- Why this is strategically important to us
- What is it important to know
- Considering options for what we then measure
- What would we use this information for
- What do we already collect/how could we measure it

The new Core Metrics ...

- Will not replace or remove the need for other measures or reports BUT we should be able to see how all other measures roll up to support the core metrics
- Will need to be drilled down into, in order for us to fully understand and therefore make management decisions

Next Steps

- Iterative development of the core measures
- Build in to annual Service Plans and future Departmental Strategies

Improving Lives Portfolio - (as per Project Highlight Reports, submitted January 2020)

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend		Project Status	Savings Targets					Savings at Risk / Slippage / Over delivery					Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT	
					Project		2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	2022/23 (£000)s	Total (£000)s	Previous Years (£000)s	2019/20 (£000)s	2019/20 & Previous Years (£000)s	2020/21 (£000)s	2021/22 (£000)s				Total (£000)s
Improving Lives Portfolio		On Target	On Target	Same			12,525	4,827	1,142	348	18,842	-3,461	733	-2,728	-521	-331	-3,580	90	-3,670	The Improving Lives Portfolio is on target and forecasting to over deliver savings targets by £3.670m.
ASCH 180123	Promoting Independence Interventions This programme of work will look at changes across 3 main areas detailed below:	On Target	On Target	Same			9,911	3,568	1,142	348	14,969	-3,596	140	-3,456	-57	-331	-3,844	90	-3,934	The programme status for Promoting Independence interventions reporting as on target . Whist there are some areas of work in the area that are not on target these are proportionally quite small hence the overall on target status.
SCH1802	Interventions for Adults aged 65+: This work brings together 4 areas of activity: •Improve best practice and decision making in support planning (including in hospital settings). •Increase capacity in reablement •Ensure short term provision is used to maximise independence •Greater provision of Housing with Care (Extra Care). Example Benefits: •More adults aged 65+ completing START reablement. • A shorter average time spent in START, helping to increase capacity. • More service users will have benefitted from appropriate short term intervention, to support them to greater levels of independence. • Greater sharing of best practice will allow for improved consistency in support planning across teams, leading to improved outcomes for service users. • More service users are on a more appropriate pathway, giving them a more independent ongoing level of care.	Experiencing Obstacles	Experiencing Obstacles	Same	Reabling more older people to regain their independence by increasing capacity in the START Service & scheduling service user visits	On Target	This month the transforming reablement project remains on target. 185 service users completed reablement with START in January 2020. 80.9% of these service users required no ongoing homecare following their reablement. The average length of stay in START during January 2020 was 22 days.													
					Housing with Care	At Risk	A review of all the extra care initiatives has taken place during summer/ autumn 2019; this has identified the need to change the approach to management of extra care, in order to identify and promote best practice across the entire estate. This model will then shape future provision.													
					Supporting the use of best practice in the support planning of Older Adults' care services	At Risk	The activity to support best practice continues however it has been difficult to validate savings hence the at risk status. The cashable savings for this project represent a small proportion of the overall savings for Adults 65+.													
					Commissioning of hospital discharge packages	At risk	Analysis has evidenced the project will not achieve target savings for 2019/20 but will be made from elsewhere across the Improving Lives portfolio.													

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend		Project Status	Savings Targets					Savings at Risk / Slippage / Over delivery					Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
					Project		2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	2022/23 (£000)s	Total (£000)s	Previous Years (£000)s	2019/20 (£000)s	2019/20 & Previous Years (£000)s	2020/21 (£000)s	2021/22 (£000)s			
ASCH1 803	Interventions for Adults aged 18-64: The overall aim of this work is to ensure service users are supported to live as independently as possible with a good quality of life. This work will focus across three areas below: <ul style="list-style-type: none">• Promoting independence in current settings.• Supporting service users to live as independently as possible. • Preparing for Adulthood – Improving Transitions between Children’s and Adult’s Services. Example Benefits: <ul style="list-style-type: none">• Reduction in the number of support / outreach hours commissioned in existing settings (e.g. supported living schemes / residential care) through active reviewing and better use of shared hours and negotiations with providers.• More people supported to move into a more independent setting (e.g. from residential care to supported living, or from supported living into general needs accommodation.•More people receiving short-term enablement support that helps maximise their independence for longer.• Some service users may have earlier	On Target	On Target	Same	Housing with Support	On Target	This work combines three existing projects, Reductions in Long Term Care Placements, Promoting Independence in Supported Living and Outreach Services and Alternatives to Residential Care. The Housing with Support work will then go on to build upon these existing projects, by implementing the Housing with Support Strategy which seeks to ensure the effective management of the whole Living Well accommodation landscape, ensuring where housing is a requirement of meeting someone's support needs, that this is done in the most appropriate setting to support independence.												
					Notts Enabling Service	On Target	The Notts Enabling Service (NES) project is on target for December 2019. The number of younger adults having their independence promoted by the team through focussed work to learn or regain life skills is currently 35 per month, this is against a target of 32.5. These activity levels and the positive outcomes the team are supporting individuals to achieve means in turn there is a decrease in the on going level of support needed.												
					Transitions	On Target	Work to promote the independence of people transitioning in to adults services continues to be successful. This in turn has resulted in a reduction in the level of support needed and therefore this project is on target to deliver against it savings target.												

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project	Project Status	Savings Targets					Savings at Risk / Slippage / Over delivery					Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
							2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	2022/23 (£000)s	Total (£000)s	Previous Years (£000)s	2019/20 (£000)s	2019/20 & Previous Years (£000)s	2020/21 (£000)s	2021/22 (£000)s			
ASCH1 804	<p>Cross cutting interventions:</p> <p>This work refers to intervention that applies to service users aged 18-64 and 65+, and includes work across:</p> <ul style="list-style-type: none">• Reviewing.• Direct Payments. <p>• Further Investment in Assistive Technology (AT) to Promote Independence.</p> <ul style="list-style-type: none">• Income Generating Projects. <p>Example Benefits:</p> <ul style="list-style-type: none">•More service users will be reviewed earlier or more frequently than previously, maximising the opportunity to increase or maintain their independence and reduce reliance on formal support.•Increased use of community and voluntary support options for existing service users to maximise their independence, and subsequent reduced use of homecare, day services, transport services and other paid for sources of support.•Increased use of Personal Assistants and Pre Paid Cards.•Increased ability of service users to use Assistive Technology to self-care and remain independent for longer, and increased opportunities to prevent falls and reduce hospital admissions.•Increased income generation.	On Target	On Target	Same	Targeted Reviews (C07)	On Target	By year end it is projected that £1.302m in year savings will be achieved. This means that, when taking into account the early delivery of savings in former years, by March 2020 the project will have exceeded its £8.5m savings target by £1.834m. The % of reviews (of packages of long term care) undertaken in the previous 12 months increased again over December from 81.82% to 82.61%. This exceeds slightly the annual target of 80%.												
					Review the benefit rates and minimum income guarantee levels used to calculate service users’ contributions towards the cost of their care and support.	On Target	Based on income invoiced to date, projected year end additional income / savings suggests there is no risk of the profiled target of £2.6m not being met. As expected, the levels of approved short term waivers and number of approved Disability Related Expenditure (DRE) cases above the £20 standard allowance are exceeding last year's baseline as a result of the changes to the contributions policy.												
					Further Expansion of Assistive Technology to Promote Independence (C08)	On Target	Based on assistive technology installations for the first nine months of the 2019/20 financial year and the full year carry forward from 2018/19 activity, savings are currently forecast by finance to be £2.243m against a target of £2.175m.												
					Brokerage for self-funders (full cost recovery)	Experiencing Obstacles	Currently, 92 users of the brokerage service are being charged, which by year end equates to income of £11,191. Various mitigations are in place in order to close the income gap. In the meantime, it is anticipated that the project's status will remain as 'Experiencing Obstacles' for the foreseeable future.												
					Protection of property and pets	On Target	This project is delivering as anticipated and is on target.												
					Direct Payments (OFC C01 2015 & C04 2016)	Closed or Completed	The project's status has now changed to 'completed' following sign-off of its closure report and the achievement o f the cashable savings. Ongoing tracking and oversight of the project's activity measures will continue.												

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend		Project Status	Savings Targets					Savings at Risk / Slippage / Over delivery					Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
					Project		2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	2022/23 (£000)s	Total (£000)s	Previous Years (£000)s	2019/20 (£000)s	2019/20 & Previous Years (£000)s	2020/21 (£000)s	2021/22 (£000)s			
ASCH 1801	Early Resolution	On Target	On Target	Same			394	416			810	5	75	80	-80			The programme overall is on track. The 3 Tier project status is currently performing above target and it continues to increase the number of people whose needs can be met early with information, advice, signposting or short term interventions without the need for a full assessment or on going package of support.	
	Early Resolution (3 Tier)				On Target	The Early Resolution (3 Tier) projects main focus is to resolve issues for people who contact the council with a query as early as possible at the front door. Help and support is given to people to help themselves to information, providing guidance and signposting people to other partners and community support as appropriate. Solutions are offered that support people in the short term or a crisis situation hence reducing the amount of people that are referred to our district community teams for an assessment of need that may result a long term care package. The project remains on target in reducing the amount of referrals passed to district teams. This means more people are benefiting from an early intervention in a timely way.													
	New ways of working for carers				Experiencing Obstacles	The savings for the Carers project will be achieved in the next financial year 2020/21 but not as anticipated in 2019/20 hence the experiencing obstacles status. The in year savings will be covered by the over achievement of the Early Resolution Project.													

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend			Savings Targets					Savings at Risk / Slippage / Over delivery						Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
					Project	Project Status	2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	2022/23 (£000)s	Total (£000)s	Previous Years (£000)s	2019/20 (£000)s	2019/20 & Previous Years (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s			
ASCH1 805	Commissioning & Direct Services	Experiencing Obstacles	Experiencing Obstacles	Same			2,220	843			3,063	130	518	648	-384		264		264	The overall status of the programme is On Target.
	The main focus of this programme is considering options around the use of some of the Department's Direct Services, in order to optimise opportunities to reduce running costs and increase income through commercial development.				Care & Support Centres (C03)	On Target	Bishops Court scheduled to close March 2020. The assessment apartments at Priory Ct are now open. The additional 10 temp beds at Westwood have been extended until 31/3/20. So from 1/4/20 there will be 10 assessment apartments in Bassetlaw and 10 community places supported by health.													
	Relevant Direct Services under the scope of this work include: •The County Horticulture and Work Training Service •Care and Support Centres •Investment in Shared Lives				Review of Day Services	On Target	The project has achieved savings of £107k. Further reviews of the remaining project cohort have achieved savings of £44k which means that over £135k has been removed from the day services budget. Project remaining open while further savings are investigated.													
	Outcomes the programme will support: •Promote greater use of the services and their assets. •Increase income generation and maximise productivity. • Increase in the number of Shared Lives carer households recruited.				Review of external contracts	Closed or Completed	3 contracts have been reviewed and this project is now complete.													
					Savings from revised Contractual Arrangements	Closed or Completed	This project has now been completed and closed.													
					County Horticulture and Work Training Service	Experiencing Obstacles	Work started in January to develop the County Horticulture Brooke Farm site. Work is expected to take 16 weeks to complete.													
					Investment in Shared lives	At Risk	Committee report to recruit four new coordinators for the Shared Lives scheme was approved at ASCH committee. Discussions will now take place as to whether the current project will be closed and superseded by a new project to recruit carers for the scheme.													
					Integrated Community Equipment Loan Scheme (ICELS)	On Target	CCGs have agreed to the proposed revisions of the % funding splits for ICELS.													
					Maximise the income available to the Council's directly provided adult social care services	Compromised	Work to market short breaks to other LAs will continue as Business As Usual. However despite extensive consideration no ways to increase income from Direct Services have been found to be viable.													

16th March 2020**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR, COMMUNITY SERVICES, LIVING
WELL****CHANGES TO THE STAFFING STRUCTURE AT BROOKE FARM****Purpose of the Report**

1. The purpose of this report is:
 - a) to seek Committee approval to implement a revised staffing establishment at Brooke Farm from 1st April 2020 in order that resources can be realigned to deliver the Council's priorities and vision for adult social care and support for adults with disabilities attending the Employment Hub to prepare for and secure paid employment.
 - b) to seek Committee approval that the temporary posts of Care and Support Worker identified in the structure are made permanent.

Information

2. In September 2015, Committee approved the development of an Employment and Skills Training Hub within the Council's County Horticulture Service. The Hub forms part of the wider service which supports service users across two sites at Brooke Farm in Linby and at Balderton, Newark. People are supported to gain skills in horticulture, retail, food preparation and administration.
3. It is envisaged that once completed, the site improvements at Brooke Farm, approved by Committee in April 2018, will increase customer numbers and average spend through commercial development, whilst offering a greater range of work experience opportunities available to those attending.
4. The current staffing model does not adequately reflect the roles required to successfully operate both the training hub and develop the site to provide a rural retail experience which plays an active part in the local community.
5. Departmental workforce remodelling saw teams take part in employee engagement sessions on how resources are utilised and made suggestions for changes and improvements. Following this, a review of current staffing structures and job descriptions has been undertaken at Brooke Farm.

Proposal to seek approval to implement a revised workforce structure at Brooke Farm

6. The current staffing structure is outlined at **Appendix 1**. The current structure requires revision to ensure that the developments at the Brooke Farm site can be staffed and fully operational. All the job descriptions have been reviewed and updated to reflect the changes required to Brooke Farm operations.
7. The proposed staffing structure is outlined at **Appendix 2**. In this structure there are no changes to the Caretaker and the Care and Support Worker job descriptions. Both the Team Manager and the Retail Manager have had their job descriptions reviewed and updated to reflect operational changes at the Farm. The new structure proposes the following:
 - to disestablish 1 FTE Employment Service Leader (Band A) post, and a temporary 30 hour Care and Support Worker (Grade 2) post which is currently vacant.
 - to revise and consolidate the current Employment Inclusion Worker and Employment Service Worker roles, changing the job title to Employment Development Worker. There are an additional 2 FTE Employment Development Worker (Grade 5) posts in the proposed establishment, increasing the number of posts from 5 FTE to 7 FTE.
 - to revise the Sales Assistant job description and to increase the number of hours from 3 FTE Grade 1 (indicative grade) to 3.76 FTE and to change the title of this post to Retail Assistant.
 - to establish 1.14 FTE Food Service Assistant (Grade 1, indicative grade) posts to work in the new café.
8. Redesigning the staffing structure in this way will offer greater opportunities for employment training for the people attending and give greater flexibility to increase the shop and café opening times to develop the commercial offer.
9. Any changes to working patterns as a result of extended opening hours at Brooke Farm will be subject to consultation with affected staff, supported by HR colleagues and Trade Unions.
10. The costs of additional staffing will be met through the deletion of the Employment Service Leader post and deletion of vacancies within the existing structure.
11. One full time Employment Service Leader, currently employed at Brooke Farm, may be at risk of redundancy because of the proposal to remove this post from the new structure. The affected postholder will be supported to identify a suitable redeployment opportunity in line with Council Policy and offered the opportunity to seek Voluntary Redundancy, if this is not possible.
12. Vacant posts within the Horticulture Service and Sherwood Industries will be deleted from the structure.
13. A consultation period ran from 15th November to 13th December 2019. Throughout this period a number of presentations and meetings were held with staff. Managers were also available for individual sessions. Staff unable to attend a meeting in person had an overview

discussed with them and were given information on how to give feedback. Trade Union colleagues were invited but no representatives were available to attend . A summary email was sent to the Trade Union Representatives and comments invited.

14. Feedback received has been collated and responses fed back to staff and Trade Union colleagues.
15. The main views and feedback arising from the consultation are attached as **Appendix 3**.

Proposal to seek approval to make permanent the temporary posts of Care and Support Worker

16. The provision of Care and Support Workers on a temporary basis at Brooke Farm has enabled the existing service users to receive a package of tailored support which reflects their individual needs.
17. The proposal to revise the current staffing model and make permanent 2.43 fte Care and Support Worker (Grade 2) posts will ensure that service users continue to benefit from the therapeutic elements of the Employment Hub and support the Council to maintain the service to this group.

Other Options Considered

18. To leave the structure without review or formal change.

Reason/s for Recommendation/s

19. The proposal will deliver employment outcomes for people attending the Employment Hub. It will offer wider opportunities to experience practical placements in readiness for paid employment.
20. The revised staffing model will assist to achieve the outcomes of the report to Adult Social Care and Health Committee on 16th April 2018, reducing the annual running costs of the service, as developed with the Council's Commercial Development Unit.

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. The cost of the staffing structure within Brooke Farm will increase from £378,000 to £586,000. This increase can be met by the removal of the Employment Service Leader post and deletion of vacant posts across the wider services.

23. Sufficient funding has been included in the budget to enable payment of the weekend working enhancements as set out in the current Terms & Conditions.
24. There will be no impact to the current savings being delivered by the Brooke Farm savings programme by the implementation of these changes.

Human Resources Implications

25. The proposed structure is set out in **Appendix 2**. Employees have been involved in developing the proposed structure and job descriptions and they along with Trade Union colleagues have been formally consulted in line with the Council's agreed processes. Confirmation of grades where there have been any changes within the structure will be confirmed using the agreed job evaluation process.

Implications for Service Users

26. The revised staffing structure will enable the development of the site and increase the range and capacity of work training activities available to service users.
27. The work being undertaken to support adults with disabilities into employment is a positive driver towards independence and choice.

RECOMMENDATION/S

- 1) That Committee approves the following changes to the staffing establishment at Brooke Farm from 1st April 2020:

To disestablish the following:

- 1 FTE Employment Service Leader (Band A) post
- 30 hours Temporary Care and Support Worker (Grade 2)

To establish the following:

- 2 FTE Employment Development Worker (Grade 5) posts
- a further 0.76 FTE Retail Assistant hours (Grade 1)
- 1.14 FTE Food Service Assistant (Grade 1) posts

To make permanent the following temporary posts:

- 2.43 FTE Care and Support Workers (Grade 2).

Ainsley MacDonnell
Service Director, Community Services, Living Well

For any enquiries about this report please contact:

Ainsley Macdonnell
Service Director, Community Services, Living Well

T: 0115 9772147

E: ainsley.macdonnell@nottscc.gov.uk

Constitutional Comments (KK 17/02/20)

28. The proposals in this report are within the remit of the Adult Social Care and Public Health Committee.

Financial Comments (OC20 24/02/20)

29. The changes to the proposed permanent structure are summarised in **paragraph 7**. The permanent budget will be £586,000 and be met by the removal of the Employment Service Leader post and deletion of vacant posts across the wider services.

HR Comments (SJJ 14/02/20)

30. Appointments to the posts in the new structure will progress in line with the Council's agreed policies and procedures; including the Enabling Process. Any displaced employees will be dealt with under the Council's Redundancy and Redeployment Policy. As outlined in the report staff and Trade Union colleagues have been consulted on the proposals.

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.

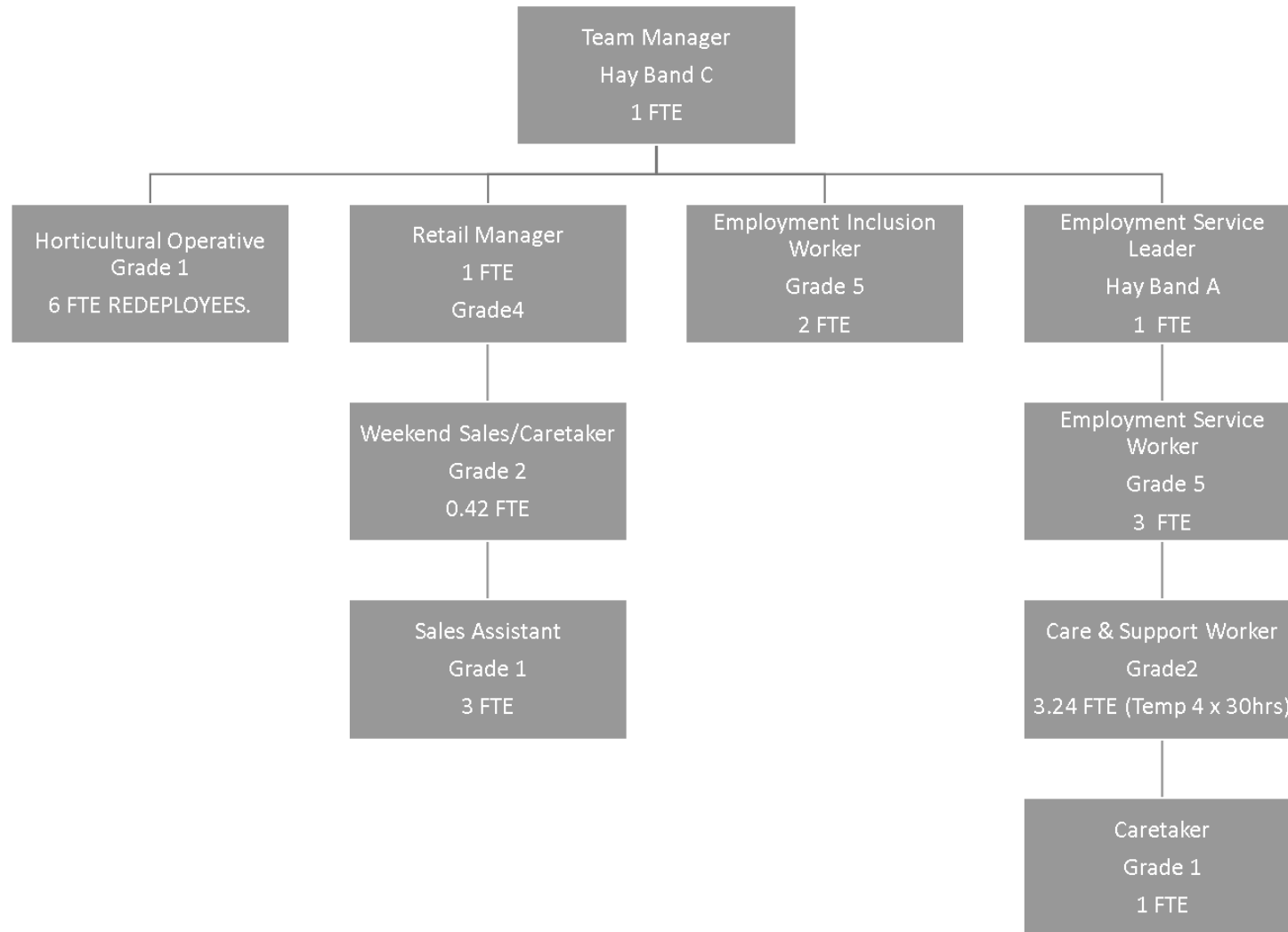
[Consultation about the future of the County Horticulture Service – report to Adult Social Care and Health Committee on 7th September 2015](#)

[Adult social care and commercial development – outcome of consultation – report to Adult Social Care and Public Health Committee on 16th April 2018](#)

Electoral Division(s) and Member(s) Affected

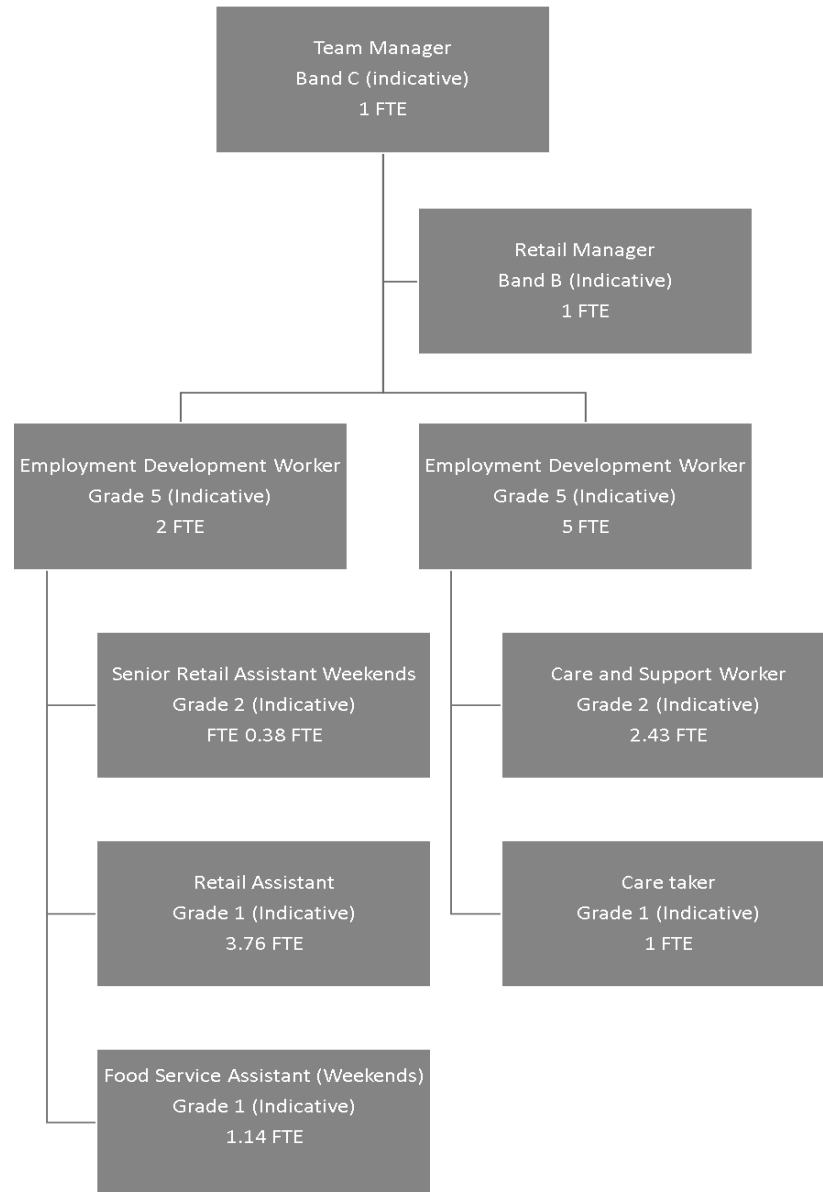
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PROPOSED STRUCTURE

Appendix 2



Shop and Café opening	Clarity requested around proposed opening times.	Weekdays 9-5pm, Saturday 9-5pm, Sunday 10-4pm. It has been proposed that in addition to the current Saturday workers, posts are added to the structure to cover the weekend in both areas.
Weekend Working	Would Employment Development Workers be expected to work across 7 days.	There is no plan to change Employment Development Workers Terms and Conditions to include weekend working. The cover rota which is currently agreed and operated will remain for Saturday and Sunday.
Extended Shop Opening Hours	What are the expectations in relation to Supported Employees working longer hours and for Sunday working.	There is no plan to extend current Supported Employees hours. Saturday hours would be adjusted to cover the requirements of the shop opening times but those using public transport will continue to be supported around the new hours as we do now.
Job Descriptions - Employment Development Worker	Distinction requested in terminology to reflect different user groups within the Hub.	The JD has been amended to clarify the two user groups.
	Key Responsibilities 1. Working one to one is unrealistic, unachievable and not practical.	It is the responsibility of staff to distinguish the required support, as happens currently. The addition of as required has been added to clarify. It is proposed that the words Learning Disability and or Asperger's is removed to widen the field of training available to other people.

	Key Responsibilities 6. Maximise individual's quality of life is difficult to achieve as one worker.	The JD has been amended to read contribute to.
	Role Dimensions 3,4. Clarification requested on meaning of work placement supported.	Work placement supported refers to the area that the person is placed within the Hub and not offsite.
	Education and Knowledge 7. Concerns raised as to the size of the Welfare Benefits topic.	The point does not assume extensive knowledge but an awareness of relevant benefits affecting the user group, and so the wording has been changed in the JD to reflect this
	Vocational Training. There is no requirement to hold or demonstrate an appropriate teaching qualification in the new JD. Staff should be able to train others in relevant vocational training.	Staff responsibility is to offer work training, the experience section reflects requirements going forward. Within the Hub vocational training can be undertaken in conjunction with a college, but wouldn't require staff to have a teaching qualification.
	NVQ 3 Care. The new JD has moved away from vocational training and has more reference to Care needs.	NVQ 3 Care is within the current JD, and so there is no change to this requirement. The new JD reflects the requirements of the service going forward and so Care remains included in the new JD.
	Key Responsibility 7 Keeping detailed and accurate records for people attending. It will be difficult to achieve, during a working day, taking into account other Key Responsibilities.	Keeping a log of your work is a requirement of your current role and is within current JD's so this is no change.
Senior Retail Assistant	Has the requirement for watering and livestock feeding at weekend been taken into account in the new JD.	These tasks are incorporated at Key Responsibilities 9 and Role Dimensions 26. All JD's have considered role requirements going forward.

Team Structure	How will Team Leader tasks be carried out in the new structure. In the absence of both the Team Manager and the Retail Manager who will be responsible.	It is proposed that some of the Team Leader tasks will no longer be required and the remainder will be picked up by the remaining management posts in the structure. The Service Manager still has overarching responsibility for the service, this has not changed.
	Where will the two additional posts of Employment Development Worker be placed.	It is envisaged that all Employment Development Workers will be expected to cover all areas of the farm as and when requested. Existing skill sets will be maintained as far as is practicable.
Relationships with other Teams	Is the team to have a closer association with I Work and the Futures teams.	It is proposed we will continue to partnership work as and when required to support people attending.
General	It was generally felt that the proposal was a positive move for Brooke Farm with more opportunities for both those attending the Employment Hub and those who attend for a therapeutic service. Other issues raised have been acknowledged as operational.	It is proposed that Operational Issues will be addressed as we move forward.

16th March 2020**Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH****PROPOSED INCREASES IN FEES FOR INDEPENDENT SECTOR ADULT
SOCIAL CARE PROVIDERS, DIRECT PAYMENTS AND OTHER CHARGES****Purpose of the Report**

1. To advise Committee of the application of annual inflationary increases for care and support services purchased from independent sector social care and support providers.
2. To seek approval for the proposed distribution of £11.485m fee increases to independent sector care and support providers across the different adult social care services following Full Council on 27th February 2020.
3. To seek approval to increase the Older Adults care home fees in line with the 'Fair Price for Care' agreed inflation calculation and National Living Wage increase.
4. To seek approval to increase the fees for Younger Adults residential and nursing care placements.
5. To seek approval to increase the fees for Home Care, Housing with Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision.
6. To seek approval to increase the charge for meals and brokerage.
7. To seek approval for the fee increases to be effective from 6th April 2020 to align with the payment cycle for the new financial year.

Information**The Care Act 2014**

8. The Care Act 2014, places statutory duties on councils to ensure there are sufficient care and support services in the local care market to meet the needs of all people in the area who require care and support. This includes services for people who arrange and manage their own care and support services, through the use of Direct Payments, and for people who fund their own care and support.

9. The Care Act also places a duty on councils to ensure provider sustainability and viability. Section 4.31 of the Care Act statutory guidance relates to the role of councils, as part of their market shaping duties, in ensuring that fees paid to providers are sufficient to enable them to meet their employer duties and responsibilities.

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

Implementation of the National Living Wage from April 2016

10. In line with national legislation the Council has uplifted fees in line with the National Living Wage.

The Budget

11. The Council's net budget for adult social care and health in 2020/21 is £210m, with a gross budget of £400m. The vast majority of this is spent on care and support services that are commissioned externally from both private and voluntary sector providers through contractual arrangements. The Council's gross budget allocations for externally provided care and support services for 2020/21 are broken down as follows:

Area of service	Budget
Care Home placements - Older Adults	£86.6m
Care Home placements - Younger Adults	£51.3m
Home care services	£18.3m
Supported Living services	£48.8m
Direct Payments	£41.1m

Care and support services in Nottinghamshire

12. The total number of people funded by the Council in long term residential or nursing care placements was 2,962 as at the end of January 2020. This includes those individuals who are residents of the County but who have chosen to live in a care home in another part of the country.
13. The Council also commissions a range of care and support services such as Home Care, Supported Living and Day Care services from independent sector providers to help people to remain living independently in their own homes. As at the end of January 2020, there were 7,645 people receiving community-based care and support services, based on their eligible needs, across all service user groups. People accessing care and support services are required to contribute to the cost of these services in

accordance with their financial circumstances and based on a financial assessment. Some service users will be meeting the full cost of their care.

14. The Council also commissions a range of carers support services which aim to help carers to continue with their caring duties. These services include information and advice and one-off support or on-going services, including short breaks provision, to approximately 3,170 carers. Many of these services are delivered through a Direct Payment.

Proposals for fee increases from April 2020

15. In April 2020, the National Living Wage (NLW) will increase from £8.21 per hour to £8.72 per hour for people aged 25 years and over which is a 6.2% increase. At the same time the National Minimum Wage (NMW) for 21-24-year olds will increase 6.5% to £8.20. The 18-20-year olds will increase by 4.9% in 2020 to £6.45 per hour. In anticipation of the cost pressures in social care arising from this increase, a further £10.344m has been allocated to the Department's base budget to be applied to adult social care services commissioned from independent sector providers.
16. With the exception of the Older Adults banded Care Homes in Nottinghamshire the inflationary increase relates directly to the increase in NLW contributions so the proposed percentage uplifts by service vary from 4.24% up to 7.04% according to the proportion of the current fee that is directly staff related.

Older Adults Residential and Nursing Care Home Provision

17. The Council has a proactive approach to ensuring that it meets its legal duty in taking account of the cost of care and ensuring a sustainable market across the whole County. It currently has a fee structure that is based on five quality bandings that are determined by an annual quality audit of the homes. This method of payment includes an inflation-linked fee increase to be applied annually using indices that were agreed as a part of a previous 'Fair Price for Care' exercise. This increase is paid to all banded older adult care home providers.
18. In addition to this since 2016 additional increases have been approved in line with the cost of the National Living Wage.
19. It is proposed that a 4.24% increase is applied across all older adult's care home provision within Nottinghamshire. This is the combination of the increase relating to the increase in the NLW for staffing and an increase relating to other inflationary cost pressures in accordance with the Fair Price for Care indices. The table below outlines the current weekly fee levels and the proposed weekly fee levels to be applied from April 2020:

Care Home Banding	Proposed Fee 2020/21 Care Home (current fee)	Proposed Fee 2020/21 Care Home including DQM Payment** (current fee)	Proposed Fee 2020/21 *Nursing care (current fee)	Proposed Fee 2020/21 *Nursing care including DQM Payment (current fee)
Band 1	£493 (£473)	£508 (£487)	£536 (£514)	£547 (£525)
Band 2	£547 (£525)	£604 (£579)	£614 (£589)	£662 (£635)
Band 3	£582 (£558)	£635 (£609)	£646 (£620)	£695 (£667)
Band 4	£595 (£571)	£647(£621)	£660 (£633)	£709 (£680)
Band 5	£613 (£588)	£667 (£640)	£679 (£651)	£726 (£696)

**For all care homes with nursing, the above fee levels are net of Funded Nursing Care contribution which was set at £165.56 per person per week in April 2019 and will not be increased for 2020. The Clinical Commissioning Groups (CCGs) fund and administer this element of the fee.*

*** DQM – Dementia Quality Mark Payment – those homes which provide high quality care and meet the Council's Dementia Quality Mark standard will receive an enhanced payment for those residents whose primary care requires complex dementia care.*

20. The review of the Quality Audit Tool (QAT) was completed in 2019 and a new tool was implemented for use from August 2019. There will be an evaluation of the new QAT in May 2020 after the first round of audits have been completed but initial feedback is positive as the new QAT is looking at outcomes for service users and celebrating good/innovative practices.
21. The review of the quality bandings/DQM in partnership with the Nottinghamshire Care Association and other providers is still on-going with any possible changes planned to be implemented in April 2021.
22. The older persons care homes contract specification is currently under review and extensive consultation and engagement with providers, stakeholders and partners is underway, it is anticipated that new contracts will be awarded from May 2020 following an extensive procurement process. The Council is to use the NHS Contract as it has done for Home Based Care with a specification designed to meet local need. It is also

less burdensome on providers as there is greater consistency and expectations from commissioners when we work together.

Younger Adults residential and nursing care home provision

23. Fee levels for younger adults residential and nursing care home provision are negotiated and commissioned via the Dynamic Purchasing System (DPS) with the care home providers on an individual basis based on the specific needs of the service user. In many cases, the fees have previously been determined through the use of the 'Care Funding Calculator' which is a widely recognised tool, used by many health and social care commissioners as it enables value for money considerations and provides a useful means of benchmarking the cost of complex care across the region.
24. Since 2016 additional increases have been approved in line with the cost of the National Living Wage.
25. It is proposed that a 4.66% increase is applied to all younger adults care home provision to cover the increase in the National Living Wage.

Home based care, Housing with Care and Supported Living services

26. Home based care, Housing with Care and Supported Living services are subject to market testing through competitive tender processes on a regular basis, usually every 3 – 5 years. Tendering provides the Council with the opportunity to test the market through an open and transparent competitive process in order to seek best value from providers.
27. Following the completion of the tender for Home based care and Housing with Care services in 2018/19, new contracts were awarded to a number of 'Lead providers' (with the exception of one scheme that was procured separately and has a different provider), each covering a large geographical area based on district council boundaries. 'Additional providers' are also contracted to supply care to supplement the lead providers. There are also a small number of spot contracts from legacy arrangements that are reducing over time.
28. In addition, the Dynamic Purchasing System (DPS) can be used to procure individual packages of care.
29. The above contracts do not require the Council to apply an annual inflationary increase.
30. Since 2016 increases have been approved in line with the cost of the National Living Wage.
31. It is proposed that a 4.66% increase is applied to 'Lead' and 'Additional' contracted Home-based care and Supported Living services and 5.02% is applied to Housing with Care services. Legacy arrangements will be negotiated in line with the Lead and Additional provider rates. The percentage increases are different for the two services as they relate to the proportion of the cost that is directly staff related.

Day Care Services

32. The Council has established matrix rates for internal day services, based on the following categories, reflecting their levels of need. It is proposed that a 4.64% increase is applied to all externally commissioned day services. The table below outlines the current weekly matrix levels and the proposed weekly fee levels to be applied from April 2020:

	2019/20	2020/21
Complex needs	£35.96 per session	£37.63 per session
High level needs	£18.55 per session	£19.41 per session
Medium level needs	£13.13 per session	£13.74 per session
Low level needs	£9.05 per session	£9.47 per session
1:1 support	£11.56 per hour	£12.10 per hour

33. Since 2016 increases have been approved in line with the cost of the National Living Wage.
34. In addition there are some spot purchased arrangements which are negotiated on an individual basis.

Shared Lives Services

35. Payments to Shared Lives carers are made at banded rates which are based on the complexity of the needs of the person placed with them. Nottinghamshire has a five banded rate schedule shown in the table below. For long term placements the payment to the carer is made up of three elements. These are room rent which is usually paid through housing benefit, a personal contribution currently set at £9 per night (£63 per week) and is a payment towards food and bills, and payment made for care costs by the County Council. The table below shows the gross payment made up of these elements:

Service User need level	Current gross payment to shared lives carers per week 2019/20	Proposed gross payment to carers per week in 2020/21
Basic	£225.68	£236.20
Low	£337.86	£353.60
Medium	£470.29	£492.21
High	£615.85	£644.55
Complex	£881.80	£922.89

36. It is proposed that the current rates are increased by 4.66%. In addition to this it is recommended that the contribution to food and bills which is paid by the service user is increased by £0.15 per night to £9.15 per night (£64.05 per week). The proposed increase to the nightly charge is based on the fact that Universal Credit will increase by 1.7% in April 2020.

Direct Payments

37. Since 2016 the rates for Direct Payments have been increased in line with National Living Wage.
38. It is proposed that a 7.04% increase is applied to Direct Payment **personal assistant** (PA) packages. A Direct Payment is where the service user receives an amount of money directly from the Council for their care costs. They then employ personal assistants directly to support them. This increase will take the basic rate for 2020/21 to £11.95.
39. The amount of increase applied for Direct Payments provided through home care agencies or Supported Living providers may vary depending on the providers' existing hourly rates, so where a home care provider's rate is above the rate of the Lead or Additional provider operating in the same geographical area, the Council will not automatically apply the rate increase. Any increase to be applied will be determined on a case by case basis depending on the needs and circumstances of the individual service user, at point of review.

Sleep-in provision

40. In order to ensure that the National Living Wage and overheads can be paid for all hours covered by sleep-in provision, it is proposed to increase the rate by 6.22% to £97.32 per night.

Proposals for charges – non-direct care provision

Meals

41. The Meals at Home service is due to transfer to the Place Department on 1st June 2020 following which a full review of the service including financial analysis will take place. Taking account of the NLW increase it is proposed to increase the cost of a meal by 11.1% which equates to 50p; the increased cost of a meal will be £5.00. This will be the cost for all hot meals provided by the Council's Meals at Home service and within the Council's own Day Services from 6th April 2020.

Transport

42. In line with the Day Opportunities Review it is not proposed to increase any charges until the full review has been completed.

Assistive Technology – Service Charge/Call monitoring

43. It is proposed to retain the existing charge of £2 per week for telecare as the service is currently being reviewed. Mobile telecare devices will be provided in some limited circumstances from April 2020, which will carry an additional charge of £1.50 per week (£3.50 total) to recover the additional service charges incurred with these devices.

Assistive Technology – 24 Hour Home Care Response service

44. It is proposed to retain the existing charge of £9.55 per week as the service is currently being reviewed.

Deferred Payment Scheme

45. The Deferred Payment Scheme charges a one-off fee of £195 for Legal support and £235 for administration on set up. It is proposed to retain the existing charge.

Appointeeship charge

46. Appointeeship is when the Council acts on behalf of an individual; it has responsibility for managing money, making and maintaining benefit claims, and reporting change of circumstances. To act as Appointee the Council charges £12 per week if the client has over £1,000 in their account. The appointeeship service is being separately reviewed so until the conclusion of that review it is proposed to retain the existing charge.

Deputyship charge

47. Deputyship has the same responsibility as being an appointee but also the additional protection of managing someone's assets, savings or property. These charges are set by the Court of Protection and remain as follows:

Fee Type	Cost
Application Fee	£385
Work up to date of Order	£745
Work up to 1 st anniversary	£775
Work up to 2 nd and subsequent anniversaries	£650
Property Fee, due on anniversary of Order and on completion of sale of property	£300
Annual Report Fee, due on submission of report	£216
Tax Return Fee	Use accountants
Winding Up Fee	£375
Short order	3.5% of net assets (if net assets are below £16000)
Travel Cost	£40/hr

Brokerage charge

48. For people who fully fund their care but wish the Council to broker their service a charge of £10.26 per month is applied. Its proposed that an annual uplift fee is applied to the current fee in line with inflation. This will increase the four-weekly charge to £10.73, equating to £139.49 per annum. It is recommended that this increase be implemented in line with the annual benefits uplift from 6th April 2020.

Other Options Considered

49. The Council has a legal duty under the Care Act 2014 to ensure a sustainable social care market across the County. The increases in the NLW are also legally binding.

Reason/s for Recommendation/s

50. The Council has a statutory duty to have in place a range of care and support services for people who meet national eligibility criteria, either directly through its internal services or through commissioned services from external providers. This statutory duty extends to ensuring that there is a viable and sustainable market of social care providers who can deliver the required services.
51. Consideration has been given to the current fee levels paid to care and support providers within the context of the increasing cost pressures arising from the impact of the NLW. The proposed fee increases should help providers to continue to deliver care and support services at a time when they are facing substantial increases in their costs, most of which relate to staff pay and terms and conditions of employment.

Statutory and Policy Implications

52. 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.

Implications for Service Users

53. The Council has a statutory duty to ensure there is enough provision of a diverse range of services to meet people's social care and support needs. An increase in fees paid by the Council to independent sector care and support providers will help to ensure that there are sufficient and viable services within the local market to meet current and future needs.

Financial Implications

54. £11.485m has been added to the Department's budget for 2020/21 and any costs over and above this will need to be met from within the departmental budget.
55. The ongoing cost pressures arising from the impact of the NLW have been built into the Council's Medium-Term Financial Strategy as approved by Full Council in February 2020.

Human Resources Implications

56. The information and proposals contained in this report relate to externally provided care and support services and do not have a direct impact on internal staffing. Any

increases in staff pay across the social care sector will help to ensure that the Council is able to commission appropriate levels of care and support services from independent sector care and support providers.

Public Sector Equality Duty Implications

57. This allocation of fee increases to meet NLW and NMW cost pressures should help to ensure that the services continue to be sustainable and that providers remain financially viable following the further increase in the NLW for over 25's from £8.21 to £8.72 per hour, and the increase in NMW for 21-24 year olds from £7.70 to £8.20 and for 18-20 year olds from £6.15 to £6.45 per hour.

RECOMMENDATION/S

That the Committee:

- 1) acknowledges the application of annual inflationary increases for care and support services purchased from independent sector social care and support providers.
- 2) approves the proposed distribution of £11.485m of fee increases to independent sector social care and support providers across the different adult social care services related to the further increase in the National Living Wage from 6th April 2020
- 3) approves the increase in Older Adults Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation
- 4) approves the fee increases for younger adult residential and nursing home care placements
- 5) approves the fee increases proposed for Home Care, Housing with Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision
- 6) approves the increases in charges for meals and brokerage.
- 7) approves that all the fee increases be effective from 6th April 2020 to align with the payment cycle for the new financial year.

Melanie Brooks

Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Cherry Dunk
Group Manager, Quality Assurance and Citizen Safety
T: 0115 9773268
E: cherry.dunk@nottsccl.gov.uk

Constitutional Comments (AK 04/03/20)

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

Financial Comments (KAS 05/03/20)

59. The financial implications are contained within paragraphs 54 and 55 of the report. £11.485m has been included within the Department's budget for 2020/21 and any costs over and above this will need to be met from within the departmental budget.

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.

[Fair Price for Care – Older Persons Care Home Fees – report to Policy Committee on 13th February 2013](#)

[Annual budget 2020/ 21 – report to Full Council on 27th February 2020.](#)

Electoral Division(s) and Member(s) Affected

All

ASCPH703 final

16 March 2020**Agenda Item: 10****REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme.

Information

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

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

Marjorie Toward
Service Director, Customers, Governance & Employees

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME 2020-21

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
20 April 2020			
Approval for tender for Direct Payments Support Services		Service Director, Strategic Commissioning and Integration	Malcolm Potter
Public Health Grant – proposals for investment of additional funding	To seek approval for proposals to invest additional Public Health Grant funding	Director of Public Health	William Brealy
Ombudsman/ complaints cases – quality report		Service Director, Living Well Services	Cherry Dunk
Day opportunities vision	To inform committee of the outcomes of the review and the plans for development of day opportunities.	Service Director, Strategic Commissioning and Integration	Clare Gilbert
Commissioning strategy for Short Breaks Services	To inform committee of the work undertaken on the need for short breaks services across the county.	Service Director, Strategic Commissioning and Integration	Mercy Lett-Charnock/Clare Gilbert
Progress on co-production approach in Adult Social Care and Health	To seek approval of the co-production approach to be used within Adult Social Care and Health.	Corporate Director, Adult Social Care and Health	Sarah Craggs/Mike Deakin
Market management position statement	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning and Integration	Cherry Dunk
11 May 2020			
Adult Social Care Digital Strategy	Progress report on the Digital Strategy, outcomes already achieved and future priorities within the Strategy.	Service Director, Strategic Commissioning and Integration	Anne Morgan
Refresh of Adult Social Care Strategy	Report on proposals for refresh of the Adult Social Care Strategy.	Corporate Director, Adult Social Care and Health	Stacey Roe
Self-assessment and sector-led improvement in Adult Social Care and Health	Progress update on outcomes of annual sector led improvement process in Adult Social Care and Health, including regional challenge	Corporate Director, Adult Social Care and Health	Jennie Kennington

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Technology Enabled Care		Service Director, Ageing Well Services	Clare Gilbert / Mark Douglas
Self-assessment and sector-led improvement in Public Health	Progress update on outcomes of annual sector led improvement process in Public Health, including regional challenge	Director of Public Health	Will Brealy
8 June 2020			
Performance in Adult Social Care and Health	Quarterly update report to committee on performance, progress with savings projects and the Improving Lives portfolio and the departmental budget. Also including end of year update on progress against the ASC&PH departmental strategy.	Corporate Director/Director of Public Health	Vicky Myers/Stacey Roe/Kath Sargent/ Will Brealy/Jennie Kennington
Progress update on Liberty Protection Safeguards	Update on the introduction and implementation of the new approach.	Service Director, Ageing Well Services	Annie Greer
Progress of framework agreement for equipment based major adaptations in people's homes	Requested by Committee December 2019, a follow-up report on progress with implementation of new framework.	Service Director, Strategic Commissioning and Integration	Cate Bennett
Children's Integrated Commissioning Hub	To seek approval for the arrangements of the Hub, the development of a new section 256 & MOU and proposed staffing changes	Director of Public Health	Louise Lester
13 July 2020			
Market management position statement	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning and Integration	Cherry Dunk