Nottinghamshire County Council

Adult Social Care and Health Committee

Monday, 29 June 2015 at 10:30

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

AGENDA

12 Exclusion of the Public

The Committee will be invited to resolve:-

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

Note

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

13 Exempt Appendix to Item 4, Health & Social Care Integration in Nottinghamshire

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

14 Exempt Appendix to Item 10, Development of Proposals for New Extra Care Schemes for Newark, Worksop and Arnold

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

Notes

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

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

Customer Services Centre 0300 500 80 80

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

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

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be

recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

Meeting	ADULT SOCIAL CARE AND HEALTH COMMITTEE
Date	1 June 2015 (commencing at 10.30 am)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

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

John Cottee
Sybil Fielding
Michael Payne
Andy Sissons
Pam Skelding
Stuart Wallace
Jacky Williams
Yvonne Woodhead
Liz Yates

OFFICERS IN ATTENDANCE

Caroline Baria, Service Director, ASCH&PP
Sue Batty, Service Director, ASCH&PP
Paul Davies, Advanced Democratic Services Officer, PPCS
Peter Davis, Interim Service Director, ASCH&PP
Jennie Kennington, Senior Executive Officer, ASCH&PP

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 27 April 2015 were confirmed and signed by the Chair.

CHAIR AND VICE-CHAIR

The appointment by the County Council on 14 May 2015 of Councillor Muriel Weisz as Chair and Councillor Alan Bell as Vice-Chair was noted.

On behalf of the Committee, Councillor Weisz thanked Councillor Woodhead for her service as Vice-Chair over the last two years.

MEMBERSHIP

The membership of the Committee as set out above was noted.

DECLARATIONS OF INTEREST

There were no declarations of interest.

DEPRIVATION OF LIBERTY SAFEGUARDS

RESOLVED 2015/040

(1) That the progress with actions being taken to respond to the increasing number of referrals for Best Interest Assessments (BIAs) under Deprivation of Liberty Safeguards (DoLS) be noted.

(2) That the following posts be established on a permanent basis:

- 1 fte Team Manager, Band D, scp 42-47 (£36,571 - £38,405) and the post allocated an authorised car user status
- 5 fte Senior Practitioner posts, Band C, scp 39-44 (£33,857 - £38,405) and the posts allocated an authorised car user status
- 15 fte Social Worker posts, Band B, scp 34–39 (£29,558 - £33,857) and the posts allocated an authorised car user status
- 5 fte Business Support Administrators, Grade 3, scp 14-18 (£16,231 - £17,714)

(3) That the following posts be established on a temporary basis with effect from 1 August 2015 to 31 March 2016:

- 4 fte Social Workers, Band B, scp 34-39 (£29,558 - £33,857) and the posts allocated an authorised car user status
- 3 fte Business Support Administrators, Grade 3, scp 14-18 (£16,231 - £17,714)

(4) That a progress report be presented in six months.

CARERS INFORMATION AND ADVICE HUB AND SUPPORT SERVICE

RESOLVED 2015/041

(1) That the outcome of the tender and that Carers Trust East Midlands will be the provider of the new Carers Information and Advice Hub be noted.

(2) That 2 fte Community Care Officer posts (Scale 5, scp 24 – 28) in the Carers Support Service be extended on a temporary basis until 31 March 2016, as detailed in paragraph 18 of the report.

(3) That one permanent fte Community Care Officer post (Scale 5, scp 24 – 28) in the Carers Support Service be established as detailed in paragraph 18 of the report.

DIRECT PAYMENTS POLICY

RESOLVED 2015/042

(1) That the proposed Direct Payments Policy be supported, and recommended to Policy Committee for approval.

(2) That the policy be kept under review and further developed in line with emerging legal and operational issues, subject to approval of the policy by Policy Committee.

PROPOSED REVISION TO THE FIRST CONTACT SCHEME

RESOLVED 2015/043

That the plan to progress the proposed changes to the First Contact Scheme be approved, in order to enable consultation with providers and partners, and to proceed with further work to scope requirements for replacement processes.

SOCIAL CARE CLINICS

RESOLVED 2015/044

That the progress on the development of social care clinics be noted.

OVERVIEW OF DEPARTMENTAL SAVINGS AND EFFICIENCIES PROGRAMME – ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

RESOLVED 2015/045

(1) That the progress over 2014/15 on budget saving projects being delivered by the Adult Social Care, Health and Public Protection Department be noted.

(2) That a 0.8 fte temporary part time post of Direct Payments Finance Officer (Personal Health Budgets) (Grade 4) in the Adult Care Financial Services Team be extended for up to one year from April 2015 to March 2016.

WORK PROGRAMME

RESOLVED 2015/046

That the Work Programme be noted, subject to a report after six months on Deprivation of Liberty Safeguards, and a progress report on the Carers Information and Advice Hub.

The meeting closed at 12.00 noon.

CHAIR

Nottinghamshire County Council

Report to Adult Social Care and Health Committee

29 June 2015

Agenda Item: 4

REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

HEALTH AND SOCIAL CARE INTEGRATION IN NOTTINGHAMSHIRE

Purpose of the Report

1. To provide the Committee with details of the key issues considered during a Members workshop on health and social care integration.

2. This report seeks approval for a set of guiding principles for health and social care integration. Once approved these will be used to inform recommended future planning and service delivery.

3. To propose the establishment of a Member reference group to provide recommendations to Committee on an approach to the future of the health and social care system in Nottinghamshire.

Information and Advice

4. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances, on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information relates to the financial or business affairs of individuals or organisations (including the Council. This information would add a limited amount to public understanding of the issues but may prejudice the commissioning process, due to the timing. The exempt information is set out in the Exempt Appendix.

Members workshop

5. A workshop was held on 1st June 2015 with Members including Cllr Weisz, Cllr Bosnjak, Cllr Woodhead, Cllr Sissons, Cllr Bell, Cllr Fielding, Cllr Skelding, Cllr Wallace and Cllr Williams. The purpose of the workshop included consideration of the following:

- national context on integration
- the benefits and challenges of integration
- update on progress in delivering an integrated health and social care system with the three emerging models in Mid Nottinghamshire, South Nottinghamshire and Bassetlaw
- role of local authorities and the key components of a good health and social care model.

6. For further information an overview report presented to workshop attendees around the overarching concept of integration is attached as **Appendix 1**.

7. David Pearson, Corporate Director, Adult Social Care, Health and Public Protection, began the workshop by introducing the context around integration nationally (a copy of the presentation is attached as **Appendix 2**). Amongst the key drivers on integration are the recently published Association of Directors of Adult Social Services (ADASS) paper Distinctive, Valued, Personal: Why Social Care Matters: The Next Five Years; the NHS Five Year Forward View paper, the recent determination of the Greater Manchester Health and Social Care devolution and the 2015 Challenge Manifesto.

8. Better integration between health and social care is almost universally accepted as part of the vision for responsive, caring services and delivering better outcomes for service users. Integration is as much about integrating various parts of the health services as it is integrating health with social care. Potentially, it is part of the solution to the pressures on health and the social care system, although, the national and international evidence does not support the hope that integration will deliver the overall level of savings required. Moreover, any savings tend to be generated through changing the model of care, that is, more investment in community services and less in acute hospital settings.

9. Locally, it is recognised that there are already many initiatives being developed or underway that demonstrate integrated practice in our teams: PRISM teams (multi-disciplinary health and social care teams working with individuals with long-term conditions); two Vanguards; and in Rushcliffe the partnership is developing a multi-specialty care provider (MCP) in primary care whilst Mid-Nottinghamshire is developing a primary and acute care system (PACS).

10. Learning from successful models of integration suggests that they should incorporate:

- an agreed unified vision based on the benefits of local people
- clarified outcomes
- aligned funding, structure and levers
- agreed geography
- co-production of changes with local people.

Main considerations and emerging themes from the workshop

11. The purpose of the workshop was to explore the emerging issues of health integration with Members, rather than making key decisions. Six key considerations were explored during the workshop and included:

- maintaining our statutory duties and underpinning social care principles
- performance
- workforce
- leadership
- finance
- governance

Maintaining our statutory duties and underpinning social care principles

12. When considering statutory duties the Local Authority has a wide duty to the citizens of Nottinghamshire in general and specific responsibilities to eligible service users including older adults, younger adults with learning disabilities, physical disabilities or mental health issues, carers and children and families in need. Duties to provide services extend to a range of settings including prisons.

13. Statutory duties include:

- provision of information and advice to all citizens of Nottinghamshire and access to advocacy
- provision of universal and preventative services and reaching out to people who would benefit from early intervention
- assessments, care planning, commissioning of services and reviews for service users and carers
- provision of Personal Budgets
- keeping people safe including safeguarding, deprivation of liberty and approved mental health functions
- occupational therapy services including access to equipment and adaptations
- strategic commissioning
- market development to enable a high quality, varied and sustainable market for the citizens of Nottinghamshire and manage provider failure
- policy making functions
- arrangements for charging for services
- financial systems to deploy Direct Payments.

14. The Care Act is clear that local authorities can delegate a majority of their care and support functions, but not all. Exclusions include being the lead for adult safeguarding and the power to charge. However, it is still clear in the Act that local authorities retain ultimate responsibility for how their functions are carried out and delegation does not absolve the local authority of its legal responsibilities.

15. There would need to be an equal partnership in order to ensure the social care model is strongly represented in any integrated arrangement, including leadership at the highest level.

16. It was recognised that there needs to be a shared understanding of mutual statutory responsibilities to ensure they are fully considered when commissioning and delivering future services. In addition there is a need to ensure that health commissioners and providers understand the underlying principles of social care that guide the Council's approach to the commissioning and provision of services.

17. This is important because those principles inform the Council's view on what a good health and social care system should look like. The Council's aspiration is for a well-being system that will offer personalised care, with early intervention to help people keep independent for longer and promote their health and social care well-being.

Performance

18. The Council is responsible for the delivery of social care to the citizens of Nottinghamshire and needs to maintain the Council's high level of performance including personalisation. Therefore, the Council needs to ensure good quality and outcomes through formal agreements and monitoring processes.

19. A common understanding is required across partners to enable the implementation of a joint outcomes framework. Robust and accessible systems across partners are required to be in place to ensure transparency of performance and outcomes throughout contract delivery.

20. Discussions in the workshop showed that there were areas of significant expertise within the Council that could be of great benefit within any integrated model. It is important that current areas of high performance are maintained and built upon. These include personalisation and point of access for social care (Customer Care Services) which currently resolves 70% of queries at first contact. Members would want to remain confident of high performance and be assured that this would be the case within any new models. Any future decision to transfer or delegate social care functions would require the Council to work in collaboration to enable the continued high standard of delivery and to act in a supportive leadership function until such time as performance demonstrates competence.

Workforce and leadership

21. At the workshop there was a discussion about the range of options open to the Local Authority in respect of new workforce arrangements and joint arrangements with health, including transfers to a partner organisation or a formal secondment, amongst others.

22. There was an acknowledgement of the cultural difference between the health and social care organisations. The Council would need to ensure that the social care model of well-being, promotion of independence and proactive risk taking remained key to service contracts and delivery.

23. Lessons learnt from national and local examples show that in settings where the social care worker role is not the predominant profession, there is a risk that their professional identify could be overlooked. It was recognised that a leadership structure would require a good balanced representation of social care and health staff groups in order to provide confidence to the workforce of representing their professional identities and central to the role of social care.

24. In the workshop there was a real appetite for considering all the options around multi-disciplinary, integrated teams. Opportunities were identified around skill mixing and enabling 'hybrid' workers (workers with both health and social care skills such as a care worker) to work across health and social care as this was seen as being in the best interests of the client. This would include the principle of 'trusted assessment', where partner organisations could complete a social care assessment on the Council's behalf and commission services. The 'trusted assessor' role could allow both health and social care staff to have access to assessment and care management roles and limited joint access to commissioning of services. These new roles could provide innovative

opportunities to address recruitment problems with care staff, reduce use of agency staff and remove duplication.

25. Further work has been completed in Mid-Nottinghamshire in developing a proposal on integrated teams based on a shared outcomes framework. Details of this are contained in **Appendix 3.** Further work is also underway in modelling the trusted assessor role and establishing the business case.

26. Members would wish to maintain a strong and influential relationship with any future integrated provider. For example, Members would want to remain confident that frontline staff were using agreed processes and they would still be involved in appropriate levels of decision-making.

27. Members would also want to ensure continuation of the direct line management of assessment, care management and other core statutory functions such as safeguarding, Deprivation of Liberty Safeguards and Advanced Mental Health Practitioners.

28. A joint workforce strategy is required to be developed regardless of the model and extent of health and social care integration.

Finance

29. In the workshop it was recognised that further clarity was required about financial commitment and responsibility in an integrated model of care. The Council would need to ensure that there were clear lines of accountability and effective control mechanisms, monitoring systems and risk sharing agreements.

30. It is anticipated that the Council will be required to make further savings from the Adult Social Care and Health budget. The Council would need to ensure that any future budget arrangements would build in the proposed additional savings required.

31. It is recognised that the options on budget arrangements within an integrated model of care and the need to reflect current and future savings and efficiencies targets will require further work across the three planning areas. The Council would need to ensure clarity about which budgets are part of integrated arrangements and who has the right to use these budgets; clear risk analysis; clear arrangements for how any under/overspends would be dealt with and how increased demand would be managed. It is proposed that options could be presented to a future Members reference group.

Governance

32. It was recognised that there are multiple levels of governance presently across two councils including Nottinghamshire, seven Clinical Commissioning Groups (CCGs), three acute trusts, a mental health trust and two community providers. Members are not represented at all of these groups. Following discussion at the workshop it was recommended that a Members Reference Group be established in order for Members to have more ongoing influence and involvement in the implementation of integration programmes, as this work is progressing at great pace. The Committee's views on the terms of reference and membership of this group are welcomed.

33. Members may wish to review the terms of reference for the Health and Well-being Board and the Adult Social Care and Health Board to reflect changing responsibilities in relation to integrated services.

Guiding principles

34. At the workshop, it was agreed a set of guiding principles is required to inform the design, development and planning of an integrated health and social care system. These are listed below:

Areas	Principles
Outcomes	Achieves better outcomes for the citizens of Nottinghamshire through improving health and well-being
Co-production	Ensures services are planned and developed in a way that engages with the community (including service users, carers, the local community and the providers of services)
Rights	Service user and carers' rights are respected and enshrined
Policy making	Ensures that social care statutory duties are met
	Ensures the delivery of the Redefining Your Council (RYC) Transformation programme
	Ensures the requirements of the Care Act are met and fully implemented
	Ensures the underpinning Nottinghamshire Adult Social Care Strategy is delivered
	Ensures the ethos of social care is embedded in new arrangements
Performance	Maintains high performance areas and improves performance overall
Finance	Ensures that social care budgets continue to be effectively managed
	Future savings required from the ASCH budget are taken fully into account
Access to advice, information and advocacy	Enables a joint approach to a wide range of information and advice is offered in a proactive way and access to advocacy is provided
Workforce	Supports a shared and jointly developed workforce strategy which applies across health and social care professions
	Promotes the values, identity and skills of social care as a profession and these are maintained and developed through learning and research

Leadership	Ensures a balanced partnership with a strong contribution from social care, and social care leadership maintained at the highest level.
Demand management	Ensures that success with demand management from point of access to social care through to assessment and review is sustained and built on by embedding promoting independence
People are safe	Ensures effective safeguarding and deprivation of liberty arrangements are in place
	Ensures people can take risks to promote independence and well-being
Personalisation	Promotes choice and control to the service user and progresses integrated personal health and care budgets as one way of delivering this
Early intervention, prevention, promotion of independence and well-being	Ensures people have access to the right support at the right time to promote independence
Partnerships	Fosters integration/alignment with the wider Council and other partners, such as district councils, the community and voluntary sector and the independent care sector.
Strategic commissioning and market development	Ensures an effective approach to commission and deliver services jointly across the County for older adults, people with learning disabilities, physical and sensory disabilities and mental ill-health. Develops and maintains a diverse range of choice and quality of care and support services in the local market, which are viable and sustainable. Ensures that services commissioned are well monitored for quality and outcomes.
Continuity	Ensures the delivery of a large scale, complex social care service can be effectively managed alongside the health elements in the transition to any new model
	Countywide services such as the Customer Service Centre or the reviewing teams are maintained until there is sufficient evidence base that they can be incorporated into integrated delivery models

Context for the Exempt Information

35. The exempt information provides an update on the commissioning approach for delivery of the mid Nottinghamshire Better Together Programme, to enable Members to consider recommendations 4 to 6 in this report.

36. The Mid-Nottinghamshire Better Together Programme has now reached a critical milestone in its commissioning process. A set of seven local health providers* have been identified to co-ordinate the development of proposals for integrated provision. The third sector has established a special purpose vehicle for contracting purposes and GPs have formed a GP Provider Cabinet.

** These providers are Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, East Midlands Ambulance Service, Central Nottinghamshire Clinical Services, United Lincolnshire Hospitals NHS Trust, CircleNottingham and Nottinghamshire Healthcare NHS Foundation Trust.*

37. The social care areas that have been identified to date as key to delivery of the joint Better Together outcomes within the current vision and strategy are:

- Re-ablement and Intermediate Care services and budgets.
- Older adults assessment and care management teams workforce
- Older adults assessment and care management commissioning budgets, including Personal Budgets for people who are eligible and their carers

38. Detail of how these (and/or other) social care services could be included within the scope of the integrated commissioning programme has not yet been confirmed, as further work is required to gain assurance of how the key issues for social care will be addressed (as set out in section 34 of this report). It is proposed that many of these key issues and risks could be mitigated for the Local Authority by incorporating a transition phase into there-commissioning process. This would entail the Local Authority retaining existing governance and management arrangements for staff and services, whilst working within the partnership to identify solutions and preferred contractual model(s) for integrated services, prior to any decisions to delegate or transfer social care services or commissioning functions.

39. This transition phase would provide time for:

- Shared learning and relationships to develop across partners
- Development of leadership in social care within the proposed solution, with support from the Council
- Joint development and testing of solutions to effectively address the range of issues set out in the main report
- Co-production of solutions as to how systems and back office support functions that social care staff rely on would be put in place; and
- Greater clarity about the scale, pace and models of integration that are being developed with the other four CCGs within the Nottinghamshire County Council's footprint, avoiding the need for fragmented decision-making regarding future models of social care

40. Further information is contained within the exempt appendix.

Other Options Considered

41. The Council could continue to deliver social care services outside of a jointly agreed integrated health and social care model.

Reason/s for Recommendation/s

42. The recommendations ensure that the Council provides system leadership on the statutory local authority duties and an approach to the future of a health and care system based on a set of social care principles.

Statutory and Policy Implications

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

Financial Implications

44. It is anticipated that any integration with Health will be within the constraints of the Council's budgets, including the future savings already agreed. Any integration will follow the finance principles contained in the report, with the aim of delivering more efficient and effective services, and thus potentially may realise further savings.

Implications for Service Users

45. It is anticipated that an integrated health and social care model would provide better outcomes for the citizens of Nottinghamshire.

RECOMMENDATION/S

That:

1) the key issues considered during a Members workshop on health and social care integration are noted.

2) the guiding principles (as set out in paragraph 34) are agreed as a basis for making any future decisions about integration of social care and health.

3) a Members reference group (as mentioned in paragraph 32) is established to consider key issues on health and social care integration and make recommendations to the Committee.

4) the Committee approves the continued commitment of the Local Authority to the development of the Mid-Nottinghamshire Better Together Programme.

5) the Committee agrees that officers can take forward work with partners to develop the proposed commissioning approach in Mid-Nottinghamshire, as set out in the exempt information.

6) the Committee receives a further report on 7th September that will set out the further detail outlined in the exempt appendix.

David Pearson
Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Financial Comments (KAS 16/06/15)

46. The financial implications are contained within paragraph 44 of the report.

Constitutional comment: (SLB 16/06/2015)

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

Background Papers and Published Documents

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

Discussion paper for the Members workshop on 1st June 2015

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Council

Discussion paper for Members of the Adult Social Care and Health Committee

1st June 2015

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

Purpose of the Report

1. The report provides the national context on integration between health and social care and explores the benefits and challenges.

2. It identifies lessons learnt on experiences of health and social care integration both at a national and local level.

3. It provides an update on progress in delivering integrated health and social care with the three emerging models in the planning areas of Mid Nottinghamshire, South Nottinghamshire and Bassetlaw.

4. The report asks Members to consider the potential benefits, implications, risks and issues of integration between health and social care.

5. Further, the report asks Members to consider the key components for social care, including the common requirements that must be met in the delivery and configuration of any integrated model for social care in Nottinghamshire, and what elements are subject to differential approaches across the three planning areas.

Information and Advice

National context

6. Better integration between health and social care is almost universally accepted as part of the vision for responsive, caring services and potentially part of the solution to the pressures on health and social care system. Integration is as much about integrating various parts of the health services as it is integrating health with social care. More streamlined services will potentially create a single point of delivery for service users and deliver better outcomes for individuals. The national and international evidence does not support the hope that integration alone will deliver the overall level of savings required. Moreover, any savings tend to be generated through changing the model of care, that is, more investment in community services and less in hospital.

7. The Government has made integration a central platform of its policy for health and social care. The Government's £3.8bn Better Care Fund (BCF) was announced in

June 2013. It is described by NHS England as 'one of the most ambitious ever programmes across the NHS and Local Government'. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services. The BCF planned to pool £3.8 billion, but local plans meant that some areas pooled more than the minimum. The total pooled across the country is £5.3 billion. In Nottinghamshire a total of £93 million (2014/5 and 2015/6) of NHS and local authority money has been invested to aid joint working between local authorities and health. Nottinghamshire was fast tracked as an exemplar for the BCF and was the first two-tier authority to be approved.

8. In October 2013 the Government launched 'Integration Pioneers'. The aim of the Pioneers is to make health and social care services work together to provide better support at home and earlier treatment in the community and to prevent people needing emergency care in hospital or care homes. In a second wave, the Mid and South Nottinghamshire Clinical Commissioning Groups have been selected as a new integration pioneer to develop innovative ways to improve the health and well-being of communities.

9. More recently, Mid Nottinghamshire and Rushcliffe Clinical Commissioning Group (CCG) have been awarded Vanguard status to be exemplars of improved care and health across General Practice, community providers, hospitals, social care and mental health.

10. The Care Act guidance says that local authorities must carry out their care and support responsibilities with the aim of joining-up the services provided or other actions taken with those provided by the NHS and other health-related services (for example, housing or leisure services). This general requirement applies to all the local authority's care and support functions for adults with needs for care and support and for carers, including in relation to preventing needs, providing information and advice, shaping and facilitating the market of service providers, safeguarding and transition to adult care and support.

11. This duty applies where the local authority considers that the integration of services will:

    - promote the wellbeing of adults with care and support needs or of carers in its area
    - contribute to the prevention or delay of the development of needs of people
    - improve the quality of care and support in the local authority's area, including the outcomes that are achieved for local people.

Nationally, there is cross party political consensus to progress integration of health and social care. This raft of policy initiatives demonstrates at both a national and local level the commitment to accelerate integration to improve health and wellbeing outcomes for people. Therefore, the question is not whether to integrate with health, but rather, what is the right integration model locally to meet both health and social care needs of the residents of Nottinghamshire?

12. In Nottinghamshire there are three different emerging models for integration with health and social care across the county working to different timescales and with different expectations. These are detailed later in the report. The Council needs to arrive at a position on what are the key requirements of a good social care model for the county that take full account of the wide ranging responsibilities of the Council, and determine to what extent the delivery of social care can be adapted locally to respond to the three emerging models of health and social care integration.

What is integration?

13. Integration can take many different forms in response to meeting local needs and improving outcomes. Integration can range from an alignment of strategic intentions without any change to current arrangements such as commissioning, budgets and service delivery through to full structural integration with joint management arrangements of staff, pooled budgets and integrated commissioning.

14. In Nottinghamshire there are three different models that are emerging, but already there is a closer alignment of strategic intentions in all three planning areas. All areas risk stratify their registered population to identify those who are at risk of a hospital admission, and all have a named GP for registered patients over 75 years old.

15. In Mid Nottinghamshire social care staff have been funded by health to be part of the integrated multi-agency neighbourhood teams. These teams have adopted an approach (PRISM) which targets local people at high risk of hospital admission due to, for example, multiple complex long-term conditions. The team then pro-actively work with individuals in order to prevent this. Work is currently underway to broaden the tool used to identify people, to include factors likely to lead to admission into residential care.

16. Bassetlaw Integrated Neighbourhood Teams were established in early 2015 with social care staff due to join the team in May 2015. This has been achieved through additional investment by health in social care staff and has not required any major structural or contractual changes.

17. In South Nottinghamshire the development of Care Delivery Groups is underway.

What are the benefits of integration?

18. There is general agreement that integration has the potential to transform the way we work.

19. This includes the following potential benefits:

- a seamless service with better outcomes for service users
- a simpler and more joined up service in which health and social care staff work more flexibly together
- removing duplication between health and social care systems
- opportunities for investment in prevention across the whole system
- sharing risks across the health and social care system

- more likely to create a partnership that supports the flow of resources from acute into community based services.

20. One of the frequent claims made for integration is that it can generate savings for both health and social care. The NHS Five Year Forward View outlines a £30 billion funding gap in the NHS by 2020/21 and that efficiency savings and new models of care (including integrated care) will save £22 billion. The assumed gap is £8 billion. For social care, the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) in the document 'Distinctive, Valued, Personal: Why Social Care Matters' calculate that there is a £4.3 billion funding gap in social care by 2020. This assumes 1.5% savings in each of the first two years and 1% thereafter. Whilst integrating services and changing the model of care can contribute savings, there is no evidence that integration will provide the level of savings that are required. In practice there are examples of where integration has increased costs, particularly in relation to social care.

What are the implications of integration for social care?

21. In progressing integrated health and social care model(s) in Nottinghamshire, there are a number of significant implications for the Council that need to be considered and addressed. Lessons also need to be drawn from the challenges of integration from national and local examples. Potential challenges to integration include the variance of health and social care operating models, different funding and governance arrangements and systems of accountability. Inherently cultures, traditions and legislative frameworks vary hugely in practice.

22. Similar challenges to integration were also found locally in the integration of community mental health teams into the NHS Trust in 2003. Workforce issues such as different roles in assessment, personal budgets and commissioning services prevented workers working more flexibly across roles. Without access to the underpinning systems and processes, other professions could not complete these key tasks. Social workers based in multi-disciplinary teams became increasingly distant from the Council and did not maintain a focus on social care priorities nor make the transition to personalisation. The learning from this showed that management and accountability arrangements back to the Council need to be well established and managed. In addition, staff's continuous professional development needs to be maintained alongside links to national, regional and local bodies that develop and champion the role of social workers.

What are the three emerging models in Nottinghamshire?

23. There are six Clinical Commissioning Groups (CCGs) within Nottinghamshire county. A separate CCG covers the unitary authority area of Nottingham City. There are three large acute trusts, one mental health/community trust (Nottinghamshire Healthcare Trust) and two community providers which provide the majority of health services to Nottinghamshire county residents. The acute trusts are Nottingham University Hospitals Trust, Sherwood Forest Hospitals Trust and Doncaster and Bassetlaw Hospitals Trust. The two main community providers are Nottinghamshire Healthcare

Trust (which includes County Health Partnerships and Bassetlaw Health Partnerships), and City Care.

24. In Nottinghamshire there are three different emerging models for integration with health and social care across the three different units of planning. Each area is working to different timescales and each have very different expectations of an integrated health and social care system. Mid Nottinghamshire is the most advanced in progressing plans for an integrated model of health and social care and will set early precedents for the county on the future of integration.

25. Although there are three very different models, the key decisions for social care on integration with health are:

- Service models
- Governance
- Workforce
- Leadership

Mid-Nottinghamshire

26. The Better Together Programme (BTP) aims to deliver a sustainable health and social care system with improved outcomes for local people within the districts of Ashfield, Mansfield and Newark and Sherwood. The BTP forms the basis of the Better Care Fund submission for the Mid Nottinghamshire planning area.

Key themes for Mid-Nottinghamshire	
Long-term conditions (proactive care)	Scale up and expand integrated health and social care community services (known as the PRISM programme) based in the community and attached to practices to create a step change in frail and elderly care, complex and long-term conditions, so the services are introduced at an earlier stage and are more proactive.
Urgent care	Provide an integrated urgent care service to ensure that patients receive the right care in the right place from the right professional. Both in hours and out of hours we will build on existing GP services and integrate GP and A&E/MIU services. A care navigation service will help professionals to ensure people get to the right service in hospital or community settings as quickly as possible.
Elective care	Review each speciality to ensure that quality, safety and viability standards are met – using existing capacity more effectively and providing care closer to home by specialist professionals.
Women and children	Provide rapid medical assessments for children and pregnant women. Ensuring that children with complex needs have joined up packages of care and more support in community settings.

27. Across the three Districts, the health and social care spend amounts to over £300m per annum, of which Nottinghamshire County Council spends in excess of £80m on social care services. A process is underway to map all the expenditure across health and social care within the mid Nottinghamshire area to develop a profile which can then be

used to enable the commissioning of a capitated contract across health and social care.

28. Capitated commissioning aims to deliver better outcomes by removing the incentives for providers to maximise income through episodic care within the current NHS commissioning process. Rather than providers being remunerated for each treatment episode (outputs), they are given a capitated budget to cover the whole population with incentives linked to specific outcomes. This model aims to reward providers for delivery of high quality care rather than by quantity of care.

29. The lead provider model takes this one step further by requiring one co-ordinating provider to lead the delivery system co-ordinating the activity of all other local providers. In this way commissioners can transfer or delegate accountability for delivery to a single accountable provider (SAP) who becomes responsible for establishing an integrated care pathway, procuring services to deliver care and navigating people through the system.

South Nottinghamshire

30. In South Nottinghamshire the unit of planning consists of 12 statutory health and social care organisations, including Nottingham City CCG and Nottingham City Council and is centred around Nottingham University Hospital Trust. The unit of planning has come together to consider and work towards the delivery of integrated services.

31. The partners from the 12 statutory health and social care organisations have established the South Nottinghamshire Transformation Partnership (SNTP) to develop and oversee the implementation of transformation across health and social care services.

32. The SNTP has set out its commitment to partnership working to create a sustainable, high quality health and social care system to promote the health and wellbeing of the citizens of South Nottinghamshire. The main work streams within the partnership include: new models of delivery, Urgent Care, Elective Care and primary care, Engagement and Communication and the Connected Notts IMT programme for health and social care.

33. The partnership also has developed a ‘Case for Change’ which proposes the move to an outcomes-based model of commissioning of health and social care services for all adults.

34. The key components of outcomes based commissioning include providing the means of paying for health and care services based on rewarding the outcomes that are important to the people who use them. It involves the use of a fixed budget for the care of a particular population group, with aligned incentives for care providers to work together to deliver services which meet outcomes. The approach aims to achieve better outcomes through more integrated, person centred services. The South Nottinghamshire partnership is currently considering options for developing a capitated budget, and putting in place a multi-speciality community provider model (MCP) in Rushcliffe (Principia Partners in Health) as part of the Vanguard programme.

North Nottinghamshire (Bassetlaw)

35. Health and social care partners formed a Bassetlaw Integrated Care Board (ICB) in April 2013 to drive forward the vision for better care along with ambitious plans to improve the health and wellbeing of Bassetlaw residents. The unit of planning includes clinical and non-clinical senior representatives from the CCG, local acute, community and mental health care trusts, district council and local authority (social care and public health).

36. The ICB has agreed a joint vision and commitment for health and social care systems to work together to deliver five transformational change programmes in Bassetlaw:

Integrating Care in the community	Improving the pathways of care and integrating local services for frail and vulnerable people
Urgent (Same Day) Care	Providing equitable same day 24 hour urgent care services in Bassetlaw based on local population need and including GP out of hours service and patient self-care
Care Homes and Specialist Accommodation for Oder People	Health and social care working better together to improve the quality of care and standards in Bassetlaw's care homes and develop a range of housing and accommodation options.
Mental Health Services	Emphasis on parity of esteem through improving links and integration between physical health and mental health services with an increased emphasis on prevention and earlier intervention and less reliance on acute based mental healthcare
Getting people out of hospital after acute illness	Helping people to become independent after leaving hospital, providing more re-ablement and rehabilitation support at home and in the community.

At a glance summary of the three models

37. What are the similarities and differences between the three emerging models?

	South Nottinghamshire	North Nottinghamshire	Mid Nottinghamshire
Priority client groups	• The whole population but particularly older	• Frail or vulnerable people with complex needs	• The whole population but particularly older people and people

	people and people with long-term conditions • People who need acute / secondary / elective care • People who have urgent care needs but who don't need hospital admission • People leaving hospital	• People with long term conditions • People with mental health conditions • People who live in care homes • People who need urgent care needs but who don't need hospital admission • People leaving hospital	with long-term conditions • People who need acute / secondary / elective care • People who have urgent care needs but who don't need hospital admission • People leaving hospital
Integrated point of access	Yes	Yes	Yes
Social care staff in health staffing structures	Yes (Care Delivery Groups)	Yes (4 Integrated Neighbourhood Teams)	Yes (8 Integrated Care Teams using PRISM approach)
Integrated intermediate care arrangements	Yes	Yes	Yes
Integrated commissioning model	Yes (Outcomes based commissioning, but still in early stages of development and possibility of multi-speciality community provider model)	(Outcomes based - providers are aligned rather than contractually integrated)	Yes (Outcomes based contract with a population capitated budget and lead Accountable Provider)

What are our key functions and responsibilities?

38. However seamless or joined-up the services may appear to the person needing care and support in the future, accountability for delivery of the local authority's functions and responsibilities remains with the local authority. These functions and responsibilities are described in Part 1 of the Care Act 2014.

39. The social care functions and responsibilities of the local authority can be divided into the following separate categories:

- Provision of information and advice
- Prevention and early intervention

- Personalisation work including assessment, care planning, service brokerage (including personalised approaches and management of personal budgets and direct payments) and review
- Carers' assessments and services
- Social care in prisons
- Safeguarding, Deprivation of Liberty and Approved Mental Health functions
- Strategic commissioning and policy-making functions
- Direct service provision
- Market shaping and managing provider failure

40. The Care Act allows local authorities to delegate the majority, but not all, of their care and support functions to other parties. However, it is still clear from the Act that local authorities retain ultimate responsibility for how their functions are carried out and delegation does not absolve the local authority of its legal responsibilities.

41. In Nottinghamshire, the Care Act implementation is underpinned by the Adult Social Care Strategy. This sets out how social care will be delivered in Nottinghamshire and is guided by the following principles:

- Promotion of independence and well-being
- Value for money
- Personalisation, such as choice and control

What are the key requirements of a good health and social care model?

What are the key components of a good health and social care model that need to be an integral part of any local solution for Nottinghamshire?

42. 'Distinctive, Valued and Personal, why social care matters: the next five years' sets out the key priorities of a newly designed social and health care service. In summary this includes:
    - **Good information and advice:** good information and advice to enable us to look after ourselves and each other and to get the right help at the right time as our needs change
    - **Supportive families and communities:** recognising that we are all interdependent and need to build supportive relationships and resilient communities
    - **Recovery, re-ablement and independence:** developing services that help us get back on track after illness and help disabled people to be independent
    - **Personalised services:** addressing our mental, physical and other forms of wellbeing through services should be much better joined-up around our individual needs and those of our carers. Personal budgets are central to this approach.

43. Underpinning these key requirements there needs to be:

- **a sustainable, good quality market** for services with a skilled and stable workforce
- **protection** of people's interests and rights when they are in vulnerable situations

What are the key issues emerging for the Council to consider?

Which service user groups should form part of an integrated model?

44. The three health integration programmes tend to focus on older people and people with long term conditions and people with mental health conditions. The driver for change in health is in relation to the pressures in the acute sector and includes the reduction in admissions to hospitals and timely discharge from hospital into community settings. In contrast, social care responds to a wide range of short and long term needs across a diverse population, for example, from an 18 year old with autism who needs support to leave home to an 80 year old with dementia who needs protection as well as personal care. Social care helps people live independently as possible, protects people from harm in vulnerable situations, balances risks with rights and offers essential help in crisis. People with different needs and different groups of people, such as younger adults or those with learning disabilities or mental health issues would therefore largely fall outside of the scope of the integration programmes at this stage, but not out of scope for future phases. However, within younger adult services the Council already have staff co-located working to similar outcomes for service users.

Does the Council support a phased approach to integration across different service user groups?

Integration/alignment with other partners

45. Whilst health is a major player in the need to integrate services, the Care Act requires the Council to work in partnership with a range of organisations to improve outcomes for people in Nottinghamshire. Therefore, the new health and social care system will need to fully engage with the different departments within the Council, including Public Health, and also wider partners such as district councils for housing, leisure and environmental services; welfare services for financial advice and employment opportunities; and the voluntary and community sector to develop stronger communities and local networks.

How do we ensure that other partners are considered as part of the new health and social care system?

Equity

46. The Council will need to ensure that access to and provision of services and outcomes for service users are equitable across the county. This will be potentially more difficult to achieve as services are developed to meet the requirements of the different planning areas and different partner delivery strategies across the county. However, the benefit of local planning is being able to respond to local needs in the community to meet health and wellbeing outcomes. The Council will need to ensure that services are strategically sound and locally sensitive.

47. Access to services is not merely a matter of where and how people access services, but more fundamentally who can access services. Under the Care Act there is a national threshold of eligibility based on the concept of wellbeing.

How do we ensure equity of access and consistency in decisions about who gets social care support funded by the Council?

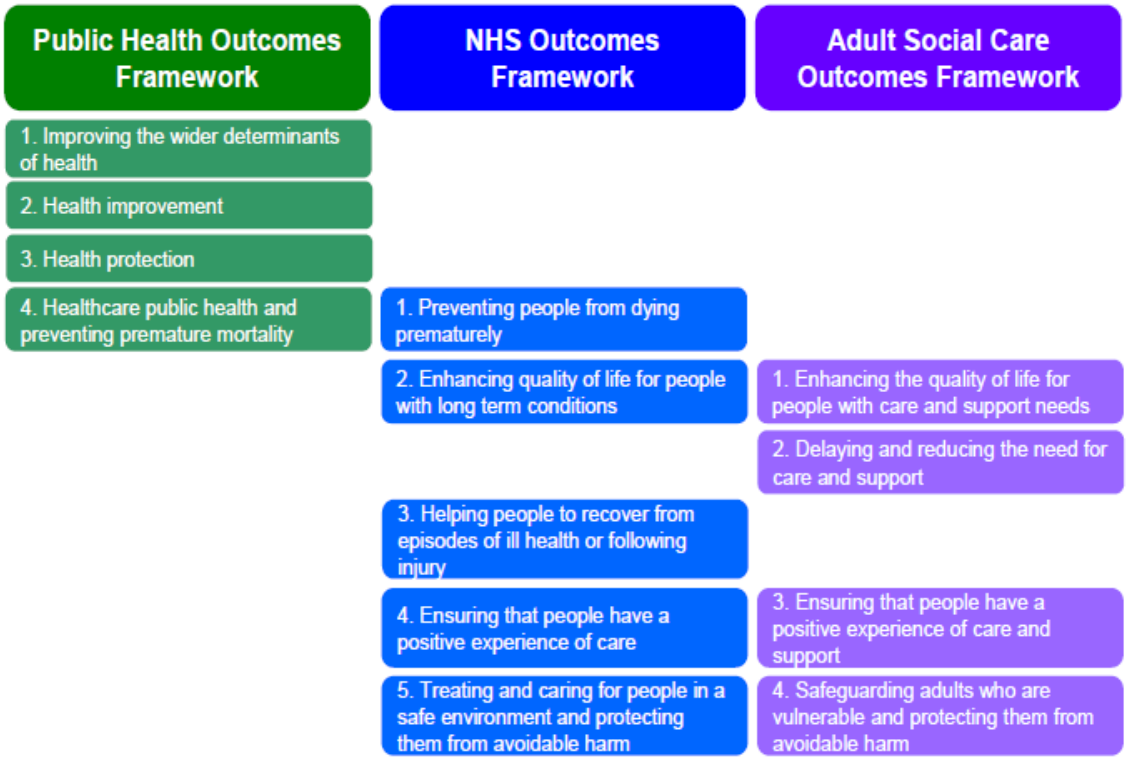
Access

48. Access to social care is through a single point for the county at the Customer Access Centre (CSC) and the Adult Access Service. This arrangement provides one way of managing demand at the front door. It provides economies of scale and is a cost effective way of responding to enquiries. Service advisors provide the first point of contact and the Adult Access Service triages cases. Combined, the services resolve 70% of social care enquiries. However, two units of planning, Mid Nottinghamshire and South Nottinghamshire, would like to have their own routes to access integrated health and social care to be responsive to local needs and services

If members are in agreement to different access points for different service user groups, the Council would need to ensure that these work alongside and do not duplicate existing resources. The new model would need to be able to demonstrate that it would be able to manage demand and provide early intervention to divert people away from costly health and social care services.

Outcomes framework

49. The Council is accountable for the delivery of social care services to the population of Nottinghamshire. The Council may delegate both the commissioning and provision of services to other bodies, but retains accountability for the outcomes of any services which individuals receive. The Council is held to account by Government and the regulator and measures delivery through the Adult Social Care Outcomes Framework, Public Health Outcomes Framework, sector led improvement processes and other performance management frameworks.



Department of Health (2012) Improving health and care: The role of the outcomes frameworks

50. The three Outcome Frameworks cover different parts of the health and care system containing both distinct and overlapping areas of focus. The alignment of domains and indicators provides incentives for different parts of the health and care system to work together to integrate care and coordinate services in the interests of patients, services users, their carers and families.

51. Previous experience of integrated provision across health and social care locally has shown that in some cases NHS providers have struggled to meet social care outcomes and national evidence of integrated provision has largely not demonstrated success in providing value to social care services. Health has a poor track record in valuing and investing in social care. Their incentives and indeed their ethos as an organisation tend to revolve around the provision of acute care and the achievement of clinical outcomes.

52. Nationally, health services are a higher priority than social care and investment in social care has reduced in real terms over the last five years. If this funding reduction continues any plans to integrate with health would need to address this imbalance in resources.

53. It is therefore recommended that any future development of integrated commissioning and provision is based upon a shared outcomes framework which meets the requirements of health care, public health and social care. It would need to reflect the local implementation of the Care Act 2014 together with the principles of the Adult Social Care Strategy including:

- Promotion of independence and wellbeing
- Value for money
- Personalisation, such as, choice and control

54. It would also require better alignment of performance measures that encourage prevention and co-ordinated care in the community and capture how well the local system (rather than individual organisations) is doing in meeting health and wellbeing outcomes.

55. Mid Nottinghamshire has undertaken such an exercise (Mid Notts Outcome Framework) for the Better Together Programme with all partners in the planning unit. North Nottinghamshire developed an Integrated Care Board Programme Work stream Benefits Profile with all partners. South Nottinghamshire is in the early stages of planning an approach.

It is suggested that the Council needs to ensure in any model of integration that the Council is a joint partner in the establishment of an agreed joint outcomes framework(s) which can provide evidence of improvements in social care in line with the local strategy, joint commissioning and national policy.

Cultural differences

56. There is a historical difference in how health and social care services approach risk to individuals. Health services have often tended to be more risk averse than social care services. The Council would need to ensure that health models of intervention do not pull more people into long term social care services. Whilst it is difficult to generalise there are a number of factors which influence appetite for risk such as professional values, ethics, litigation, regulation, choice, individual responsibility, situational responsibility, public expectation, and expediency. These factors all contribute to the manner in which people receive their care, where and how they receive care and the level of care provided. There are no rights and wrongs in this area, it is more a matter of philosophy and ethos; however the degree of difference in approach can be substantial and have consequence on outcomes for individuals. The development of an outcomes framework does not in itself resolve this issue as there may be outcomes which conflict or which may not be mutually supportive, for example keeping people safe versus promoting independence, maximising choice versus being most efficient.

Members may therefore wish to specify which outcomes are more of a priority or consider whether a weighting should be applied to ensure approaches to risk reflect the local authority's priorities.

Personalisation

57. Social care is highly personalised, through the provision of personal budgets within which people exercise choice of service delivery. Nottinghamshire County Council is a high performing council with nearly 100% of community based service users having a personal budget and nearly 50% of those having some form of direct payment.

58. Extending these arrangements so that people can access a combined budget covering health as well as social care needs ('Integrated Personal Commissioning') creates the potential for integrated care to be driven as much by individuals as by organisations.

59. However, despite Nottinghamshire being an In Control pilot site for personal health budgets for people with long term conditions, there has been slow progress since the roll out of personal health budgets from April 2014. There is one personal health budget in Bassetlaw and twenty in the county.

How would the Council ensure that any new ways of delivering services reflect a personalised approach to assessment and care management?

Assessment and care management

60. The Council has duties of assessment, support planning and provision of support for people with eligible needs under the Care Act.

61. For health to deliver social care personal budgets, they would need access to the local authority's underpinning systems, processes and policies such as the assessment and eligibility process, resource allocation system, commissioning processes and direct payments systems.

62. Social care personal budgets must receive an initial review and an annual review. As well as ensuring support that is put in place is meeting outcomes for the individual, reviews ensure that the level of support continues to be appropriate to the current need. Hence, the review process provides a mechanism for the Council to support independence, as well as reduce long term costs.

63. The Council has the same duties of assessment and provision of support for eligible carers. It is difficult to separate out the assessment and provision of support to the carer from the service user. The support that a carer receives is often through the provision of support directly to the person being cared for, such as respite or day care support. It is also the case that the assessment of the carer is often informed by the

needs of the service user. The Care Act promotes assessment and support planning, which considers the individual within the context of family, carers and other networks. The Care Act allows for joint assessments and this is also under consideration.

64. However, it is easier to separate simple assessments for carers where advice and information is required and/or access to an annual direct payment to support them to continue in their caring role. Telephone based carers' assessments are delivered at the Adult Access Service and potentially, this model could be extended, but health would need access to underpinning systems to complete the assessment and allocate a direct payment. This would require either access to care management systems or via online forms and back office functions that could commission the direct payment on their behalf.

65. The Care Act also brings new responsibilities to local authorities for people who fund their own social care. These include new processes to set up individual personal budgets and care accounts following an assessment of need.

Members may wish to consider the options of retaining all or part of the assessment and care management function within the Council or of delegating functions and responsibilities to health

Adult Safeguarding

66. The local authority is the lead organisation tasked with safeguarding adults who may be at risk of harm or abuse under the legislative framework of the Care Act 2014. The Act puts in place a legal framework for adult safeguarding, including the establishment of Safeguarding Adults Boards (SABs), carrying out safeguarding adult reviews and making safeguarding enquiries. Since the local authority must be one of the members of SABs, and it must take the lead role in adult safeguarding, it may not delegate these statutory functions to another party. However, it may commission or arrange for other parties to carry out certain related activities, as long as these do not affect the local authority's lead role and membership of the SAB.

67. Currently the Council requires all experienced social work staff to undertake safeguarding assessment duties which involve the investigation of allegations of harm and abuse wherever these occur within the geographical boundary of Nottinghamshire. The Council together with the Safeguarding Adults Board has held the view that individual providers should not investigate allegations (other than in relation to employment issues) concerning their own provision other than in exceptional circumstances. Health services however have developed internal processes for the investigation and governance of safeguarding arrangements within the NHS. Requiring a provider to carry out safeguarding investigations and decision making of itself and others on behalf of the Council raises potential conflicts of interest and would entail a revision of safeguarding policies and procedures which would require the approval of the Safeguarding Adults Board.

The Council cannot delegate responsibility for statutory safeguarding functions, but there are options about how these are delivered.

Advice, information and advocacy

68. Advice, information and advocacy form the first requirement for local authorities. It is a broad duty that requires the Council to provide a broad range of information including health, social care, housing and financial information to the population of Nottinghamshire. Ensuring people receive the right information at the right time in the right way is intrinsic to the authority's ability to manage demand and therefore manage its resources going forward. Therefore, an integrated health and social care model would need to be able to provide a wide range of information and advice in a timely way to people in Nottinghamshire. The delivery of these functions requires a broad approach and requires the involvement and intervention from many different organisations across the statutory, voluntary and third sector. Good progress has been made with partners in the development of a website called Nottshelpyourself, which provides a range of information.

69. The Council would need to ensure that an integrated health and social care model reflected these wider information requirements to the population at large.

It is recommended the Council builds joined up information, advice and advocacy with partners and ensures it is a priority for the new health and

Prevention and early intervention (including reablement)

70. Prevention and early intervention services are a key requirement of the Care Act and are a way of managing demand for services by deferring, delaying or avoiding the need for long term support. Prevention and early intervention means very different things to different partners and an agreed understanding is required across partners.

71. The Care Act provides a useful definition of prevention with three different approaches of primary prevention which may be based at population level, secondary prevention which may be targeted at individuals who are at risk, and tertiary prevention which relates directly to people who are in receipt of health and social care services. As an authority with both social care responsibilities and public health functions, the Council has a duty to arrange prevention services at all levels, whereas health prioritise those with a health need.

72. However, a joint health and Council commissioning approach to prevention could help with the ambition of investing in preventative services that have been reduced following supporting people funding cuts.

73. There are already some integrated preventative services across Nottinghamshire, such as hospital discharge teams, information prescriptions, Intensive Recovery Intervention Service (IRIS), intermediate care and reablement services. These services are aligned rather than truly integrated and multiple providers continue to be accountable for their own aspect of delivery with separate governance and information management resources. All areas are considering more integrated models of intermediate care/reablement.

74. The integration of reablement services with health would need to be considered within the wider context of alternative delivery models for direct services, which is currently being explored. The alternative delivery models project would need to consider any implications for the other direct services.

Members may wish to support a jointly commissioned approach to preventative services based on an agreement of definitions and a shared approach

Strategic market development and commissioning

75. The social care market is very different from health with the majority of social care providers already in the private sector in a very plural market providing support via managed personal budgets, direct payments and self funders (it is estimated that there are 8,000 self funders in Nottinghamshire with eligible needs). The Council have much more scope than health in determining the price for care and support in the local market with the majority of contracts via a framework agreement.

76. Consequently, the Care Act places wide ranging duties on local authorities for market facilitation, market development and ensuring a high quality of market provision for all citizens of Nottinghamshire. Local authorities are also now required to ensure provider sustainability and financial reliability.

77. Although these are duties placed on a local authority, the Care Act encourages Councils to work in partnership to develop a more joined up approach to these areas. One opportunity would be a joint approach with NHS commissioning partners and providers to the shared problems of recruitment, retention and pay of the workforce in the delivery of care and support.

78. There are many different forms integrated commissioning could take, but any future arrangements would need to give consideration to how to ensure services are available and accessible to service users from across the whole spectrum of need and across the whole of the county. The contracts which are currently procured to deliver these services are commissioned on that basis and any change to this in the near future may present difficulties in respect to access and equity of provision, contract management, and the achievement of best value.

Members may wish to consider how a more joined up approach could be developed with NHS commissioning partners. What would be in scope, what form that might take and how would we ensure access, equity and value for money?

Funding

79. The Council currently spends over £300m gross (over £200m net) on adult social care. The vast majority (over 70%) of this expenditure is on services procured from over 300 different providers.

80. Many of the services commissioned are arranged at an individual level through individual service contracts for residential/nursing care or through individual personal budgets and/or direct payment agreements. Direct payments have grown rapidly over the last five years and account for nearly 50% of services commissioned in the community.

81. Hence, the commissioning of services on an individual basis is complex and requires the support of both specific adult care financial services and the general financial services and systems of the authority.

82. The Council can charge for services and the adult social care financial services ensure the collection of service user contributions and other income to offset the gross cost of services. The assessment for, determination of, and collection of individual contributions is critical to the financial sustainability of the authority. In addition these services provide invoice and payment processing for providers; payments, monitoring and auditing of direct payment accounts; as well as other related client money functions such as deferred payment systems, appointeeships and deputyship services. Under the Care Act, the local authority cannot delegate the decision-making for charging, although there is scope around the administration of this.

83. With any integrated budget arrangements, the Council would need to ensure there were effective control mechanisms, monitoring systems and risk sharing agreements in place to alert the council to and detail arrangements for any over commitment, overspend, under delivery, or underspend. There would also need to be clear processes and monitoring mechanisms for the effective financial management of service users who may transfer from an NHS 'free at the point of access' service to a social care service potentially requiring a financial contribution (for example, there could be financial implications for the local authority for transfer to assess type services). The delegated budget would also need to reflect the agreed (current and future) savings and efficiency targets which are required to balance the authority's budget in the medium term, alongside any demand or cost led budget pressures which the authority may agree to meet.

84. It is anticipated that the Council will be required to make further efficiencies and savings from the Adult Social care and Health budget over the next 4-5 years. The Council would need to ensure that any integrated budget arrangements would build in the proposed additional savings required and this will need to be reflected in the risk sharing agreement.

85. The Council's direct services account for over £30m of expenditure across the county and the Council is currently considering alternative delivery models for these services. A new health and social care model could offer opportunities for some or all of these services to operate as integrated health and social care services. However, it is likely that health would only wish to integrate services which have a direct influence on their existing core business.

86. Although options for exploring alternative delivery models is subject to a separate paper for Members to consider, it is important to note that decisions reached on integration with health will have important implications for the future direction of some of the direct services.

Workforce

87. There is a range of options open to the authority in respect of the workforce. Employees could be transferred to a partner organisation as part of a service transfer, employees could be formally seconded to a partner organisation or employees could be retained by the authority and aligned to a lead partner who may or may not have day to day management responsibility.

88. The consideration of the Council's ongoing employer responsibilities should be determined by the functions under discussion having thought to issues such as future recruitment, retention, staff development, professional support, terms and conditions of employment, and workforce development.

89. A key consideration is learning and development and workforce development in the context of policies, procedures, practice and process. It is also important in considering the future role of Social Work as a profession and the future delivery of social care as an intervention to promote people's independence. Previous integrated approaches to health and social care have proved less successful over time due in part to an underestimation of the importance of supporting and maintaining an ethos and philosophy of social care and the professional development of Social Workers, Occupational Therapists and others. Members should ensure that integrated health and social care arrangements embed a strong focus on the ongoing workforce and the learning and professional development of social care staffing.

Leadership

90. Leadership is a further area of consideration dependent on the future model of service delivery. Experience has shown that staff that have been seconded or aligned to another organisation can become distant from the Council, who continues to be their host employer. This can lead to role ambiguity, loss of organisational and professional accountability and low staff morale. The Council will need to determine how organisational and professional leadership can be delivered to staff who may be working outside the organisation and in different parts of the health and social care system. This could be achieved through ensuring a robust social care based management and leadership function is retained in a structurally integrated care arrangement together with a requirement for the local authority to retain oversight for these areas of practice development. However one of the largest challenges in bringing

together staff across health and social care is to bridge the different organisational and professional cultures which exist.

91. It is envisaged that an integrated health and social care system can bring benefit to the local population through the delivery of a holistic care pathway from information, advice and self-care through to acute medicine and on to long term care. This will require the coming together of various professional disciplines, organisations and agencies each with their own identities, values and ways of working; all of which will need to be understood, embedded and cherished if the benefit to users of services is to be achieved.

92. A new operating culture may emerge as new models of practice are developed and new organisational units formed but this is likely to take time and require considerable leadership and workforce development intervention.

Governance arrangements

93. The Council will need to be assured that there is a robust and transparent process of governance in place which provides the authority with oversight of activity and quality, scrutiny of outcomes, workforce and financial assurance.

94. The particular governance arrangements that need to be put in place will depend on the future level of involvement in decision-making that Members wish to retain over the development of integrated services and the outcomes that this delivers.

95. The Health and Wellbeing Board is well-placed to evolve its role and provide countywide leadership and assurance in relation to integration and its impact on outcomes for residents across the whole of Nottinghamshire. Currently Health and Wellbeing Boards are the only local forum that brings together leaders from health and local government, including public health. A succession of national reviews and reports has argued that they could play a bigger role in overseeing the integration of local services and the development of a more integrated approach to the commissioning of services across health, social care, and local government. This is reflected in the requirement for Boards to sign-off local Better Care Fund plans.

96. The peer challenge led by the Local Government Association (LGA) found that the Nottinghamshire Health and Wellbeing Board is well placed to become a systems leader and the engagement of the Clinical Commissioning Groups (CCGs) and District Councils was noted.

97. The Board offers the opportunity for an evolutionary approach based on partnership between CCGs and local authorities. CCGs would have a strong and continuing role in contributing to the work of the Board in overseeing the commissioning of all local services, market shaping, resource allocation and service delivery.

98. Alternative (or additional options) for governance arrangements could consist of any of the following :

- Member Reference Group focused on integration
- Adult Social Care and Health Committee to receive recommendations for approval as well as reports on progress and the achievement of social care outcomes (relevant to integrated services)
- Clauses within contracts to specify social care requirements, quality standards, reporting requirements and performance outcomes to be achieved by services which deliver, or support the delivery of, social care duties and functions. Monitoring arrangements will need to be in place to ensure compliance and trigger action should performance fall below expected standards.
- Agreement on risk sharing
- Agreement on financial arrangements, including the implications of shifts in budgetary spend for partners as resources move from the acute hospital sector into the community and primary care sector.

What is the preferred model for governance arrangements for the new health and social care system?

Summary

99. This paper has sought to summarise the main implications, benefits and risks involved in integrating health and social care in Nottinghamshire. Given the national legislative and policy context and the increasing numbers of people who have a long term disability or multiple long term conditions, the question is not whether to integrate health and social care, but how and how far.

100. The size of the county means that there are a large number of health and social care organisations commissioning and providing services in Nottinghamshire and the implications of the changes are complicated and far reaching.

101. The paper highlights some of the key questions in terms of the need for a Member steer on the future direction. In practice, this paper represents part of the dialogue and we envisage the need for further discussions over the coming months as plans and dialogue develop locally and any new government policy direction in this area emerges.

Recommendations

1. The report asks Members to consider the potential benefits, implications, risks and issues of integration between health and social care.

2. The report asks Members to consider the key components for social care, including the common requirements that must be met in the delivery and configuration of any integrated model for social care in Nottinghamshire, and what elements are subject to differential approaches across the three planning areas.

David Pearson
Corporate Director, Adult Social Care, Health and Public Protection and Deputy Chief Executive, Nottinghamshire County Council

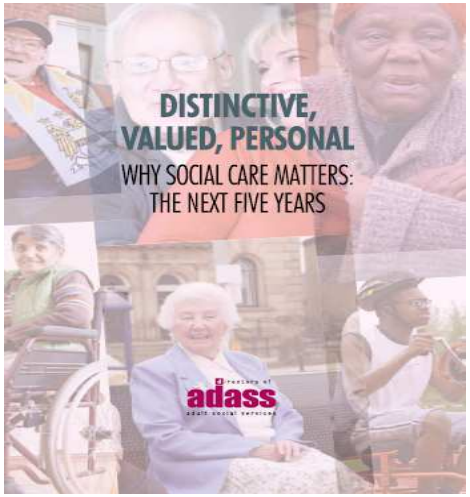
Immediate Past President, ADASS

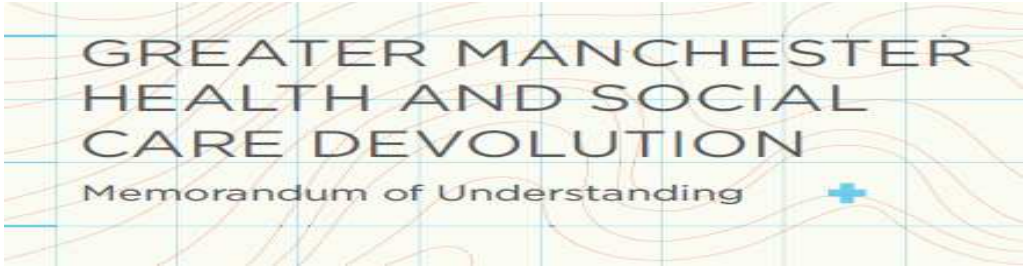
Integration of health and social care in Nottinghamshire

David Pearson

Corporate Director,

Adult Social Care, Health and Public Protection





Nottinghamshire
County Council

The Current Picture

Better Care Fund, Integration Pioneers, Integrated Personal Commissioning, Vanguards

- Evolutionary approach
- Incentivising change
- Greatest focus on keeping older people out of hospital
- Money to integrate and to support social care
- Political and policy debate often seen through the NHS lens

Future Thinking

- From political parties
  - Common call for further integration
  - Increasing integration of budgets
  - Some local determination of the focus, organisational form
  - A hope that it will save money

- Debate about the right models quickly moves to organisational form

What does successful integration look like?

- Coalesce around a vision for the benefit of local people
- Be clear about outcomes and for whom
- Align funding, structures and levers
- Geography matters
- Co-producing change with local people
- National role to be clear about national performance, outcomes and incentives
- How do we ensure a balanced local offer in an integrated environment?
  - Advice and information
  - Supportive relationships and resilient communities
  - Prevention
  - Personalised approaches including personal budgets
- Other Care Act responsibilities

What's happening locally...

7 CCGs, including City CCG as part of the South, 3 major Acute Trusts, Mental Health Trust and 2 community providers

Differences:

- Three Units of planning, potential for 3 different models, each at different point of development
- Different size and scale of integration, and different range of services

Common themes:

- Locally integrated teams, grouped around GP practices
- Targeting people with high level needs who are at risk of hospital admission
- Focus on reducing unplanned hospital admissions, and improving discharge processes

Key issues for consideration

1 Maintaining our statutory responsibilities

- Ensuring we can continue to meet our statutory responsibilities including the new Care Act responsibilities:
  - Provision of information and advice, prevention and early intervention
  - Assessment, care planning, reviews including for carers, and for prisoners
  - Safeguarding, Deprivation of Liberty and Approved Mental Health functions
  - Strategic commissioning and policy-making functions
  - Market shaping and managing provider failure
  - Direct service provision

2 Performance

- Different outcomes frameworks – the need to ensure social care outcomes continue to be delivered
- Maintaining the Council's high performance e.g. personalisation

Key issues continued...

3 Leadership

- Social care's role and value in the integrated health and social care model
- Ability to retain professional accountability for staff who may be managed by different organisations including the statutory role of the Director of Adult Social Services
- Overcoming different organisational and professional cultures

4 Workforce

- Determining who employs the staff: TUPE transfers; secondments; co-location; alignment? Each may mean different employer responsibilities
- Staff training, continuous professional development
- Different arrangements across the 3 planning areas

Key issues continued...

5 How the money works

- Ensuring clarity about financial responsibility and flows in joined up budgets
- Pooled budget or aligned?
- Direct Payments
- Redefining Your Council – transformation programme and the need to deliver further savings and efficiencies

6 Governance arrangements

- Establishing robust and transparent process of governance
- Agreement on oversight of: types and levels of activity; quality; scrutiny; finances; risk sharing
- Democratic oversight and role of the Health and Wellbeing Board

Summary

- Given the national legislative and policy context there is clear momentum to integration, question is how and to what extent?
- What is important to the Council in any integrated arrangement?
- Which elements of social care would we place in any emerging integration model and how the Council should govern these
- What elements could be subject to different approaches across the county to meet local priorities
- The implications of three different models of integration emerging in the three planning areas

Shaping health and care in Mid-Nottinghamshire

A renewed joint vision for our PRISM teams – delivering local integrated care

1. **Purpose of the teams**
   The overarching purpose of the integrated care team is to provide the most appropriate form of holistic and coordinated proactive care for the residents who have the most complex set of needs within the local area. By working closely together with the person and any family or carers, health (physical and mental health) and social care staff will be able to develop personalised, flexible and multi-skilled responses to people's needs quickly, so that their independence and well-being can be sustained. The need for hospital admission will be reduced significantly and the need for residential care will be delayed or prevented altogether. The outcomes that the team will deliver against are defined in the Better Together Outcomes Framework.

2. **Who will the team support ?**
   A risk stratification tool (he Devon Tool) will help the teams to collaborate with individual GP practices to identify those priority people who need focused support within the catchment area, to maintain the person in their home for as long as possible, prevent unnecessary hospital admission and facilitate speedy and successful discharge from hospital. As well as using a formal risk stratification process, the GPs and teams will use local knowledge to highlight people who need additional support. These people are likely to be frail and elderly, at risk of losing their independence and with deteriorating health. In addition, there will be younger adults who have a combination of long-term health conditions and who require frequent support to maintain their well-being.

   The defined catchment for each team relates to a clear group of GP practices and their registered populations. There are 5 teams across Mansfield and Ashfield (Rosewood, Hardwick, JAKS, Vantage and Ashwood); these teams are aligned with the Federation Commissioning Group structure There are three teams in Newark and Sherwood (North, West and Newark & Trent); these teams are geographically aligned.

3. **Which staff will work in the teams ?**
   There will be one multi-disciplinary team for each local area, consisting of: :
   - Team Leader
   - Nursing staff - Community Matrons, District Nurses, Specialist Nurses (Respiratory, Diabetes, Heart Failure)
   - Social Worker / social care staff

- Therapists - Occupational Therapist, Physiotherapist
- Mental Health Worker
- Healthcare Assistants
- Self Care Advisors (Self Help Nottingham)
- Ward/Team Coordinator

Other services will be linked into the core team (eg. housing workers, police, specialist health and social care teams, social care providers including reablement and home care, dentists, pharmacists, leisure service staff, benefits advisors).

4. What will the team do ?

4.1 INFORMATION, ADVICE AND EARLY INTERVENTION

a. Direct people towards resources that will enable them to learn about their conditions and take as much responsibility as possible for their own health and well-being.

4.2 PREVENTION

a. Help people make connections with their peers for support and friendship, to overcome loneliness and share expertise. Work with the voluntary sector locally to encourage befriending schemes.

b. Build links with the local leisure service to promote fitness and recovery activities that are age-appropriate and welcoming to everyone

c. Promote AssistiveTechnology and other equipment to keep people at home and support their independence for as long as possible.

d. Assess carers needs and provide ongoing support to eligible carers, to enable them to carry on caring

e. Build links with local care homes to support their staff to use best practice in relation to continence care, falls, medication management, pressure care, use of aids and Assistive Technology.

4.3 SHORT TERM SUPPORT (re-ablement)

a. Provide short-term therapy, treatment and reablement to enable people to stay at home safely.

b. Track local patients who are admitted to hospital so that appropriate reablement and other support arrangements can be put in place to support the person at home (as

the default position) as soon as he/she is medically fit for discharge. Alternatively, maintain contact with the patient if discharged to a temporary intermediate care bed, to ensure a return to home as quickly as possible.

4.4 ASSESSMENT AND CARE MANAGEMENT

a. After reablement interventions have been tried, assess people for eligibility to longer-term social care provision; if people are not eligible, then signpost people to appropriate services that they could fund themselves. If people are eligible, then provide a Personal Budget (see section 4.5).

b. Refer people to other specialist resources if necessary, including Community Learning Disability Teams, additional Community Mental Healthsupport, Deprivation of Liberty Services, Approved Mental Health Practitioners, Multi-Agency Safeguarding Hub for safeguarding concerns.

4.5 PERSONAL BUDGETS

a. Provide a personal budget to the people who are eligible for social care support, to fund appropriate services to meet outcomes. Review the Support Plan at least annually to assess whether the level of personal budget can be reduced to support greater independence.

b. Provide a Personal Health Budget to people with on-going health needs, where this is requested.

5. How will the team work ?

5.1 Professional identity

a. Staff will have a clear sense of purpose and team identity; they will understand why the sum is greater than the individual parts.
b. Staff will have trust and confidence in each other's opinions and skills, as well as acceptance of the risks that each profession deems appropriate to the situation
c. Each member of the team will have a very clear understanding of what other colleagues in the team do and what resources they can tap into.
d. There will be dedicated professional development time.
e. Professional supervision will be provided by managers from the same profession as the worker.
f. Day to day management and leadership is provided by each Team Leader

5.2 Work base

a. Co-location and hot-desking will encourage good communication and working relationships.
b. Staff will be able to spend time working within the local GP practices and will feel welcome there. A protected clinical decision-making forum (Multi- Disciplinary Team – MDT – meeting) will take place each month within the GP practice.

5.3 Use of data and ICT

a. There will be mobile working (eg. use of tablets).
b. Staff will have shared access to the health and social care records for each person.
c. "Dashboard" style information to help staff understand how well they are doing against the agreed outcomes and areas for improvement.
d. Feedback processes will be in place so that the team can track progress made by people at 3 month and 6 month intervals after receiving support from the team, in order to learn lessons and ensure ongoing development of the model.

5.4 Working practices

a. Staff will use a single assessment format and the "Trusted Assessor" model will be established so that health and social care staff can carry out assessments that commit resources or make referrals on behalf of both organisations.
b. There will be regular multi-disciplinary team meetings both within each operational team and with the wider practice team to discuss new referrals of people in significant need and on-going work with priority people.
c. Some staff will be trained in features of another discipline so that they are multi-skilled, to minimise different people having to work with the same client.
d. Day-to-day line-management could be retained by the original employing organisations or transferred to a single-line manager. Matrix management is likely to be appropriate.
e. Staff cover will span 7 days and beyond normal office hours.

Written by Wendy Lippmann (Transformation Manager, NCC) and developed with comments from Karen Sandy and the members of the Urgent and Proactive Care Steering Group (Better Together).

Nottinghamshire County Council

Report to Adult Social Care and Health Committee

29 June 2015

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR, ACCESS AND PUBLIC PROTECTION

INTEGRATING HEALTH AND SOCIAL CARE TWO SCHEMES TO REDUCE THE LENGTH OF STAY IN HOSPITAL

Purpose of the Report

1. To provide an update on progress with regard to two integrated Health and Social Care Schemes: the Systematic Care of Older People's Elective Surgery (SCOPES) scheme and the Elective Orthopaedic Surgery Scheme (EOSS) which have reduced the length of hospital stays. The report also recommends that a further update report be presented to the Committee in 12 months.

2. At the Committee meeting, Members will hear from a member of the public, who went through the SCOPES scheme.

Information and Advice

Background

3. Both schemes seek to improve the persons' pathway within the two schemes. The SCOPES scheme works with people diagnosed with cancer and those with a poor prognosis or for palliative care. The EOSS works with people with diagnosed orthopaedic conditions whose treatment is hip/knee/shoulder/ankle replacements who need support on discharge. The schemes assist:

- To reduce the length of acute hospital stay for people and any potential delays in their discharge home
- Provide better support to people and their carers to access timely support, maintain independence and improve quality of life
- Improve communication / information available for people undergoing cancer treatment or orthopaedic surgery.

SCOPES

4. Nottinghamshire County Council (NCC) Adult Access Service undertakes assessments of frail older people over 70 years of age. The people seen at the SCOPES clinic based at the City Hospital Nottingham, covers the whole county and also from the City and out of county. They are people who have been recently diagnosed with Upper Gastro-intestinal and Oesophageal cancer who will be undergoing radiotherapy, chemotherapy, and/or surgery with a poor prognosis or who may need palliative care. The adult care and support assessment identifies what social care needs the person has pre-operatively, post-operatively or both and deals with any unplanned situations and arranges the appropriate support needed swiftly. The person has a comprehensive geriatric assessment in the SCOPES clinic which determines a frail elderly person's functional, medical and psychological capability as a possible way of improving outcomes for them.

5. The aim of the Council is to assess the person at clinic, as early as possible in the process; people attending the clinic may be resident in the County, City or out of County. As part of the assessment process advice and guidance and referral to other services may be used, for example, referrals to the NCC Benefits team to review current benefits or support with completing a DS1500 fast track attendance allowance form. Other outcomes from the assessment could also include access to the Carers Support Service, referral for a Blue car badge assessment or to the Reablement service. Those people that do not have a social care need and may not meet the criteria early on in the process are given an information pack to take away. The SCOPES Nurse Practitioner will also re-refer patients that may need support following any treatment at a later stage.

6. A Community Care officer (CCO) from Adult Social Care, Health and Public Protection (ASCH&PP) department, who is funded by Macmillan/Clinical Commissioning Group/Age UK, attends the SCOPES clinic one day per week. Clinic appointments are pre-arranged and an indication of the number of patients to be seen is emailed to ASCH&PP in advance. Social care representation at clinic prevents multiple referrals being made by different professionals therefore reducing duplication of work. The CCO worker is assigned to the person and supports the person throughout the SCOPES process from assessment in the clinic, to treatment, admission to hospital, and subsequent discharge home. The SCOPES multi-disciplinary team consists of a Consultant Geriatrician, Registrar, Project Manager, Specialist Nurse Practitioner, Physiotherapist, Occupational Therapist, Dietician and Community Care Officer from ASCH&PP.

7. The scheme was also commended at a recent conference of the Royal College of Surgeons, where a SCOPES patient gave comment on their Cancer journey and the positive impact that SCOPES has had on his health and well-being.

EOSS

8. The Elective Orthopaedic Surgery Scheme (EOSS) based at the City Hospital Nottingham, was developed as an integrated health and social care pilot to streamline the ward to home hospital discharge process and also to reduce the person's length of stay in hospital. Pre-EOSS all people post operation, who had been identified as requiring support on discharge, would be referred to the hospital Integrated Discharge Team (IDT) which would in turn refer on to the hospital based social work for assessment. This

internalised hospital process can take between 24 to 48 hours to be completed, thus adding an increased stay in the hospital bed.

9. The EOSS focusses mainly on people over 70 years of age who attend the pre-elective orthopaedic surgery clinic in readiness for their respective hip or knee replacement surgery. This integrated pilot works jointly between with the hospital elective surgery teams and the Council, Short-term Assessment and Reablement (START) teams; the main outcome from START's intervention is to increase the person's independence, confidence and well-being and reduce the need for longer term support. In order to aid the pre-elective clinic and hospital ward staff, a specific START criteria was developed so that the profile of the people to be referred to START from the pilot would meet with ASCH&PP eligibility criteria.

10. One of the clinic's main focuses was for the hospital clinic based health Occupational Therapist (OT) to assess and gather information linked to the person's physical functional ability pre-operation and then where appropriate arrange delivery of relevant assistive equipment and minor adaptations in preparation for the person's post-operative recovery at home.

11. To aid the streamlined referral approach it was agreed that the hospital OT would now gather further social care needs type information at clinic, which would highlight the need for potential social care support needs at an early stage. This information would be added to the current clinic assessment information and the person's hospital records and be highlighted to the hospital ward staff on the day of admission. This new information would then be utilised by the hospital ward staff on the day of admission, to check with the person that along with their medical status their home situation was still the same, which would indicate the need for social care support post operation. It was agreed that the ward OT would be the best health professional to make the referral to the Council's START teams on the day of admission.

12. Initially the pilot was only able to refer to START teams in the south of the County but through the period of the pilot we have now been able to extend to all the START teams across the County.

13. As a result this streamlined the social care referral system, as the hospital discharge information was being communicated directly between the referring hospital ward and receiving social care (START) team.

Summary of Outcomes

14. Outcomes for the SCOPES scheme are as follows:

- SCOPES has removed work that would otherwise go to district or hospital teams for assessment
- Reduced waiting time for allocation and assessment for service users and carers
- Reduction in multiple assessment interventions for the patient
- A more personal service with people being tracked throughout the SCOPES process
- Information provided is timely and qualitative
- Social care representation at clinic supports collaborative working with Health and a better understanding of roles and responsibilities

- Assessment in clinic is a cost effective way of delivering a service reducing duplication of work and social worker travel time as this role is carried out by a Community Care Officer.

15. Outcomes for the EOSS scheme are as follows:

- Reduced length of stay in hospital
- Increased hospital bed availability and savings
- Reduced work load to hospital social work team
- Reduction in multiple assessment interventions for the patient
- Direct hospital referral process is timely and qualitative
- Health and Social Care teams working closely together, a greater understanding of each other's roles with a joint aim
- The health clinic assessor role is cost neutral to social care with a more efficient qualitative outcome.

Next steps

16. The next steps for the SCOPES scheme are as follows:

- The current project funding has been extended by Health from March 2015 to the end of June 2015. Funding beyond the end of June 2015 has recently been agreed by Macmillan for a further year

- The focus within the scheme is currently on upper Gastro Intestinal and Oesophageal Cancer. However over the next 12 months the focus will be broadened to include Colorectal Cancer

- The long term future plan is to embed the service into the Cancer pathway, to have an assessment for all frail older Cancer patients within the Trust, and to have a service that can be reproduced across the whole elective pathway.

17. The next steps for the EOSS scheme are as follows:

- Explore the rollout with the Health based clinic teams in order to increase the number of earlier referrals, to the START service and so reducing the length of stay in hospital for more people

- Share the current direct referral process within the EOSS with Nottingham City colleagues to expand the service further

- Share the current learning from the scheme with other Health and social care developments around the County Clinical Commissioning Groups in streamlining the hospital discharge process.

Other Options Considered

18. The report is for noting only

Reason/s for Recommendation/s

19. The report is for noting only.

Statutory and Policy Implications

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

Financial Implications

21. SCOPES is a Health led scheme, who fund the one day a week CCO post, monies are being recouped via the Adult Access Service budget.

RECOMMENDATIONS:

That the Committee:

1) notes the update on progress with the Systematic Care of Older People's Elective Surgery (SCOPES) scheme and the Elective Orthopaedic Surgery Scheme (EOSS)
2) receives a further progress report in 12 months.

Paul McKay
Service Director, Access and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments

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

Financial Comments (KAS 18/06/15)

23. The financial implications are contained within paragraph 21 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Council

Report to Adult Social Care and Health Committee

29 June 2015

Agenda Item: 6

REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE

OUTCOME OF COMMISSIONING FOR BETTER OUTCOMES PEER REVIEW 2015

Purpose of the Report

1. The report summarises for Committee the key areas of consideration from the recent Peer Review, concerning 'Commissioning for Better Outcomes'. The report also seeks approval of an Action Plan that details the departmental response proposed for each area of consideration, including the lead officer and the timescales.

Information and Advice

2. The Strategic Commissioning Team within the department recently agreed to help pilot the 'Commissioning for Better Outcomes' standards developed by Birmingham University with the Local Government Association and the Association of Directors of Adult Social Services (ADASS) and funded by the Department of Health. The benchmarks for this Peer Challenge were the new standards and it was intended that we would use the findings to assist and guide us on our improvement and transformation journey.

3. The review team comprised experts in this area including an ADASS Associate, an Expert by Experience, a Provider Manager, an Elected Member and an Assistant Director. The team of 8 were on site from 3rd - 6th March 2015 inclusive and undertook 66 meetings, met with over 172 people including service users and carers, elected members, officers, providers, partners, practitioners and front line staff. They also visited a number of sites including day services and local offices and read a number of documents.

4. The team presented a feedback presentation on 6th March which outlined their initial findings with their follow up report being received on 15th May 2015. The Peer Challenge Report identified areas of excellence with excellent committed Adult Social Care and Health and corporate staff who have clear political and executive support.

5. Within the 'Commissioning for Better Outcomes' standards there are four distinct domain areas and the feedback received from the Peer Review was categorised through these four domains:

   - Person-centred and outcomes focussed
   - Inclusive

- Well led
- Promotes a sustainable and diverse market place

6. The review highlighted a number of strengths and also areas of excellence including that the organisation has clear political support and strong corporate from the Chief Executive and also that the Senior Leadership team is held in high regard. Social care staff were also identified as being excellent and committed.

7. More importantly there were identified examples where excellent outcomes for individuals are being delivered through some of the partnership approaches, such as work with the Alzheimer's Society, Mansfield District Council, Supported Living Project and Early Intervention work and grant aid to Micro Providers.

Areas for Consideration

8. Some of the areas for consideration were that there is a more coherent approach for user, carer and provider engagement, and that engagement should be less event driven and enable more co-production. Services may need to be reshaped to a more localised approach to align with the integration agenda.

9. In addition, there is an opportunity to strengthen engagement with Public Health and step up the pace of integration for health and social care commissioning and operations.

10. An Action Plan has been developed in response to the findings of the Peer Review, building on the recognised strengths and proposing a specific departmental response for each area of consideration within each domain area. The Action Plan is attached as **Appendix A** and includes the area for consideration, the departmental response, the lead officer, the review date and the completion date. The actions from the plan will be identified, agreed and progressed with service users and carers. Progress will be reported to Committee at the end of the financial year.

11. The Peer Review also made some recommendations for improvements to Home Care specifically around Home Care Contracts. The department has responded quickly to these suggestions and included specific activity with the Action Plan.

12. The final section of the Action Plan concerns long-term developments that were approved as part of the Sector Led improvement Peer Review from 2014. To simplify the process and to improve transparency these actions have been also been included, to allow Committee to approve and monitor a single, combined Action Plan.

13. It is intended that where relevant the activities in the action plan will be discussed and co-produced with service users and carers to try to ensure they are achieved and delivered in the most effective way.

14. The draft Action Plan has also been shared with Healthwatch so that they can advise and input to its development to ensure that the improvements are delivered in a co-produced manner.

Other Options Considered

15. No other options were considered.

Reason/s for Recommendation/s

16. When the Council undertook to be a part of the pilot it was on the basis that it would use its findings to assist and guide us on the improvement and transformation journey. The Action Plan will enable us to do just that in a structured and timely manner.

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATION/S

That the Committee:

1) notes the content of the Peer Review report on Commissioning for Better Outcomes
2) approves the attached Action Plan.

Caroline Baria
Service Director, South Nottinghamshire

For any enquiries about this report please contact:

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Constitutional Comments (LM 15/06/15)

19. The Adult Social Care and Health Committee has delegated authority within the Constitution to approve the recommendations in the report.

Financial Comments (KAS 16/06/15)

20. The financial implications are contained within paragraph 18 of the report.

Background Papers and Published Documents

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

LGA Peer Challenge Commissioning for Better Outcomes Self-Assessment Statement
Commissioning for Better Outcomes Peer Challenge Report

Electoral Division(s) and Member(s) Affected

All.

Appendix A ASCH&PP 'Commissioning for Better Outcomes' Peer Challenge – Action Plan, May 2015 Draft v 0.6

Person-centred and outcome focussed					
	Areas for consideration	**Activities**	**Lead Officer**	**Review Date**	**End Date**
	Improve understanding of and engagement with how social care is transforming and what this means for the County Council and for Service Users Explain how initiatives across social care are linked and how these will impact on commissioning and person-centred care	Improve engagement and understanding for staff through • Staff road shows • Training • Improved communication • Team meetings	Transformation Director	Sept 2015	
	Build on the existing work to further develop and support the culture change towards person centred commissioning.	Develop an Involvement/Engagement Plan • Involve all key stakeholders, staff, carers hard to reach groups and partners • Review existing Forums • Encourage co production	Group Manager, Quality & Market Management	Sept 2015	
	Continue to actively engage service users receiving Direct Payments to ensure that they have choice and control over the services that they use	Review and update Policy and Staff Guidance • Staff training • Publicise to recipients and wider market	Group Manager, Strategic Commissioning	June 2015	
	Ensure that all staff understand the principles of personalisation when shaping the care packages through on-going training and support	Staff road shows, training, review and evaluation	Transformation Director	Sept 2015	

Inclusive					
	Areas for consideration	**Activities**	**Lead Officer**	**Review Date**	**End Date**
	Ensure that there is continued engagement with partners to ensure that there is financial transparency regarding future intentions	Regular reporting to Transformation Board • Formalise links with 3 x CCG Plans • Ensure Engagement Plans are linked. • Link with BCF Plans	Transformation Director	Aug 2015	Mar 2016
	Ensure planned consultation and engagement on budget and service changes with users and carer groups	Involvement / Engagement Plan • Involve all key stakeholders, staff, carers hard to reach groups and partners • Review existing Forums • Encourage co production	Group Manager, Strategic Commissioning	Sept 2015	Mar 2016
	Continue to build stronger partnerships with the voluntary sector	Cross Council Community Empowerment and Resilience Programme & ASCH Involvement Plan. Includes: • Training for 3rd sector on Information and advice and assisted self-assessment • involve 3rd sector in commissioning cycle ASCH Involvement / Engagement Plan	Transformation Team, Programme Manager Group Manager, Strategic Commissioning	Sept 2015 Sept 2015	Mar 2016 Mar 2016
	Extend involvement of Healthwatch engagement in all commissioning areas; e.g. the development of the Market Position Statement and Local Account	Involvement / Engagement Plan. • Ensure that Healthwatch are fully engaged in co - producing elements of the above plan	Group Manager, Strategic Commissioning	July 2015	Mar 2016
	Review and further develop engagement forums with Core and Legacy Providers	Strategic Group and Operational Group as per the existing contract	Group Manager, Quality & Market Management	July 2015	Sept 2015
	Ensure clarity regarding access to Integrated Commissioning Equipment Loan Service (ICELS) equipment for all service users	Review ICELS Contract	Commissioning Manager, Strategic Commissioning	Aug 2015	Mar 2016

Well Led					
	Areas for consideration	**Activities**	**Lead Officer**	**Review Date**	**End Date**
	Develop and strengthen work activities with Public Health	ASCH & Public Health to be integrated • Link Involvement Plan with Public Health and work of Healthwatch Board	Corporate Director, ASCHPP	Dec 2015	TBC
	Re-launch the Demand Management and Prevention Strategy to include quantifiable targets	Production of a Prevention and Investment Plan. Work being undertaken jointly with IPC as a part of the Care Act implementation	Programme Manager Supporting People	July 2015	Dec 2015
	Continue to review the Adult Social Care senior leadership capacity	Ongoing Redefining Your Council Activity	Corporate Director, ASCHPP	Sept 2015	Mar 2016
	Build on the success of the older peoples integration model by widening it to Learning Disability, Mental Health and Physical Disability user groups	Evaluation and on-going review	Transformation Director	Sept 2015	
	Consider ways to improve the connection between the governance of the Better Care Fund Programme and the Transformation governance across the County Council. Also how this is communicated to operational staff and key stakeholders	Formalise the governance arrangements and interdependencies between the Transformation Programme within ASCH and the BCF with the 3 health planning areas • Through the Transformation Board • Communication strategy and plan • Individual plans for local planning areas	Transformation Director	Sept 2015	
	Refocus on joint investments with NHS services on those people at most risk of admissions to hospital, residential care or escalated care needs	Develop local plans with the 3 CCG Planning areas	Service Directors South Mid & North	July 2015	

Promotes a sustainable and diverse market place					
	Areas for consideration	**Activities**	**Lead Officer**	**Review Date**	**End Date**
	Review commissioning structures to obtain a clearer relationship with the market place and to support operational staff	Publish Strategic Commissioning Team & Market Development Team Contacts List including roles and areas of responsibility • Includes Notts Help Yourself –includes info for staff only section	Group Manager, Strategic Commissioning	June 2015 May 2015	June 2016
	Increase our understanding of how the Cost of Care methodology impacts on both quality and the longer term sustainability of the market	Review of existing hourly rates and financial analysis/modelling re paying the Living Wage/ amount that will ensure a sustainable market	Service Director, Access & Public Protection	July 2015	Sept 2015
	Strengthen communication and co-production of commissioning strategy with providers including Micro Providers	Involvement / Engagement Plan • Continue support and development work with Micro Providers	Group Manager Strategic Commissioning	Sept 2015	Mar 2016
	Simplify the Grant Aid application process	Work with Grant Aid Team and corporate colleagues to involve Grant Aid recipients in review of process.	Team Manager, Community & Voluntary Sector	Sept 2015	Mar 2016
	Seek to extend capacity within the community through better understanding the impact and success of START reablement	Impact analysis report commissioned due June 2015 with subsequent action plan	Service Director, South Notts	June 2015	Mar 2016

Home Care / Care Support Enablement					
	Areas for consideration	**Activities**	**Lead Officer**	**Review Date**	**End Date**
	NCC to consider a review of the contracts to: i. Clarify guidance to social care staff on how to use the contracts ii. Review the sub-contracting arrangements iii. Ensure pricing structure delivers safe and effective care that is value for money and Care Act compliant	Reports to SLT and subsequent follow up activity. Briefings for operational staff as a part of implementing the ASCH Strategy Work underway with Core Providers led by Service Director	Service Director, Access & Public Protection	Sept 2015	Mar 2016

	iv. Consider the continuing role for legacy providers				
	Clarify the Home Care / Care Support governance arrangements to improve both accountability and quality assurance	Review existing arrangements	Service Director, Access & Public Protection	Sept 2015	Mar 2016
	Review the CCG clinical support to joint commissioning of invasive health care tasks by clinically unqualified staff	Review existing arrangements	Group Manager, Quality & Market Management	Sept 2015	Sept 2015
	Review current arrangements in the light of Care Act market management duties		Market Development & Care Standards Manager	Sept 2015	Mar 2016

Additional Development Areas					
	Areas for consideration	**Activities**	**Lead Officer**	**Review Date**	**End Date**
	Review low-level Support Packages to inform future commissioning decisions	Work in partnership with Public Health to undertake an audit of service users receiving short homecare visits and a separate audit of homecare providers.	Market Development & Care Standards Manager	Sept 2015	Mar 2016
	Develop a strong and robust community capacity, to help support people with social care needs	Cross-Council Community Empowerment & Resilience Programme to consider • Communities and Voluntary and Community Sector (VCS) in Nottinghamshire • Enabling the VCS to grow and become sustainable • Building capacity within communities to make them resilient and empowered • Maximise the use and impact of resources to help reduce the reliance on the public sector • Work collaboratively to benefit communities	Corporate Director, PPCS	July 2015	Mar 2016

	Improve support and services for black and minority ethnic communities	Improve liaison with Public Health to help target activity and appropriate support building on existing demographic information within the JNSA	Strategic Commissioning Group Manager	Sept 2015	Mar 2016
	Greater corporate ownership and accountability for adult Safeguarding	Regular meetings between the Chair of the Board and the lead Safeguarding officer, increased involvement of the Chief Executive, Director of Adult Social care and the Committee Chair	Group Manager Safeguarding	Sept 2015	Mar 2016

Nottinghamshire County Council

Report to Adult Social Care & Health Committee

29 June 2015

Agenda Item: 7

REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE

UPDATE ON THE TRANSFER OF THE INDEPENDENT LIVING FUND

Purpose of the Report

1. To provide the Committee with an update regarding the transfer of the Independent Living Fund (ILF) to Nottinghamshire County Council.

Information and Advice

2. The Committee was last provided with an update on the ILF on 1st December 2014. Currently there are 164 people receiving funding from the ILF. The total current value of ILF funding that will be transferred to Nottinghamshire County Council is £2.95 million per annum. This figure represents a £200,000 decrease since December 2014 when the previous report was considered by Committee.

3. The ILF will transfer in full its net expenditure and will advise Nottinghamshire County Council of the amount of funding to be transferred as at 30th June 2015. The terms of the transfer of funding assume that 4% of people will leave the scheme each year.

4. The Committee gave approval for a scale 5 worker from Adult Care Financial Services (ACFS) to visit all the ILF recipients in January to March 2015. This was not required as capacity was found from existing resources. Every ILF recipient received a home visit by an officer from ACFS and financial assessments were undertaken. Staff also checked benefits, explored Direct Payment options and advised on options. A positive by-product of these visits was that some considerable back payments of benefit were elicited for ILF recipients.

5. Every person who will receive an increased Direct Payment from 1 July 2015 has had their budget authorised and the payments have been set up. Every person transferring from the ILF has had a NCC financial contributions assessment and their contributions have been confirmed in writing.

6. The transfer will, for the same reasons detailed in the report to Committee on 28 October 2013, create a budget pressure for the Council. The differences in the way that ILF require a personal contribution and the regulations contained in the Council's Care Act Contributions Policy amount to a shortfall of approximately £0.436m for 2015/16. Detailed databases have been maintained to ensure that every person will experience a smooth transfer.

7. It will be necessary therefore to re-assess each ILF recipient using the Care Act Assessment and Support Plan. The re-assessments and reviews will be undertaken in the autumn. This allows a couple of months for the transfer to 'bed-in' and for the Council to be assured that payments have been delivered accurately.

8. The Committee has already given approval for an additional two Scale 5 Community Care Officers to undertake social care assessments. These staff will be deployed according to pressure points, as the distribution of ILF recipients is not consistent across younger and older adult teams.

Other Options Considered

9. The report is for noting only.

Reason/s for Recommendation/s

10. The report is for noting only.

Statutory and Policy Implications

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

Implications for Service Users

12. Service users will be reviewed by the Council to ensure their eligible needs are met after the ILF closure.

Financial implications

13. A contingency fund has previously been agreed to meet the initial shortfall. Any additional cost pressures within the current year will be met from departmental reserves and longer term implications will be built into the Medium Term Financial Strategy.

RECOMMENDATION/S

1) That the Committee notes the update regarding the transfer of the Independent Living Fund (ILF) to Nottinghamshire County Council.

Caroline Baria
Service Director, South Nottinghamshire

For any enquiries about this report please contact:

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Constitutional Comments

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

Financial Comments (KAS 18/06/15)

15. The financial implications are contained within paragraph 13 of the report.

Background Papers and Published Documents

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

Closure of the Independent living Fund – report to Adult Social Care and Health Committee on 28 October 2013
Update on the Independent Living Fund – report to Adult Social Care and Health Committee on 6 January 2014
Update on the Independent Living Fund – report to Adult Social Care and Health Committee on 1 December 2014

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Council

Report to Adult Social Care and Health Committee

29 June 2015

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE

OLDER ADULTS COMMUNITY & RESIDENTIAL CARE SPEND PROJECTS - PROGRESS UPDATE

Purpose of the Report

1. To update Committee on progress on savings proposals related to community and residential care for older adults.

Information and Advice

2. This report provides an update on projects falling under the remit of the Older Adults Community Care and Residential Spend Delivery Group. The Delivery Group is responsible for ensuring the successful completion of the following savings projects:-

	14/15	15/16	16/17	17/18	Total
Reducing OA Community Care Spend	902	1,953	224	172	3,251
Living at Home	425	631	555	158	1,769
Targeted Reablement Support		755	755		1,510
Care & Support Centres			677	1,810	2,487
Direct Payments		98	1,671		1,769
Short Term Prevention Services			200		200
Total	**1,327**	**3,437**	**4,082**	**2,140**	**10,986**

3. Progress to date and next steps for each project is as follows:

a. Reduction in Community Care Spend – Older Adults

Progress to Date

The Reduction in Older Adults Community Care Spend project is predominantly driven through the review activity undertaken by the department's Countywide Reviewing Team who carry out targeted reviews to ensure that support packages remain appropriate to the individual's needs.

The project is anticipated to deliver £3,251,500 of savings between 2014/15 and 2017/18. The target savings are significantly lower from 2016/17 (less than

£400,000) and relate to anticipated savings from the use of additional Assistive Technology only.

The savings delivered in the first two months of 2015/16 are significantly lower than those in 2014/15. Therefore it is possible that not all of the required savings will be delivered in this financial year.

Next Steps

Due to the reduced level of savings seen at the start of this financial year, further analysis is being undertaken to ascertain the reason and to see if the savings can be achieved by employing agency staff to cover the vacancies in the reviewing teams.

Ongoing monitoring and validation of the financial impact of the review activity will continue and Team Leads, Project Sponsors and Project Officers meet regularly to review the priority groups of service users for review.

b. Living at Home

Admissions to Long Term Care

Progress to Date

Information is awaited from the Finance Team on the amount of savings not achieved in 2014/15 due to an unexpected increase in the number of people in long term care (previously coded as short term care). Admissions to long term care targets have been amended for future years to ensure that savings targets can be achieved.

The panel process undertaken by locality Group Managers is now consistent across the north of the County with the south Group Managers also reviewing their process in discussions with their northern counterparts.

Next Steps

Finalise 2014/15 shortfall figure as mentioned above and confirm the amended targets for 2015/16 to achieve the savings target. Review year to date admissions numbers once data available along with 2014/15 year end final data.

Develop a more sophisticated model of target setting across the different localities which acknowledges the differing reductions in care delivered to date.

Extra Care

Progress to Date

As part of its commitment to improving choice and support for older adults and ensuring that there is a realistic alternative to traditional residential care, the Council has £12.65 million capital funding available for the delivery of a minimum

of 160 additional Extra Care housing places across Nottinghamshire by March 2018. The 160 places that the Council will have nomination rights to is just a proportion of the overall numbers of specialist housing that will be available to support older people across the County. The schemes will also attract inward investments from the developers boosting local economies.

Next Steps

As part of its Extra Care Strategy, three new Extra Care schemes are opening in Nottinghamshire during 2015 (St Andrew's Extra Care in Gedling, Bilsthorpe Bungalows in Newark and Poppy Fields Extra Care in Mansfield) which between them will provide an additional 72 new Extra Care places. A further scheme at Darlison Court in Hucknall is due to open in March 2016 providing an additional 10 new Extra Care housing places for older adults. Work is progressing to finalise details for the Retford Extra Care scheme and to submit a planning appeal with regards to the Eastwood Extra Care scheme. An update on progress with both these schemes will be bought to the September meeting of the Adult Social Care & Health (ASCH) Committee. Work also continues with Newark and Sherwood District Council and with Bassetlaw District Council and bids were submitted to the Homes and Communities Agency on 29th May 2015 for potential jointly funded schemes in Newark and Worksop subject to elected member approval from both organisations. In addition to this officers are also in discussions with Gedling Borough Council to develop proposals for the creation of new Extra Care schemes in Gedling.

Assistive Technology

Progress to Date

NCC is part of a national NHS pilot project "Just Right" which is combining use of assistive technology and innovative approaches to providing support to people with learning disabilities. 17 local supported living services covering 49 people are taking part in the pilot which aims to improve outcomes for service users whilst achieving efficiencies. The pilot is due to report in late 2015, but early results are already showing that changes to the current pattern of support will lead to improved independence.

Next Steps

Work has commenced on procuring new assistive technology (AT) services to expand the range of solutions available to support people's independence and provide cost effective care. This will include equipment to support people with dementia and other cognitive impairment to better self-manage daily living activities, such as keeping the home secure and drinking regularly. Referral processes for ASCH staff are currently being streamlined and a revised training programme which links AT use to implementation of the ASCH Strategy is being run from September 2015.

c. Targeting Reablement Support (START)

Progress to Date

The START service staff restructure achieved the £755,000 target efficiencies for 2015/16. All business processes have been aligned to ensure consistent working practices across the County. To achieve the full 30% budget savings a further £755,000 will need to be realised for 2016/17. Savings in 2015/16 were managed through deleting vacant posts and protecting front line services by reducing other functions, however, it is not possible to approach the 2016/17 savings in the same way. Next year's efficiencies will impact on front line capacity significantly more.

Next Steps

Initial guiding principles for 2016/17 efficiencies/START service developments include:

- Locality specific plans that complement ASCH & PP prevention and promoting independence aims, as well as Health integration and transformation work
- Ensuring equity of provision and access to START across the County
- Targeting the service at those who are most able to benefit from START.

d. Care & Support Centres

Progress to Date

Following consultation meetings led by the ASCH Committee Chair, subsequent meetings have been held with the Care and Support Centre managers and links made with the HR team. Project team resources have now been established and will be reviewed on an ongoing basis.

The assessment beds service is progressing well. The beds in the south of the County, which are based at Leivers Court, were increased to 15 from 5th May 2015. Demand has been high for these beds and early indications are that outcomes for service users are good and that the service has supported people to return home who were thought to require long term care whilst in hospital. A similar service is being developed in Bassetlaw at James Hince Court. Work has just started to undertake improvements to the environment at James Hince Court with a view to the first 10 assessment beds opening in July, with others to follow later in the summer. Further work is to be undertaken with the assessment beds in Newark and Sherwood. At this stage, the assessment beds at Leivers Court have not been open long enough to report on data.

Next Steps

There will be continued dialogue with staff, residents and relatives in homes to update them on progress with the strategy and its implications.

The stakeholder mapping and communications plan are to be finalised, in conjunction with Corporate Communications team, and are linked with the communications about the Extra Care programme.

e. Direct Payments

Progress to Date

Consultation has been completed on the Direct Payment Policy, which includes elements that underpin the savings project; the Council's position on the use of pre-paid debit card accounts and the approach to recouping surplus funds within direct payment accounts. Performance measures have been established and reporting mechanisms agreed. An initial meeting has been held to consider how the auditing and monitoring of direct payments can be developed. Work has also taken place to develop staff training on direct payments, linked to further Care Act training.

Initial indications suggest that the level of Direct Payment recoup in this financial year is likely to be higher than the required £98,000; further analysis is being undertaken to see if some of the savings currently profiled for 2016/17 can be bought forward.

Next Steps

The Direct Payments Policy was considered by ASCH Committee on 1 June 2015 and is now due to be considered by Policy Committee. Subject to approval, further staff guidance and information resources will be produced to support the increased take up of pre-paid debit cards and the recouping of surplus accrued funds. Further work will take place to design a staff training programme. Recruitment will take place to the four temporary posts identified to support the project and social care staff. Work to develop auditing, monitoring and counter-fraud processes will be progressed following the completion of a report currently being written by the internal audit team.

f. Short Term Prevention Services

Progress to Date

Service Specifications are complete for the three service areas:

- Early intervention support to maintain self-management
- Promoting independence support for vulnerable adults
- Deaf support service

Contracts are 90% complete. The soft market testing led to one comment questioning whether the process complied with the Care Act in terms of user choice of provider. However, the statutory regulations on prevention do allow for this approach. This has caused a delay to the issuing of the Invitation To Tender (ITT). The delay will not impact on the delivery of savings.

Next Steps

Agree position on Care Act interpretation of requirements for service user choice, complete the contracts and issue the ITT.

g. Double to Single Care

Progress to Date

A pilot has been running between September 2014 and April 2015 to test a double to single care approach, with the aim of:

- Reducing the number of double care homecare cases to single care; and /or
- Reducing the number of visits by two carers; and/or
- Reducing the time taken during these visits.

Target cases have focussed on 20 homecare packages involving a double care worker in Newark and Bassetlaw, cutting across both Older and Younger Adults, with cases selected being those that mainly involve moving / manual handling transfers and no significant behaviour care requirements. The work was undertaken by 2.86 FTE (full-time equivalent) Occupational Therapists / Senior Practitioners and 2.00 FTE Reviewing Officers (in addition to their business as usual activity), working closely with Sterling Care (the core homecare provider in Newark and Bassetlaw) and Prism Medical UK, who provided training and advice on the use of different techniques and equipment. Of the 20 cases involved in the pilot, 4 (i.e. 20%) have resulted in a change in package which has reduced costs. It is anticipated that potential significant savings could be made (in line with other local authorities) by replicating the pilot across the whole service.

Next steps

- Emulating similar double care work completed in other Local Authorities across the country, where significant savings have already been made, and increasing the success rate to 30%
- Extending the scope of the double care approach across the County, to cover both existing cases and new cases coming into the Department. Therefore, it is anticipated that savings can be made on existing cases, alongside cost avoidance on new incoming cases
- Recruiting 0.5 FTE OTs in each of the Older Adult District Teams to focus on applying the approach, working closely with the relevant providers, service users / families and Health colleagues. Dedicated resource has been proven to help increase the success rate of this approach
- Engagement with hospital based staff on new cases (hospital discharges and referrals from community settings).

Other Options Considered

4. There are no other options to outline as this report aims to update Committee on progress to date and next steps for the Older Adults Delivery Group's work.

Reason/s for Recommendation/s

5. The report is for noting only.

Statutory and Policy Implications

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

Financial Implications

7. The status of each project is contained within the body of the report.

8. The main area of risk for the delivery of savings in 2015/16 is the Reduction in Community Care Spend – Older Adults project, though work is underway to identify the reason for the reduction and mitigate the shortfall.

9. Additional recoups from Direct Payments in 2015/16 may help to offset any shortfall in savings on the Reduction in Community Care Spend – Older Adults project within 2015/16.

10. The projects are reported on a monthly basis to the Older Adults Delivery Group and where risks of non-delivery are identified either for the current or future financial years this will be reported to the Savings and Efficiency Delivery Group and actions will be identified to mitigate the risk of any shortfall.

RECOMMENDATION/S

1) That the Committee notes the update on progress on savings proposals related to community and residential care for older adults.

Sue Batty
Service Director – Mid Nottinghamshire

For any enquiries about this report please contact:

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Constitutional Comments

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

Financial Comments (KAS 19/06/15)

12. The financial implications are contained within paragraphs 7 to 10 of the report.

Background Papers and Published Documents

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

Report to Full Council on 27th February 2015: *Annual Budget 2015/16*
Report to Adult Social Care & Health Committee on 1st June 2015: *Direct Payments Policy*

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Council

Report to Adult Social Care and Health Committee

29 June 2015

Agenda Item: 9

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION

PERFORMANCE UPDATE FOR ADULT SOCIAL CARE AND HEALTH

Purpose of the Report

1. To provide an update on performance for the period 1 January to 31 March 2015.

Information and Advice

2. The report provides the Committee with an overview of performance in Quarter 4 (January to March 2015) against the department's key performance and operational priorities, linked to the measures and actions within the Council's Annual Delivery Plan.

Performance in Quarter 4, 2014-15 Key Measures

3. The performance measures that are reported quarterly to Committee reflect statutory returns and the Council's priorities following the adoption of the Strategic Plan 2014-18.

4. A summary of these performance measures, including the target and performance data up to and including 31 March 2015, is set out at **Appendix A**.

Assessments

5. The first two measures in **Appendix A** relate to assessments. A health and social care assessment is undertaken to help determine a person's specific care and support needs. Measuring assessment timescales is useful to track the volume of demand and the efficiency of our processes.

6. Overall assessment timescales for Quarter 4 remained below target and consistent with previously reported quarterly results. The majority of cases over timescale during the year were those waiting for an occupational therapy (OT) assessment. The employment of an OT agency has successfully reduced the number of people waiting for an OT assessment from 373 in January to 36 in May 2015.

7. Further new initiatives are being piloted to help maintain performance in this area, including the introduction of local clinics and increasing use of mobile technologies to increase productivity. We are in also the process of reviewing the target for assessment timescales given the increasing focus on reablement, which can take some time to complete.

8. Performance in relation to carers' assessments is positive, with an increasing number of carers being identified and assessed. Performance for Quarter 4 shows that 36% of carers have received an assessment or review, against an annual target of 38%. This measure is important as it helps to monitor the number of carers who are receiving an assessment / review in relation to their own care needs, separate from the assessment for the person they look after.

Reablement

9. The Reablement process enables people to safely return to live in the community, following a stay in hospital. It assists service users to regain their skills and confidence through a period (up to a maximum of six weeks) of intensive support in their own home. An important measure of the success of the Reablement process is whether, following this specific intervention by the County Council, service users can live independently and require no further ongoing formal support. Performance for Quarter 4 shows that 64% of people required no ongoing package of support following the Reablement process. We have consistently performed at this level during the financial year.

Delayed transfers from hospital

10. Information on all delays in transfer from hospitals is reported by health services to the Department of Health and this data is then used to calculate the length of the delay and the source. Considerable effort has been put in to improving performance in this area and this has improved significantly from 2013-14 levels through continued liaison and cooperation with the NHS Trusts in Nottinghamshire and is better than the annual target.

Admissions

11. Reducing or delaying the need for long-term residential or nursing care for older adults (65 years and above) and younger adults (from 18 to 64 years) is a national priority. The two main tools for managing performance are through providing appropriate alternatives to long term care and through the careful and consistent management of admissions to residential or nursing care.

12. For younger adults, the final count of new admissions into long term residential or nursing care is 84 against our target of 75. This is an increase on 2013-14 (81), and misses our internal target. Work has been carried out and will continue to ensure appropriate alternatives to long term care are found, particularly supported living.

13. For older adults, the final count of new admissions into long term care has also missed the target (1,115 against 900). Whilst this shows significant increase in numbers compared to the previous year (973), this does include some adjustments as a result of new national guidance in the way the measure is calculated. The count reflects the intention for a new long term placement, even if ultimately the service user becomes a self-funder. This has increased the total count in the year by 194.

Personalisation

14. Previous strong performance in relation to the personalisation of care as measured through the promotion of self-directed support and direct payments has continued during Quarter 4.

Better Care Fund

15. The next four measures form part of the Better Care Fund suite of performance indicators. The Better Care Fund is intended to transform local health and social care services so that they work together to provide better joined up care and support. It is a Government initiative, which combines resources from the NHS and local authorities into a single pooled budget. As these measures are new for 2014-15, we have no reported historic data to enable comparison with previous years.

16. This integration is a complex process and to help monitor progress nationally a number of performance indicators have been prescribed to measure the impact from a service user's perspective. The four measures reported in **Appendix A** form part of the national Better Care Fund suite of measures.

17. The measures relating to admissions to care homes and reablement are the responsibility of the County Council, and the measure for non-elective admissions to hospital is the responsibility of Health. Quarter 4 performance has remained consistent with previously reported data and has met their respective annual targets.

Adult Social Care and Carers Surveys

18. The remaining four measures are based on the Adult Social Care Survey, which is a national survey conducted annually for social care service users. The survey asks service users questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and well-being.

19. Information from the survey is also used for several measures in the Adult Social Care Outcomes Framework (ASCOF). Information from the survey can be used to inform policy and decision-making at both the local and national level, and to improve care, services and outcomes for local people.

20. Provisional results for the 2014-15 survey are available in **Appendix A.** Overall the majority of measures have seen positive improvement on the previous year with the exception of overall satisfaction which saw a minor reduction.

21. Final results will be available later in the year once submissions from all authorities have been checked and validated by the Health and Social Care Information Centre (HSCIC).

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATION/S

1). That the Committee notes the performance update for the period 1 January to 31 March 2015.

David Pearson
Corporate Director for Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

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Constitutional Comments

24. There are no constitutional comments as this report is for noting purposes.

Financial Comments (KAS 16/06/15)

25. The financial implications are contained within paragraph 23 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Council

ASCH Committee Performance Dashboard

Summary of results up to 31st March 2015

Indicator	Current Value	Annual Target	Previous Period	Good is…
Assessments				
Percentage of assessments carried out within 28 days (Q)	**56%**	80%	57%	high
Carers receiving assessments or reviews (Q)	**36%**	38%	28%	high
Reablement				
No on-going package following START Reablement (Q)	**64%**	65%	64%	high
Delayed Transfers of Care				
Delayed transfers of care attributable to adult social care per 100,000 population(Q)	**2.4**	2.8	2.3	low
Delayed transfer of care from hospital per 100,000 population (Q)	**11.6**	11.5	10.9	low
Admissions				
Permanent admissions to residential or nursing care for older adults (Q)	**1,115***	900	590	low
Permanent admissions to residential or nursing care for adults aged 18-64 (Q)	**84***	75	65	low
Personalisation				
Service users who receive self-directed support and/or a direct payment (Q)	**100%***	100%	100%	high
Service users who receive self-directed support all or part as a direct payment (Q)	**51%***	42%	51%	high
Better Care Fund				
Permanent admissions of older people to care directly from a hospital setting per 100 admissions of older people to care (Q)	**37%**	35%	44%	low
Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (Q)	**89.7%**	89.8%	92.0%	high
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population. (Q)	**2,589**	2,538	2,636	low
Permanent admissions of older people to care, per 100,000 population (Q)	**724***	601	383	low
Surveys				
Social care related quality of life (A)	**19.2***	NA	18.9	high
People who use services who have control over their daily life (A)	**80%***	NA	74.4%	high
Overall satisfaction of service users with their care and support (A)	**65%***	NA	68.6%	high
People who use services who feel safe (A)	**67%***	NA	65.9%	high

*Figures are provisional (subject to final verification by HSCIC)

Reporting Frequency
(Q) Quarterly
(Y) Yearly

Key: (p) = Provisional

Nottinghamshire County Council

Report to Adult Social Care and Health Committee

29th June 2015

Agenda Item: 10

REPORT OF THE SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE

DEVELOPMENT OF PROPOSALS FOR NEW EXTRA CARE SCHEMES FOR NEWARK, WORKSOP AND ARNOLD

Purpose of the Report

1. The purpose of this report is to update the Committee about progress with the development of proposals for new Extra Care schemes for Newark, Worksop and Arnold.

2. It is also to seek approval for the submission of joint bids to the Homes and Communities Agency (HCA) with both Newark and Sherwood District Council and Bassetlaw District Council. The purpose of the bids is to attempt to secure grant funding that could be used to deliver extra care housing schemes in Worksop and Newark.

Information and Advice

3. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances, on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information comprises commercially sensitive and confidential information about the Extra Care schemes. The exempt information is set out in the Exempt Appendix.

The County Council's Extra Care Strategy

4. As part of its commitment to improving choice and support for older adults, the Council has a first tranche of capital funding (£12.65 million) available for the delivery of a minimum of 160 new Extra Care housing places across Nottinghamshire by March 2018. A second tranche of funding (an additional £12.3 million) has been reserved for further Extra Care capital and can be accessed as required via submission of a report / Business Case to the Council's Corporate Asset Management Group.

5. Within each new Extra Care scheme created, the County Council will have nomination rights to a proportion of the overall total number of housing places provided. The older adults placed by the Council within the nomination units will be assessed as having a high level of personal care need and will receive services from the Council's local care provider.

6. The accommodation created by each new scheme (both the Council's nomination units, as well as the other homes within the schemes) will all be built to the same high-quality Extra Care standard, designed to meet the possible future needs of aging residents (e.g. level access showers, wheelchair turning circles, accessible kitchens, built-in call alarms etc). This means that all the older adults within each Extra Care scheme (both those in the Council's nomination units as well as those in the other accommodation) will benefit from living in accommodation designed to help older adults to remain living at home safely for longer.

7. To date, the County Council has committed Extra Care capital of £9,554,552 as a contribution towards the combined total cost of £46,450,000 for six new Extra Care schemes (as set out in the exempt appendix to this report) i.e. overall the County Council will contribute 21% to the total combined cost of the six new schemes. This level of investment illustrates that in addition to providing a supportive living environment for older adults, the County Council's capital contribution towards new Extra Care schemes attracts inward investment (e.g. through housing developers) and also helps to create local employment in the construction and care sectors, thereby aiding economic development in the County.

The link between Extra Care and the Care Act 2014

8. The Care Act 2014 states that local authorities must promote wellbeing when carrying out care and support functions. The Act makes reference to suitable accommodation for older adults as part of the duty of promoting wellbeing, and the concept of 'independent living' is a core part of the wellbeing principle enshrined within the Act.

9. The Care Act 2014 states that housing must be considered as part of an assessment process that may prevent, reduce or delay adults' social care needs – and that care and support should be delivered in an integrated way, in cooperation with partner bodies, including housing. Extra Care can therefore play an important part in helping the County Council to meet its duties under the Care Act, as well as delivering the County Council's commitment to providing a realistic cost effective alternative to residential care for older adults.

The opportunity for HCA grant funding for new Extra Care in Nottinghamshire

10. At its meeting on 2nd February 2015, the Adult Social Care and Health (ASCH) Committee gave approval for officers to work with Newark and Sherwood District Council, with Bassetlaw District Council, and with Gedling Borough Council to develop proposals for the creation of new Extra Care schemes in Newark, Worksop and Gedling respectively.

11. Following the Committee meeting, on 17th February 2015 the Homes and Communities Agency (HCA) then launched the second phase of the national 'Care and Support Specialised Housing Fund'. The fund makes available up to £120 million of the capital grant for innovative and well-designed affordable housing for older people and adults with disabilities and mental health problems – including new Extra Care schemes.

12. In their role as Housing Authorities, Newark & Sherwood District Council and Bassetlaw District Council both approached the County Council about supporting an application

each wanted its housing provider to make to the HCA for grant funding towards the cost of new Extra Care schemes in Newark and Worksop.

13. In response to those requests, ASCH officers provided both District Councils with a letter for the HCA to outline the County's commitment to the development of new Extra Care across Nottinghamshire. The letters gave 'in principle' support to the development of planned new Extra Care schemes in Newark and Worksop, subject to ASCH Committee approval. The HCA is expected to announce its funding decisions in October 2015, and should the HCA offer grant funding for new Extra Care schemes in Newark and Worksop, then the ASCH Committee will be asked to consider approval for capital funding as a contribution towards the cost of those possible new schemes (in return for a capital contribution, the County Council will receive nomination rights to a proportion of the new homes created within each scheme).

14. An exempt appendix to this report outlines the potential costs for the possible new Extra Care schemes for Worksop and Newark, along with an overview of the commitments already made by the Council for the first tranche of Extra Care capital. With regard to the possible new schemes for Newark and Worksop, it should be noted that work is on-going with officers from both District Councils to refine proposals and confirm the level of capital funding that might be requested from the County Council should these schemes be awarded HCA grant monies.

Update regarding possible new Extra Care Scheme for Newark

15. As set out in the above section of this report, ASCH officers have been working with Newark and Sherwood District Council (and its designated housing provider, Newark & Sherwood Homes) to develop a proposal to use some of the District's land at Bowbridge Road to create an Extra Care Housing scheme of 60 apartments for older people.

16. Initial discussions between County and District officers have outlined the potential request for a contribution from the County Council of up to a maximum of 38% of the development costs of a scheme on the Bowbridge Road site. A contribution at this level would be in line with the contribution levels agreed for other Extra Care schemes. Furthermore, on-going work with the District Council to refine the proposed design may mean that it is actually possible to reduce the County's contribution to closer to 35% of the total development costs.

17. In return for a capital contribution, the County Council would have nomination rights to 40 of the 60 new apartments within the scheme (i.e. 67% of all of the new apartments created on the site) for use by older adults who are assessed by the Council as eligible for social care support.

18. Work between officers in the District and County is on-going to refine initial scheme proposals (both scheme design and development costs). Once the HCA grant decision is known, a report will be brought back to ASCH Committee in the autumn to request approval for use of some of the County's Extra Care capital as a contribution towards the cost of developing a new scheme in Newark.

Update regarding possible new Extra Care Scheme for Worksop

19. Officers have been working with Bassetlaw District Council (and its designated housing provider, A1 Housing) to develop a proposal for a new Extra Care Housing scheme for older people in Worksop. Initial scoping has identified that there is potential to expand the footprint of the existing Abbey Grove site, to allow for the complete redevelopment of that Extra Care scheme in order to provide improved, and increased, Extra Care accommodation for older adults. If this option was to go ahead, existing tenants would need to move to an intermediate scheme but upon return would benefit from a high standard of modern accommodation, which would better meet their housing needs and care needs.

20. Initial discussions between County and District officers have outlined the potential request for a contribution from the County Council of up to a maximum of 36% of the development costs if a redevelopment of Abbey Grove was to go ahead. A contribution at this level would be in line with the contribution levels agreed for other Extra Care schemes. In return for its contribution, the County Council would have nomination rights to 36 of the 50 new Extra Care apartments i.e. 72% of all of the new apartments created on the site.

21. Work between officers in the District and County is on-going to refine initial scheme proposals (both scheme design and development costs). Once the HCA grant decision is known, a report will be brought back to ASCH Committee in the autumn to request approval for use of some of the County's Extra Care capital as a contribution towards the cost of developing a new scheme in Worksop.

Update regarding possible new Extra Care Scheme in Arnold

22. Discussions with regard to a new Extra Care scheme in Arnold have identified that there is the opportunity for the County Council to work with Gedling Borough Council to submit an application to the HCA for grant funding under its 'Continuous Market Engagement' (CME) approach. In order to do so, the County Council will need to conduct a tender exercise to select a housing provider to develop a scheme.

23. Work between officers in the County and Borough is on-going to scope initial scheme proposals (scheme design and proposed development costs), with a report to be brought back to ASCH Committee in the autumn to set out further details for the proposed scheme, and to seek approval for the County to put in place a tender process to select a housing provider and submit an application to the HCA for CME funding.

Other Options Considered

24. When deciding where to create new Extra Care accommodation, the location of existing schemes, as well as demand/population demographics are all considered by officers when making recommendations to Committee in order to ensure a good geographic spread across Nottinghamshire.

Reason/s for Recommendation/s

25. Experience shows that partnership working is a key factor to the development and successful operation of Extra Care accommodation - the engagement of the District and Borough Councils with the proposals set out in this report bodes well for the successful creation of new Extra Care accommodation in those areas.

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATIONS

That the Committee:

1) notes the progress with the development of proposals for the new Extra Care schemes in Newark, Worksop and Gedling

2) approves the submission of joint bids to the Homes and Communities Agency (HCA) with Newark and Sherwood District Council and Bassetlaw District Council for the Newark and Worksop Extra Care housing schemes.

Sue Batty
Service Director for Mid Nottinghamshire

For any enquiries about this report please contact:

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Constitutional Comments (LM 15/06/15)

28. The Adult Social Care and Health Committee has delegated authority within the Constitution to approve the recommendations in the report.

Financial Comments (KAS 16/06/15)

29. The financial implications are contained within paragraph 27 of the report.

Background Papers and Published Documents

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

Previous update reports on Extra Care to the Adult Social Care and Health Committee on the following dates:

- 29 October 2012
- 7 January 2013
- 1 July 2013
- 9 September 2013
- 3 February 2014
- 7 July 2014
- 2 February 2015

Electoral Division(s) and Member(s) Affected

All.

Nottinghamshire County Council

Report to Adult Social Care and Health Committee

29 June 2015

Agenda Item: 11

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2015/16.

Information and Advice

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

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

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Policy, Planning and Corporate Services

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.

6 ADULT SOCIAL CARE & HEALTH COMMITTEE - WORK PROGRAMME

Report Title	Brief summary of agenda item	Lead Officer	Report Author
7th September			
Younger adults residential and community care delivery group update	Report on progress with savings programmes within this delivery group	Service Director, South Nottinghamshire	Ellie Davies
Direct Payment Support Service	Approval to consult on the model and specification for the Direct Payment Support Services	Service Director, Mid Nottinghamshire	Gill Vasilevskis
Update on progress for the ICELS tender and review team	Progress report regarding the ICELS review team work on improving returns	Service Director, Mid and North Nottinghamshire	Jessica Chapman
Universal Credit	Impact of implementation in Bassetlaw and whether any other areas of the county will be affected in tranche 2	Service Director, Access and Public Protection	Paul Stafford
Development of an employment and training hub at the County Horticultural Service	Report on the proposal to develop an employment and skills training hub to support people to develop skills in the fields of horticulture, retail and administration work	Interim Service Director, North Nottinghamshire and Direct Services	Jane McKay
Market management delivery group update	Report on progress with savings programmes within this delivery group	Service Director, Access and Public Protection	Rosamunde Willis-Read
Transforming Care- Response to Winterbourne View Report	6 monthly update to include Finance information as detailed in 2 March report	Service Director South Nottinghamshire	Cath Cameron-Jones
Services to Carers	Progress report regarding work commissioned by the department for carers	Deputy Director for Adult Social Care, Health and Public Protection	Penny Spice
Proposed changes to the First Contact Scheme – outcome of consultation	Report on outcomes of consultation and recommendations for action	Service Director, Access and Public Protection	Lyn Farrow

Report Title	Brief summary of agenda item	Lead Officer	Report Author
Just Checking pilot project			Mark Douglas
Care home & home care provider contract suspensions update	Overview of live suspensions of care home & home care provider contracts in Nottinghamshire	Service Director Access and Public Protection	Rosamunde Willis-Read
Update on the development of Members' visits to care homes	Update on the development of the process for involving Members in audit visits to residential and nursing care homes	Service Director, Access and Public Protection	Rosamunde Willis-Read
Organisational redesign update report	Progress report on Organisational Redesign within Assessment and Care Management	Service Director, Mid Nottinghamshire	Stacey Roe
Update on progress with personal budgets for people with dementia	Progress report to review situation one year on from project with Alzheimer's Society to increase no. of people with dementia who have personal budgets and direct payments	Service Director, Mid Nottinghamshire	Jane Cashmore
Appropriate Adults Service		Service Director, South Nottinghamshire	Gill Vasilevskis
Progress report on the delivery of Short Breaks services	Progress report on the provision of short breaks services across the county	Interim Service Director, North Nottinghamshire and Direct Services	Ian Masson
5th October			
Organisational redesign board update	Progress report on Organisational Redesign within Assessment and Care Management	Corporate Director, Adult Social Care, Health and Public Protection	Stacey Roe
Update on work of Health and Wellbeing Board	Summary report on work of HWB over last 6 months	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington
Progress report on development of alternative models of delivery within Direct Services		Interim Service Director, North Nottinghamshire and Direct Services	Jennifer Allen

Report Title	Brief summary of agenda item	Lead Officer	Report Author
Progress report on delivery of single meals production and delivery service	Update on progress with this programme of work.	Interim Service Director, North Nottinghamshire and Direct Services	Lorraine Mills
Progress report on Care Act – six months on	Update on implementation of first phase of the reforms under the Care Act.	Service Director, South Nottinghamshire	Bronwen Grieves
2nd November			
Savings and efficiencies delivery group update	Report on progress with savings programmes within this delivery group		Ellie Davies
Direct Services delivery group update	Report on progress with savings programmes within this delivery group		Ian Haines/Jennifer Allen
30th November			
Care home & home care provider contract suspensions update	Overview of live suspensions of care home & home care provider contracts in Nottinghamshire	Service Director Access and Public Protection	Rosamunde Willis-Read
Care Act – final guidance for 2015/16		Service Director, South Nottinghamshire	Bronwen Grieves
Social Care Clinics	Report on the outcome of the pilot and propose recommendations for action	Service Director, Mid Nottinghamshire	Ashleigh Quinn
National Children and Adult Services Conference 2015	Report back on attendance at Conference in October	Corporate Director, Adult Social Care, Health and Public Protection	David Pearson
11th January			
Deprivation of Liberty Safeguards progress report	Update on the situation in relation to DoLS work in the county.	Service Director, Mid Nottinghamshire	Tina Morley-Ramage
8th February			
Carers Information and Advice Hub and Support Service progress report	Update and evaluation on service being provided following contract awarded in 2015.	Service Director, Mid Nottinghamshire	Penny Spice

Report Title	Brief summary of agenda item	Lead Officer	Report Author
7th March			
Care home & home care provider contract suspensions update	Overview of live suspensions of care home & home care provider contracts in Nottinghamshire	Service Director Access and Public Protection	Rosamunde Willis-Read
18th April			
16th May			
13th June			
Care home & home care provider contract suspensions update	Overview of live suspensions of care home & home care provider contracts in Nottinghamshire.	Service Director Access and Public Protection	Rosamunde Willis-Read
11th July			

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