

Adult Social Care and Health Committee

Monday, 13 March 2017 at 10:30

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 6 February 2017 | 5 - 10 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Demonstration of New Videos about Equipment to Help with Simple Tasks. | |
| 5 | Proposed Fee Increases for Independent Sector Adult Social Care Providers and Outcome of Review of Fees for Older Adults Care Homes | 11 - 24 |
| 6 | Update on Progress with Arrangements to Integrate Health and Social Care in Mid Nottinghamshire | 25 - 32 |
| 7 | Transforming Care | 33 - 38 |
| 8 | New Ways of Working in Adult Social Care | 39 - 48 |
| 9 | Extension of Contracts for Support to the East Midlands Improvement Programme in Adult Social Care | 49 - 52 |
| 10 | Adult Social Care and Health - Overview of Developments | 53 - 78 |

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 item.

13 Exempt Appendix to Item 10 - Adult Social Care and Health - Overview of Developments

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

Notes

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

Customer Services Centre 0300 500 80 80

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

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

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

recycled.

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

Meeting ADULT SOCIAL CARE AND HEALTH COMMITTEE

Date 6 February 2017 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Sybil Fielding
David Martin
Francis Purdue-Horan
Mike Pringle
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
Rebecca Croxson, Programme Manager, Living at Home, ASCH&PP
Paul Davies, Advanced Democratic Services Officer, Resources
Jennie Kennington, Senior Executive Officer, ASCH&PP
Ainsley MacDonnell, Service Director, ASCH&PP
Paul McKay, Service Director, ASCH&PP
Jane North, Transformation Programme Director, ASCH&PP
Sorriya Richeux, Team Manager, Corporate and Environmental Law, Resources

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 9 January 2017 were confirmed and signed by the Chair.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

**STAFFING CAPACITY TO SUPPORT CURRENT DEMANDS AND
RESPONSIBILITIES IN ADULT SOCIAL CARE****RESOLVED 2017/009**

That approval be given to the posts identified in the report and summarised in brief in the table below:

Post	Cost	Number and status of post	Extension date or permanent
Senior Practitioner in Adult Care Financial Services	£50,780 p.a.	1 FTE	Permanent
Direct Payments Auditor Posts in Adult Care Financial Services	£54,111 p.a.	2 FTE	Permanent
Senior Practitioner with responsibility for prisons in Nottinghamshire	£50,780 p.a.	1 FTE	Permanent
Strategic Commissioning Officer	£50,780 p.a.	1 FTE	Permanent
Community Care Officers in the county wide reviewing teams	£223,661 p.a	7 FTE	Temporary to 31 March 2018
Social Worker (Care and Support Centres)	£44,634 p.a.	1 FTE	Temporary to 31 March 2018
Team Manager, Gedling Community Mental Health Team	£2,000 p.a.	1 FTE (currently 0.5 FTE – to be made 1 FTE through dis-establishment of 0.5 FTE Advanced Social Work Practitioner post)	Permanent
Younger Adults' Team Manager	£54,476 p.a.	1 FTE	Permanent
Community Care Officer, Mansfield and Ashfield	£31,952 p.a.	1 FTE	Permanent
Community Care Officer, Newark and Bassetlaw	£31,952 p.a.	1 FTE	Permanent
Assistive Technology Manager	£54,476 p.a.	1 FTE	Permanent
Assistive Technology Advisor	£27,055 p.a.	1 FTE	Permanent
Advanced Social Work Practitioner (Newark)	£25,390 p.a.	0.5 FTE	Permanent
Advanced Social Work Practitioner (Bassetlaw Hospital)	£25,390 p.a.	0.5 FTE	Permanent
Advanced Social Work Practitioner (Bassetlaw Older Adults)	£50,780 p.a.	1 FTE	Permanent
Advanced Social Work Practitioner (Newark Hospital)	£5,000 p.a.	1 FTE (post established following dis-establishment of 1 FTE Social Worker post)	Permanent
Advanced Social Work Practitioner (King's Mill Hospital)	£50,780 p.a. (funded by Health)	1 FTE	Permanent
Community Care Officer	£31,952 p.a. (funded by Health)	1 FTE	Permanent
Countywide Reviewing Team Manager	£54,476 p.a.	1 FTE	Temporary to 31 March 2018
Business Support Officer (social work recruitment)	£17,114 (total)	0.5 FTE (plus 3 months at 1 FTE)	Temporary to 31 March 2018
Commissioning Officer, Multi-	£50,780 p.a.	1 FTE	Temporary to

Agency Safeguarding Hub			31 March 2020
Extra Care Project Manager	£44,634 p.a.	1 FTE	Temporary to 31 March 2018
DoLS Strategic Development Manager	£54,476 p.a.	1 FTE	Temporary to 31 March 2018
Principal Occupational Therapy post	£54,476 p.a.	1 FTE	Temporary to 31 March 2019
Occupational Therapy posts	£133,903 (total)	3 FTE	Temporary to 31 March 2018
Supernumerary Occupational Therapist post	£50,780 p.a.	1 FTE	Temporary to 31 March 2018
Care Assistant posts	£108,000 (total)	4 FTE	Temporary to 31 October 2018
Project Officer, Integrated Personal Commissioning (IPC)	£46,882 p.a. (funded by IPC grant)	1 FTE	Temporary for 12 months from date of appointment

MAXIMISING INCOME AVAILABLE TO THE COUNCIL'S DIRECTLY PROVIDED ADULT SOCIAL CARE SERVICES – COMMERCIAL DEVELOPMENT UNIT PROCESS

During discussion, members requested a further report after the Policy Committee decision on whether to implement the business case for Brooke Farm.

RESOLVED 2017/010

- 1) That the update on the proposal to maximise income in directly provided social care services be noted.
- 2) That the planned engagement in the Commercial Development Unit process as a means of maximising income in Direct Services be noted.
- 3) That the full time temporary Development Officer post previously approved by Adult Social Care and Health Committee in October 2016 be disestablished.

ADULT SOCIAL CARE WORKFORCE PLAN – PROGRESS UPDATE

During discussion, members requested six monthly reports on sickness absence in the Adult Social Care workforce.

RESOLVED 2017/011

- 1) That the update on progress made by the Workforce Delivery Group with the development and delivery of the Departmental Workforce Plan and the provision of information on the next steps to deliver the Plan's objectives be noted.
- 2) That approval be given to the establishment of 1 FTE externally funded temporary (six months) post of Project Officer (Band B).

SAVINGS AND EFFICIENCIES UPDATE

RESOLVED 2017/012

- 1) That the progress with budget savings projects being delivered by the Adult Social Care, Health and Public Protection Department over the period 2016/17 to 2019/20 as detailed in Appendices 1 and 2 to the report be noted.
- 2) That the changes or clarifications relating to three savings projects, approved at previous Committees, which will deliver savings from April 2017, as outlined in paragraph 12 of the report, be noted.
- 3) That the key achievements of the Adults Portfolio of Redefining Your Council, as outlined in Appendix 3 of the report, be noted.

UPDATE ON EXTRA CARE SERVICES IN NOTTINGHAMSHIRE

RESOLVED 2017/013

- 1) That the Council enter an agreement with Bassetlaw District Council regarding the creation of a new Abbey Grove Extra Care scheme in Worksop, as set out in the report.
- 2) That Extra Care capital funding for the new Abbey Grove Extra Care scheme in Worksop be allocated at the level outlined in the exempt appendix to the report.
- 3) That the retender of the Care and Support Service contract at the Moorfield Court Extra Care scheme in Southwell be noted.

WORK PROGRAMME

RESOLVED: 2017/014

That the work programme be noted, subject to the addition of a report on the Commercial Development Unit process and six monthly reports on sickness absence.

EXCLUSION OF THE PUBLIC

RESOLVED: 2017/015

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

EXEMPT APPENDIX TO ITEM 8: UPDATE ON EXTRA CARE SERVICES IN NOTTINGHAMSHIRE

RESOLVED: 2017/016

That the information in the exempt appendix be noted.

The meeting closed at 12.10 pm.

CHAIR

13 March 2017

Agenda Item: 5

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

PROPOSED FEE INCREASES FOR INDEPENDENT SECTOR ADULT SOCIAL CARE PROVIDERS AND OUTCOME OF REVIEW OF FEES FOR OLDER ADULTS' CARE HOMES IN BANDS 4 AND 5

Purpose of the Report

1. To advise Members of the historical context of setting fees and applying inflationary increases for care and support services purchased from independent sector providers.
2. To advise Members of the outcome of the independent review on Older Adults' Care Home fees for homes in Bands 4 and 5
3. To seek Committee approval for the proposed distribution of £5.1m of fee increases to independent sector care and support providers across the different adult social care services, approved by Full Council on 23 February 2017, related to the increase in the National Living Wage from April 2017.
4. To seek Committee approval to increase Older Adults' Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation.
5. To seek Committee approval for the fee increases to be applied from 10 April 2017 to align with the payment cycle for the new financial year.

Information and Advice

The Care Act 2014

6. The Care Act, 2014, places statutory duties on councils to ensure there are sufficient care and support services in the local care market to meet the needs of all people in the area who require care and support. This includes services for people who arrange and manage their own care and support services, through the use of Direct Payments, and for people who fund their own care and support.
7. The Care Act also places a duty on councils to ensure provider sustainability and viability. Section 4.31 of the Care Act statutory guidance relates to the role of councils, as part of their market shaping duties, in ensuring that fees paid to providers are sufficient to enable them to meet their employer duties and responsibilities.

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

Implementation of the National Living Wage from April 2016

8. In response to the announcement by the Chancellor of the Exchequer, in July 2015, of the introduction of the National Living Wage (NLW) from April 2016, the Council completed detailed analysis of the financial implications of this across the range of externally commissioned care and support services. This was in recognition that large proportions of the adult social care workforce are employed at or just above National Minimum Wage levels. The Council's analysis of the cost implications was subject to independent evaluation and validation which was completed by PwC (PricewaterhouseCoopers) in December 2015.
9. Following the detailed evaluation of the NLW cost pressures, and following approval at Full Council in February 2016, the Council made provisions within its Medium Term Financial Strategy to meet the anticipated cost pressures arising from the NLW, from April 2016 through to 2019/20.
10. A total of £9.5m was added to the Adult Social Care and Health base budget in 2016/17 for the NLW pressures and this was allocated, as fee increases, to social care and support providers backdated to 6th April 2016, following approval by ASCH Committee on 18 April 2016.

The Budget

11. The Council's net budget for adult social care is £217.2m for 2017/18, with a gross budget of £335.9m. The vast majority of this is spent on care and support services that are commissioned externally from both private and voluntary sector providers through contractual arrangements. The Council's gross budget allocations for externally provided care and support services for 2017/18 are broken down as follows:

Area of service	Budget
Care Home placements - Older Adults	£71.4m
Care Home placements - Younger Adults	£41.4m
Home care services	£16.1m
Supported Living services	£43.4m
Direct Payments*	£44.5m

*Direct Payments are used by service users and carers to purchase all types of community based services including home care, supported living, day time activities and carers' breaks. This includes one-off Direct Payments.

Care and support services in Nottinghamshire

12. The total number of people funded by the Council in long term residential or nursing care placements was 2,977 as at the end of January 2017. This includes those individuals who are residents of the County but who have chosen to live in a care home in another part of the country. A further 44 people were in a short term care placement where the intention was for them to move to alternative provision to meet their longer term care and support needs.
13. The Council also commissions a range of care and support services such as home care, supported living and day care services from independent sector providers to help people to remain living independently in their own homes. As at the end of January 2017, there were approximately 9,977 people who are receiving community based care and support services, based on their eligible needs, across all service user groups. People accessing care and support services are required to contribute to the cost of these services in accordance with their financial circumstances and based on a financial assessment. Some service users will be meeting the full cost of their care.
14. The Council also commissions a range of carers' support services which aim to help carers to continue with their caring duties. These services include information and advice and one-off support or on-going services, including short breaks provision, to approximately 4,062 carers. Many of these services are delivered through a Direct Payment.

Application of fee increases in recent years including the increase applied in April 2016 in relation to the National Living Wage

Older adults' residential and nursing care home provision

15. During 2012, the Council completed a comprehensive review of its 'Fair Price for Care' framework and fee levels for independent sector older adults' care homes. Subsequently, a new fee structure and fee levels were approved by Policy Committee in February 2013. At the same time, Members approved the application of an inflation-linked fee increase to be applied annually to independent sector older adults' care home fees.
16. In accordance with the above, financial provisions have been built into the Medium Term Financial Strategy for an annual inflation linked increase. Based on the agreed index, the inflation increase applied for older adults' care homes was 0.616% in 2014/15 and 0.6% in 2015/16.
17. For 2016/17, higher fee increases were applied in consideration of the impact of the introduction of the NLW from April 2016. Adult Social Care and Health Committee approved the application of differential fee increases for older adults' care homes, as follows:

Bands 1, 2 and 3	6%
Band 4	3%
Band 5	1%

18. The rationale for applying a lower rate increase for care homes in Bands 4 and 5 was the assumption that the fee levels already paid to these homes would allow for the providers to absorb some of the cost pressures attributed to the NLW. This assumption was based on the outcome of the previous 'Fair Price for Care' review undertaken in 2012. A smaller increase in fees was applied to Band 4 and 5 homes in recognition of other inflationary pressures over and above those related to the NLW and also in order to continue to incentivise providers to sustain and further improve the quality of their services.
19. Subsequent to the fee increases applied by the Council, the Department of Health notified care home providers that the element of funding provided for all nursing placements, the Funded Nursing Care (FNC) element, would be increased from £112 per person per week to £156.25 per person per week, amounting to an increase by 50% in recognition of the increasing costs relating to people's nursing care needs. This increase was backdated to April 2016. All nursing care homes receive the FNC for each nursing resident in addition to the fees paid by the local authority or by people who fund their own care. Prior to last June, the Council had been administering the FNC on behalf of the Clinical Commissioning Groups (CCGs) and subsequently recharging them for their contribution; however, as at June 2016, this administrative function was transferred to the relevant CCGs to help reduce and streamline Council processes.
20. Following the allocation of the differential fee increases, the Nottinghamshire Care Association (NCA) and a number of providers of Band 4 and 5 homes wrote to the Council to express their concerns about the level of fee increases applied for their services on the grounds that this was inequitable and did not fully reflect their actual costs. The providers asked that the Council review the decision and award the full 6% increase that was applied to care homes in Bands 1, 2 and 3.

Independent review of fees for Band 4 and Band 5 Care Homes

21. In response to the care home providers' concerns, the Council agreed to commission an independent review of costs associated with running Band 4 and 5 older adults' care homes. An external consultancy, Libre Advisory, was commissioned to complete the review which was undertaken during October to December 2016.
22. The review was undertaken on the same basis as the full 'Fair Price for Care' (FPfC) review in 2012, using an updated version of the survey questionnaire. The questionnaire was sent to each of the Band 4 and 5 care homes for completion, seeking a breakdown of costs. The Libre review team was then tasked with aggregating the information, ensuring it was anonymised, and then analysed to identify average costs of these services.
23. The questionnaire was sent to 93 homes in total, of these, 30 are Band 4 homes and 63 are Band 5 homes. The providers were given a total of five weeks to complete and return the questionnaire, between 21st October and 28th November 2016. During this time, Council officers met with representatives of the NCA and care home providers and

representatives of the Libre review team also attended a further meeting which the NCA had arranged with the local care home providers. The aim of these meetings was to inform the providers of the purpose of the questionnaire and to answer questions relating to the data gathering process. The meetings were also used to answer providers' queries in relation to any of the questions contained in the questionnaire.

24. A total of 26 questionnaires were returned, representing a response rate of 28%, as follows:

Band	Care Home Only	Care Home with Nursing	Total Returns	Total Providers	% Response
Band 4	4	5	9	30	30%
Band 5	7	10	17	63	27%
Total	11	15	26	93	28%

25. During December 2016, the Libre review team aggregated the data from the questionnaires and completed an analysis of the data to determine average costs of the provision. This analysis was presented in a report submitted to the Council by Libre. In the report they concluded that it was difficult to provide any detailed analysis of the data due to the low return rates and that this was exacerbated by the fact that some sections of the questionnaire were not completed in many of the returned questionnaires, for example, the question relating to return on capital was only completed in 3 of the 26 questionnaires. In addition, the Libre review team reported that there were marked differences in the data provided in relation to many of the questions such as management costs, which, given such small response rates particularly for some of the questions, would negate the value of determining average costs and applying these across all the Band 4 and Band 5 homes.
26. In the executive summary, the Libre review team states:
- 'The report concludes the Council is not able to rely on the data provided representing accurate average overall costs for Band 4 and Band 5 providers and identifies particular areas of cost where the low number of returns received and divergent cost data combine to make the conclusions in respect of elemental costs unreliable.'*
27. As it has not been possible to fully ascertain the actual costs of the services provided by Band 4 and 5 care homes, it would be reasonable for the Council to continue to align its fees to the FPfC review undertaken in 2012 given that an index-linked annual inflationary allocation has been applied to these services since that time.
28. In accordance with the Care Act, the Council will continue to ascertain and understand the actual cost of care and to ensure that providers are able to deliver high quality care services.

29. The Libre review team's report concludes that the Council may wish to engage in further dialogue with the older adults' care home providers in relation to their costs and to consider different frameworks which enable better comparison of costs between the small care homes against those of the larger care homes.
30. Given the overall low response rate from the Band 4 and 5 care home providers and given that many of the questions were not completed in the returned questionnaires, it is not possible for the Council to fully determine the costs of these services. The Council is therefore not in a position to make any further recommendations in relation to the increase applied to the Band 4 and 5 care homes for 2016/17.

Younger adults' residential and nursing care home provision

31. Fee levels for younger adults' residential and nursing care home provision have historically been negotiated with the care home providers on an individual basis based on the specific needs of the service user. In many cases, the fees have previously been determined through the use of the 'Care Funding Calculator' which is a widely recognised tool, used by many health and social care commissioners as it enables value for money considerations and provides a useful means of benchmarking the cost of complex care across the region. The tool also provides a robust framework for agreeing a fair and transparent price for each placement based on the needs of the individual service user.
32. In 2016/17, the Council developed a Dynamic Purchasing System (DPS) as a means of selecting care home placements for younger adults based on their specific needs. The DPS is open throughout its duration, allowing new providers to apply to join the DPS and to subsequently bid for contracts, thereby allowing new providers to enter the local market and gain a contract with the Council. This offers greater flexibility to the commissioners in the event that existing providers cannot sufficiently meet demand or in the case of concerns about the quality of the care services. All new care home placements for younger adults are now sought through the DPS and providers are required to submit their fee as part of the competitive bidding process.
33. Due to the financial pressures experienced by the Council in recent years, the specialist care home providers have not been allocated an annual inflationary increase whilst the Care Funding Calculator has been implemented. However, it is recognised that care providers have had cost pressures during this period, arising from increases in the National Minimum Wage and other staffing costs such as requirements to put in place and contribute to pensions for their employees. To counter these additional cost pressures, the Council has been working with the providers to support them to make further efficiencies in their operating costs wherever possible.
34. In 2016, in recognition of the costs pressures relating to the NLW, the following fee increases were applied to younger adults' residential and nursing care home placements as follows:
- placements with fee level at or below £850 per week 6% increase
 - placements with fee level between £851 and £1,600 per week 3% increase
 - placements with fee level above £1,600 0% increase

Home Care, Extra Care and supported living services

35. Home Care, Extra Care and supported living services are subject to market testing through competitive tender processes on a regular basis, usually every 3 – 5 years. Tendering provides the Council with the opportunity to test the market through an open and transparent competitive process in order to seek best value from providers.
36. Following the completion of the tender for home based care and support services in 2013/14, new contracts were awarded to four core providers for home based care and support services (home care), each covering a large geographical area based on district council boundaries.
37. During 2013/14, a tender was also undertaken to commission new Care, Support and Enablement Services (supported living) for adults with learning disabilities and for people with mental health needs. The contract was awarded to four core providers and the services commenced in September 2014 for all new packages of care and support commissioned from that time. Service users already receiving supported living services prior to that date were able to retain their existing care and support provider in order to ensure continuity of care, given the specific needs of people receiving supported living services. In addition, the Council retained contracts with a small number of providers who deliver an enhanced supported living service for people who require more specialist services due to complex health and social care needs and challenging behaviour.
38. The above contracts do not require the Council to apply an annual inflationary increase and there are no provisions within the Medium Term Financial Strategy for inflationary increases to be applied on an annual basis to these services; however, recently there have been a number of factors, including legislative changes, which have resulted in increased cost pressures for care and support providers.
39. Members will recall that in November 2015, Adult Social Care and Health Committee took the exceptional measure to allocate a 10% fee increase, to be applied from 1 December 2015, for the core providers of the Home Care and Extra Care services and specifically for the outreach and enhanced supported living services delivered through the Care, Support and Enablement contract. The fee increase was allocated in recognition of the increased cost pressures experienced by the providers relating to staffing costs and in order to ensure their continued sustainability.
40. In 2016, Adult Social Care and Health Committee approved a further 6% increase to be applied to providers for home care, extra care and supported living services in order to meet the costs arising from the introduction of the NLW.

Day Care Services

41. The Council has established matrix rates for internal day services, based on the following categories, reflecting their levels of need, as follows:
 - Complex needs
 - High level needs

- Medium level needs
- Low level needs
- 1:1 support.

42. The matrix considers both physical disabilities and cognitive impairment and their ability to engage with the service and the score indicates the level of staff supervision likely to be required. Therefore people with complex needs may need one member of staff to every two service users whereas low needs may be one member of staff to 10 service users depending on the activity being undertaken and size of the service.
43. During 2012/13 the Council completed an accreditation of independent sector day care providers. One element of the accreditation considered the providers' compliance with the day service rates set by the Council and which are aligned to the Council's own day services. Due to continued financial pressures, the Council applied 0% inflation to external day services from 2013/14 through to 2015/16.
44. In April 2016, in consideration of the impact of the NLW, differential fee increases were allocated across externally provided day services. This was based on the same principles as applied to older adults' care homes where the fees for low and medium needs provision has been disproportionately lower than the fees for high and complex needs provision which would already enable a higher level of staff pay. Accordingly, the following increases were applied:
- | | |
|---------------------------|------|
| • Complex needs provision | 0% |
| • High needs provision | 0% |
| • Medium needs provision | 6% |
| • Low needs services | 7% |
| • 1:1 support | 8.3% |

Shared Lives Services

45. As the Council has developed and expanded its Shared Lives scheme, the fee rates payable to Shared Lives carers were reviewed during 2013/14 and the new fee structure implemented at this time involved aligning fee levels with individual needs. In April 2016, an increase of 6% was applied to Shared Lives carers to meet NLW cost pressures.

Direct Payments

46. Prior to April 2016, the rates for paying Personal Assistants had been in effect since April 2010 and were set at £9.10 per hour from Monday to Saturday and £13.30 on Sundays. This rate included overhead costs such as National Insurance and pension contributions as well as the hourly rate paid to the PAs.
47. As a result of pressures relating to the introduction of the NLW, a 6% increase was applied to the Direct Payment rate for PAs with effect from April 2016.
48. In many cases, service users who have a Direct Payment, arrange to have their care and support services provided by home care agencies. Prior to April 2016, no flat rate inflationary increases were applied to services provided by agencies to Direct Payment

recipients. However, in many cases the Council has had to agree to pay agency rates at a higher level than the rates allocated to the core providers for managed services as they have been able to command higher hourly rates where the Council has not been able to secure more cost effective services from the core providers.

49. The Council budgeted for a 6% increase for a proportion of those Direct Payments that were delivered by home care agencies, to be allocated where the home care provider's rate has been at the same level as that of the core provider operating in that area. Therefore the home care agencies whose Direct Payments rate was above the rate paid to the core providers did not receive a NLW increase.

Sleep-in provision

50. The County Council commissions sleep-in provision for a significant number of service users who are in supported living arrangements and who, due to their specific needs, require care to be available on-site during the night time. Prior to April 2016, the supported living providers who deliver these services were paid a flat rate of £35 for sleep-in provision. However, in anticipation of the introduction of the NLW in April, some detailed analysis was undertaken with providers relating to sleep-in services and from this, it was evident that where providers are delivering high numbers of sleep-ins, the flat rate of £35 per sleep-in would not enable them to pay their staff the NLW.
51. Sleep-in provision is also purchased by some service users who, through the use of Direct Payments, commission their care and support services directly from an agency, or who employ Personal Assistants to meet their care needs. The rate paid for this element of the service varies from case to case, depending on the size and cost of the full package and in many cases on the availability of Personal Assistants.
52. At Full Council in February 2016, Members approved the allocation of £3.8m to enable an increase to be applied to the rate paid for sleep-in provision. This was based on detailed analysis of the numbers of sleep-ins being commissioned during late 2014 and the rates paid for the sleep-in provision. This enabled the Council to increase the flat rate from £35 per night to a rate of £70 per night.
53. Some sleep-in provision is also provided to people who have a Direct Payment and an increase in relation to NLW cost pressures for these services have been considered on a case by case basis as part of each individual service user's annual review.

Proposals for fee increases from April 2017

54. In anticipation of the introduction of the NLW in April 2016 and the anticipated increase in the NLW year on year until 2019/20, the Council has already made provisions within its Medium Term Financial Strategy to meet this additional cost pressure.
55. In April 2017, the NLW will increase from £7.20 per hour to £7.50 per hour for people aged 25 years and over. In anticipation of the cost pressures in social care arising from this increase, a further £5.12m has been allocated to the Department's base budget to be applied to adult social care services commissioned from independent sector providers. As the inflationary increase relates directly to the NLW increase, the

proposed distribution of this funding has been determined based on the staffing requirements and levels across the respective service area.

Younger adults' residential and nursing care home provision

56. It is proposed that 2.62% is applied to all younger adults' care home provision.

Home Care and Extra Care services

57. It is proposed that 2.62% is applied to all home care and extra care provision.

Supported living services including sleep-in provision

58. It is proposed that a 2.62% increase is applied to all supported living services. With regards to sleep-in provision, some providers have informed the Council that the NLW increase applied for sleep-ins during 2016/17 are still not sufficient to cover the cost of this provision and that this has been tested via successive findings against providers at Employment Appeals Tribunals. The Council is therefore intending to work with providers to review and assess the actual cost of sleep-in provision. There is a risk that the cost pressure may be above the level that has been built in to the NLW calculations. However, the Council will endeavour to contain any additional costs relating to sleep-ins within the overall funding allocated for the NLW.

Day services

59. It is proposed that a 3.11% increase is applied to all externally commissioned day services.

Older adults' residential and nursing care home provision

60. It is proposed that a 2.8% increase is applied across all older adults' care home provision within Nottinghamshire. This will include an increase relating to the increase in the NLW for staffing and an increase relating to other inflationary cost pressures in accordance with the Fair Price for Care fee framework. The table below outlines the current weekly fee levels and the proposed weekly fee levels to be applied from April 2017:

Care Home Banding	Proposed Fee 2017/18 Care Home (current fee)	Proposed Fee 2017/18 Care Home including DQM Payment** (current fee)	Proposed Fee 2017/18 *Nursing care (current fee)	Proposed Fee 2017/18 *Nursing care including DQM Payment (current fee)
Band 1	£441 (£429)	£453 (£441)	£479 (£466)	£489 (£476)
Band 2	£489 (£474)	£539 (£524)	£549 (£534)	£591 (£575)

Band 3	£519 (£505)	£567 (£552)	£578 (£562)	£621 (£604)
Band 4	£532 (£517)	£579 (£563)	£589 (£573)	£633 (£616)
Band 5	£548 (£533)	£596 (£580)	£606 (£589)	£649 (£631)

*For all care homes with nursing, the above fee levels are net of Funded Nursing Care contribution which was set at £156.25 per person per week in April 2016 and which may be increased for 2017 in line with inflation related costs. The Clinical Commissioning Groups (CCGs) fund and administer this element of the fee.

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

Direct Payments including sleep-in provision

61. It is proposed that a 2.42% increase is applied to Direct Payments packages. The amount of increase applied for Direct Payments provided through home care agencies or supported living providers may vary depending on the providers' existing hourly rates, so where the provider's rate is above the rate of the core provider operating in the same geographical area, the Council will not automatically apply the rate increase. Any increase to be applied will be determined on a case by case basis depending on the needs and circumstances of the individual service user, at point of review.

Shared Lives services

62. Following the increase applied to Shared Lives schemes in the last financial year, it is proposed that a further increase is not applied to these services for the next financial year. This is because benchmarking data shows that the rate paid to Shared Lives carers in Nottinghamshire is above the average paid by neighbouring local authorities.

Other Options Considered

63. At Full Council in February 2016, Members had approved the allocation of £5.12m to meet provider cost pressures arising from the impact of the NLW for 2017/18 and provisions were made at that time in the Medium Term Financial Strategy to fund this pressure. The purpose of this report is to propose to Members the most appropriate way of allocating this funding based on the fees already allocated across the different services and based on information about provider costs.

Reason/s for Recommendation/s

64. The Council has a statutory duty to have in place a range of care and support services for people who meet national eligibility criteria, either directly through its internal services or through commissioned services from external providers. This statutory duty

extends to ensuring that there is a viable and sustainable market of social care providers who are able to deliver the required services.

65. Consideration has been given to the current fee levels paid to care and support providers within the context of the increasing cost pressures arising from the impact of the NLW. The proposed fee increases should help providers to continue to deliver care and support services at a time when they are facing substantial increases in their costs, most of which relate to staff pay and terms and conditions of employment.

Statutory and Policy Implications

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

Implications for Service Users

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

Financial Implications

68. It is anticipated that the full-year cost implications of the above fee increases will be approximately £5.12m. The cost pressures arising from the impact of the NLW have been built into the Council's Medium Term Financial Strategy as approved by Council in February 2016.

Human Resources Implications

69. The information and proposals contained in this report relate to externally provided care and support services and do not have a direct impact on internal staffing. Any increases in staff pay across the social care sector will help to ensure that the Council is able to commission appropriate levels of care and support services from independent sector care and support providers.

Public Sector Equality Duty Implications

70. This allocation of fee increases to meet NLW cost pressures should help to ensure that the services continue to be sustainable and that providers remain financially viable following the further increase in the NLW from £7.20 to £7.50 per hour.

RECOMMENDATION/S

That the Committee:

- 1) notes the historical context of setting fees and applying inflationary increases for care and support services purchased from independent sector providers.
- 2) notes the outcome of the independent review on Older Adults' Care Home fees for homes in Bands 4 and 5
- 3) approves the proposed distribution of £5.12m of fee increases to independent sector care and support providers across the different adult social care services related to the further increase in the National Living Wage from April 2017, as set out in paragraphs 56 - 62.
- 4) approves the increase in Older Adults' Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation, as set out in paragraph 60.
- 5) approves the fee increases, as set out in paragraphs 56 – 60, to be applied from 10 April 2017 to align with the payment cycle for the new financial year.

Caroline Baria

Service Director, Strategic Commissioning, Access and Safeguarding

For any enquiries about this report please contact:

Caroline Baria

Service Director, Strategic Commissioning, Access and Safeguarding

T: 0115 9774892

E: caroline.baria@nottsgov.uk

Constitutional Comments (SLB 27/02/17)

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

Financial Comments (DG 28/02/17)

72. The financial commitments are contained within paragraph 68.

Background Papers and Published Documents

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

Fair Price for Care – Older Persons' Care Home Fees – report to Policy Committee on 13 February 2013

Libre Advisory – Review of Older Adults' Care Home Fee Levels for Nottinghamshire County Council, December 2016

Annual budget 2016/17 – report to Full Council on 25 February 2016

Electoral Division(s) and Member(s) Affected

All.

ASCH458

13 March 2017**Agenda Item:6****REPORT OF THE SERVICE DIRECTOR FOR MID-NOTTINGHAMSHIRE****UPDATE ON PROGRESS WITH ARRANGEMENTS TO INTEGRATE HEALTH
AND SOCIAL CARE IN MID-NOTTINGHAMSHIRE****Purpose of the Report**

1. This report:
 - a) provides Committee with a bi-annual progress report on the Mid-Nottinghamshire Better Together Alliance. This was requested by Committee on 7th March 2016 following approval for Nottinghamshire County Council to become a full Alliance member.
 - b) requests that the temporary full-time equivalent (fte) Social Worker (Band B) post linked to the community health Intensive Home Support Service for Newark and Sherwood is disestablished.

Information and Advice

2. The Better Together Alliance (The Alliance) is a partnership between Ashfield and Mansfield Clinical Commissioning Group (CCG), Newark and Sherwood CCG, Nottinghamshire County Council, six NHS health providers, local voluntary sector umbrella 'Together Everyone Achieves More (TEAM)', Mansfield District Council and Mears Homecare Ltd.
3. The programme's ambition is that everybody who uses both health and social care services in Mid-Nottinghamshire will experience integrated care and that services will work together better in order to give the best care based on a person's personal circumstances. In addition, it aims to put in place joined up, responsive urgent care services that operate outside of hospital wherever possible.
4. The programme has three main work-streams with the joint work between adult social care and health taking place predominantly in the 'Urgent and Proactive Care' work stream. The other two work streams are 'Elective Care' and 'Maternity and Paediatric Care'.





Performance

5. Table 1 below shows performance against the four priority targets of the 'Urgent and Proactive Care' workstream. Low is good for all the indicators. In relation to the three targets within this workstream that are not being met, urgent action to recover performance has been agreed with a number of High Impact Work Areas being identified that bring together

a number of work streams in order to deliver some agreed rapid interventions. Senior Alliance representatives are meeting every week to monitor progress against priority actions. This group reports back to the monthly Mid-Nottinghamshire Accident and Emergency Delivery Board (formerly the System Resilience Group). The Service Director for Mid-Nottinghamshire is a member of this Board.

6. Reductions in admissions to residential care in Mid-Nottinghamshire remain on target to deliver the Council's Living at Home programme and associated savings through reducing the numbers of people in residential care. Six of the total twelve Poppy Fields short term social care assessment flats in the Extra Care Scheme were opened in December 2016 and have been full since opening for short stays of up to three weeks. These support people with leaving hospital or living in the community who need a period of assessment and reablement at a level of care that cannot be provided in their own home. It helps people to (re)gain/retain their independent living skills and avoid residential care admission. The other six assessment flats will have become available from February.

Table 1

Outcome area	Performance target to be met by BT Programme by 2018/19	Target for October 2016	Actual performance October 2016	Trend since April 2016
Reduction in admissions to residential and nursing homes	25% 	28 admissions	25 admissions	Admissions are consistently lower than target
Reduction in attendances at Emergency Department	15.1 % 	8,000 attendances	9,000 attendances	Attendances are consistently above target
Reduction in emergency admissions to hospital	19.5% 	2,700 admissions	3,100 admissions	Attendances are consistently above target
Reduction in emergency acute hospital bed days	30.5% 	14,000 bed days	14,300 bed days	Bed days are above target

Progress with developing the Alliance partnership and the transition plan

7. At the point of forming the Alliance, it was acknowledged that further work was required in the first transition year in order to determine the detail of how to implement some of the intentions of the Alliance. A number of activities were agreed to be completed by 31st March 2017. If further time is required to fully complete these activities, then the Alliance Leadership Board can (acting unanimously) decide to extend the time-scale up to 31st August 2017.

8. At the end of the transition period, if agreement on the way forward has not been reached, then there will be a decision as to whether the Alliance reconfigures its membership or is dissolved. Whilst progress has been made on all areas, further work is required to test some of these out in practice. The Alliance is currently undertaking a review of progress. From initial assessment it is likely that the outcome of this will be to extend the transitional period to the end of August 2017, in order to enable the new initiatives to be practically tested. The transition plan includes the following priorities:
- **developing new payment mechanisms for health providers** that move away from the current system of 'Payment By Results' to allocating funding to providers to deliver outcomes that meet the health and wellbeing needs of local populations (also referred to as a "capitated payment mechanism"). It has been agreed that this will exclude funding allocated as social care Personal Budgets, however, this will work alongside and still be tracked alongside the capitated payment approach. The payment mechanism has been developed and is due to be tested on a number of proposed service areas.
 - **expansion of the outcomes based payment model for the NHS service contracts**, to allocate a portion of funding based on achievement of agreed outcomes rather than specific activity. The outcomes are: reducing attendance at A&E, reducing permanent admissions to residential care; reducing falls; reducing the prevalence of diabetes; improving patient experience in decision-making; reducing unplanned hospitalisation for chronic ambulatory conditions; and increasing the number of people able to die in their preferred place. New actions relating to these in the current year have been progressed through flexible use of the national Commissioning for Quality and Innovation (CQUIN) targets and payments which are part of the NHS standard contracts. Unfortunately there is not the flexibility to use them in this way in the 2017/18 and 2018/19 health contracts, therefore further alternatives now need to be identified to progress this work.
 - **a model agreeing the detail of how the sharing of any risks and rewards** associated with putting in place any of the new models will operate across the partnership. An example would be that in order to reduce costly acute hospital stays, a new/increased community based service is required that would place additional costs on a different Alliance partner. A draft risk and reward model has been developed to agree how to assess the business case for such changes and address how risks and rewards would be managed in such scenarios. This now needs to be tested and a process agreed for how risks are identified as appropriate to apply the model to.
 - **the establishment of Care Design Groups** in order to complete the above areas of work and develop the new models. These are in place through the High Impact Work areas.
 - **a process for selecting social care provider Alliance members** was approved by Adult Social Care and Health Committee on 11th July 2016. Shortlisting and interviews took place in September 2016, resulting in the nomination of Mears Care Ltd and Mansfield District Council to be Associate Members of the Alliance. These nominations have been accepted unanimously.
 - **ongoing development of new models of care** to deliver the Alliance objectives, including establishing a Single Front Door at King's Mill Hospital, Local Integrated Care

Teams and improving Integrated Discharge arrangements, as described in the next section (**paragraphs 9-16**) of this report.

Update report on key integration developments within Mid-Nottinghamshire

9. **Local Integrated Care Teams (LICTs)** are seven multi-agency teams who proactively identify and work with people in their local GP population who may be at risk of admission to hospital. The CCGs fund eight social workers, on a permanent basis, who are co-located within the teams.
10. The Council successfully bid for £20,000 from the Local Government Association, Care and Health Improvement Programme to fund a robust external evaluation of the cost-effectiveness and impact for social care of this approach across the County. This contract has been awarded to Nottingham Trent University and People Too. The evaluation is due to be completed by June 2017.
11. **7 day access to services.** As reported to Adult Social Care & Health (ASCH) Committee in October 2016, funding has been made available to the Council by the Alliance to test whether there are benefits to extending the availability of social care assessment staff in the community teams at weekends. Volunteer applications have been sought to do this work and two workers have provided social care cover on five weekend days during January. Evaluation of the benefits of this is underway. The outcome and any staffing or policy implications requiring decisions by the Council will be brought back to Committee.
12. **The Transfer to Assess** model aims to ensure that once people are medically well enough to move out of an acute ward, any further assessments required will be carried out in another setting, ideally their own home. The aim is now to support the shift to a 'Home First' ethos, enabling more people to be supported directly home instead of to an interim placement. NHS England has requested that CCGs have such a model in place (called Discharge to Assess) to minimise assessment in hospital by 1st April 2017. Locally, it has been agreed to build on and grow what has worked well so far in Mid-Nottinghamshire and for the priority area of work to be to develop a pathway that will avoid people having to wait unnecessarily in hospital for Continuing Health assessments to be completed.
13. The CCGs are commissioning an Intensive Home Support community health service with money released by purchasing fewer beds. Approval for a temporary Social Worker (Band B) post was given at the ASCH Committee meeting in October 2016, to work in the Newark and Sherwood Intensive Home Support service until 31 March 2017. This post was not recruited to, likely due to the short time period for which funding was agreed. The CCG has now advised the Council that there is no long-term additional funding available for the Newark and Sherwood Intensive Home Support service and alternative delivery options for the service are being considered by health colleagues. Therefore, this temporary post will not be recruited to and requires Committee to formally disestablish it.
14. **A review of Integrated Discharge teams and processes** continues. The aim is to speed up processes and provide people being discharged from hospital with a more integrated approach from the various separate health teams. This includes the Hospital Social Work Teams and other discharge-related services including Mansfield District Housing staff, transport, voluntary sector provision etc.

15. Social care performance remains good regarding delays in hospital that are solely attributable to social care. The small number of delays each month (two days for example in December 2016) are due to provider services (care homes or home care) either not having the information soon enough or not having the capacity to pick up fast enough. The Emergency Department Avoidance Support Scheme (EDASS) team can provide low level support to people for a short period of time, until the long-term home care package commences. Work is underway with Mears homecare and Nottinghamshire County Council's Short Term Assessment and Re-ablement Team (START) to ensure that homecare can start to work promptly with any people who need it, as soon as their re-ablement is completed.
16. Many changes to processes are being implemented. Key benefits to date of the review in relation to social care are:
 - a) a new ICT workflow has been designed and launched in the Emergency Department at King's Mill Hospital in November 2016. This enables clinicians (with consent from the patient) to send a request to the social care Frameworki system to ask if the person is known to social care and if so, what care package is in place. The details of the package and provider are sent back to the clinician, to help him/her make an informed decision about whether the person can be sent home safely. This reduces requests to social workers based in the hospital to look up this information. This project has been very well-received within the Emergency Department. Short term resources have been agreed by the Council to work with Sherwood Forest Hospitals Trust to identify the potential scope for using this workflow solution in the Emergency Department, as well as other applications.
 - b) a recent ICT change has reduced the time taken for ward staff to complete a Social Care Assessment Notice, as well as making it easier for ward staff to know when it is appropriate to send these. Guidance and training has been developed to explain when it is appropriate to refer a patient to the Hospital Social Work team and how to do this. The aim is to reduced inappropriate referrals, which will speed up discharge and provide a better experience for patients

Short Term Independence Service (STIS)

17. In October 2016 ASCH Committee agreed to combine the assessment staff supporting short term beds and home based independence services with the START provider service managers and reablement support workers into one Short Term Independence Service (STIS). This has created three teams, each reporting to the relevant Group Manager for that locality; one covering Mansfield and Ashfield, one Newark and Sherwood and one in Bassetlaw. These teams will then be able to align with the local community health teams. The following work has been completed.

Staff Engagement

18. A well-attended staff engagement workshop was held in November where group managers led open discussions with staff about the potential impact and benefits that this new way of working could offer. Staff identified that a streamlined service would offer greater benefits to the people who use the services due to a consistent approach and well defined pathways into the service. They also noted the benefit to their own professional development in having

the opportunity to work across the various schemes and with new health partners. Staff comments were collated and have shaped implementation plans.

Implementation

19. Team managers of the new STIS teams and the managers of the teams outside of the STIS service who have been indirectly impacted, have been positive and proactive in scoping the work to create a consistent and well co-ordinated service. They have engaged with their teams by conducting meetings to agree the STIS vision, identify how individuals can be supported to work across the functions and to listen to staff about any concerns they may have. Staff have been open to the changes that they face and are offering practical solutions to any issues they raise. Each STIS area team manager has their own area specific implementation plan, which details the actions and steps that the team has agreed to complete. This ownership is key to the success of the new service area.
20. Staff have arranged to spend time with their colleagues who work in different areas, in order to understand and learn the pathways and processes which will enable them to begin to work flexibly. Following completion of this work in February, the new service will start. The STIS staff are then meeting their community health colleagues in March to define how further alignment can be achieved in order to offer an improved integrated service.
21. Funding from Health Education England has been secured to provide an external facilitator to conduct a workshop with the Council's core homecare providers and community health teams, to review the opportunities and resources required to improve the flow through the Council's START re-ablement service. For example, it will seek to identify how to ensure homecare providers receive the right information at the earliest opportunity to enable them to pick up people requiring homecare as soon as possible after their re-ablement is complete. An update and recommendations from the workshop will be reported on in the next quarterly update on the Mid Nottinghamshire Alliance.

Other Options Considered

22. No other options have been considered.

Reason/s for Recommendation/s

23. These recommendations are proposed for the reasons outlined in the various sections of the report.

Statutory and Policy Implications

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

Financial Implications

25. The temporary six month post it is recommended to be disestablished was due to be funded by Health and therefore there are no financial implications. The main body of the report is a progress up-date and therefore has no financial implications.

Human Resources Implications (SJJ 22/02/17)

26. The post to be disestablished is currently vacant therefore there are no HR Implications.

RECOMMENDATION/S

That the Committee:

- 1) notes the update on the development of integrated health and social care arrangements in Mid-Nottinghamshire
- 2) approves that the temporary full-time equivalent Social Worker (Band B) post linked to the community health Intensive Home Support Service for Newark and Sherwood is disestablished.

Sue Batty
Service Director, Mid Nottinghamshire

For any enquiries about this report please contact:

Sue Batty
Service Director, Mid Nottinghamshire
Adult Social Care, Health and Public Protection
T: 0115 9774632
E: sue.batty@nottscg.gov.uk

Constitutional Comments (LM 28/02/17)

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

Financial Comments (AGW 01/03/17)

28. The financial comments are contained in paragraph 25.

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.

The Mid-Nottinghamshire “Better Together” Alliance Agreement contract – report to Adult Social Care and Health Committee on 7 March 2016.

Selection process for social care providers to join the Mid-Nottinghamshire Better Together Alliance – report to Adult Social Care and Health Committee on 11 July 2016

Update on progress to integrate health and social care in Mid-Nottinghamshire – report to Adult Social Care & Health Committee on 10 October 2016

Electoral Division(s) and Member(s) Affected

All.

ASCH428

13 March 2017

Agenda Item: 7

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

TRANSFORMING CARE

Purpose of the Report

1. To advise Committee on the current progress and barriers to delivering the Transforming Care agenda across the Nottinghamshire Transforming Care Partnership.
2. To seek approval for the establishment of a temporary 0.5 full-time equivalent (fte) Social Worker post (Band B) to undertake a social supervisor role until 31 March 2019.

Information and Advice

3. Nottinghamshire County and Nottingham City Councils and Clinical Commissioning Groups (CCGs) are working together in a Transforming Care Partnership (TCP - previously referred to as the Winterbourne View programme) in partnership with and reporting to NHS England. The aim is to reduce the number of people with learning disabilities and/or autism in long stay specialist mental health hospitals.
4. The programme is working towards this aim in two ways:
 - a. by moving existing people out of long stay hospital and
 - b. trying to prevent new admissions to hospital.
5. There are annual targets across the partnership which reduce the hospital population for this cohort from 75 at April 2016 to 36 by March 2019. By the end of March 2017 the target was to have reduced the hospital population to 65.
6. 2016 quarterly targets with performance to date are as follows.

	30/6/16		30/9/16		31/12/16		31/3/17
	Target	Actual	Target	Actual	Target	Actual	Target
Total	73	70	71	71	69	80*	65

*(NB – 41 of the above are County CCG service users and 39 are City CCG).

7. For the first two quarters of 2016/17, the partnership was on target as it had been moving people steadily out of hospitals into either residential care or, in Nottinghamshire, more often than not into supported living.
8. However, results at the end of quarter 3 showed an increase in admissions across the partnership, particularly for Nottinghamshire and a slow down in the number of people being moved out of hospital meaning that it is unlikely that the year-end target of 65 people remaining in hospital will be reached.

Factors that have specifically impacted this quarter

9. Three people were admitted to mental health beds in quarter 2 and have been diagnosed with autism whilst inpatients. They did not therefore meet the Transforming Care criteria until receiving the diagnosis.
10. Two of the above people do not originate from Nottinghamshire but were subject to custodial sentences at HMP Nottingham and due to the operation of the Responsible Commissioner guidance have been allocated to Nottingham City CCG though may not be the responsibility of Nottingham City Council.
11. Two discharges have been held up due to delays created by the necessity of going through the Court of Protection to implement Deprivation of Liberty Safeguards for the community placement.
12. One discharge was delayed due to social supervision being required and there being no available service. This is specific monitoring in the community of a person in hospital due to a criminal conviction – individuals referred to as restricted patients and for whom the Ministry of Justice requires ongoing monitoring reports.
13. There have been delays in developing the following necessary community services which are key to preventing admissions and expediting discharges:
 - Enhancement of the existing Intensive Community Assessment and Treatment Team (ICATT) who can offer specialist health support to individuals within the community as well as offering advice and support to carers, both paid and unpaid, on how to manage challenging behaviour. A new service specification has been developed but implementation has been delayed due to extended negotiations with Nottinghamshire Healthcare Trust on the required changes to the activity given the available financial envelope.
 - The TCP sought to commission a respite service that offers an alternative to a hospital admission for those that do not require hospital but do need to leave their current accommodation. However, there was insufficient interest from the provider market and so additional work has been undertaken, including further market engagement, to inform changes to the service specification. A further tender is currently underway to procure this service.
 - The availability of community placements as the residential market has not substantially grown in the area of challenging behaviour and due to the current uncertainty over future

funding of supported accommodation, no new supported living developments have happened during 2016/17.

- Providers continue to experience difficulties in recruiting skilled experienced staff as carers, despite providers offering enhanced training, management support and, in many cases, higher levels of pay, due to the enhanced supported living plus hourly rate or senior staff rate in care homes paid by Nottinghamshire County Council.

Mitigating actions

14. These are as follows:

- Care and Treatment Reviews are being carried out wherever it is identified there is a risk of hospital admission, where relevant professionals and people who know the person meet together to consider and plan support to prevent hospital admission.
- Meetings are taking place to finalise the additional ICATT service which will be in place before April 2017.
- The TCP is going out to procurement for a second time with a modified service specification for the respite service following some market testing with providers.
- The TCP has successfully bid for some 'accelerated discharge' monies which will help to expedite discharges for five patients before 31/3/17.
- Successful capital bid to the Department of Health for £520,000 for supported housing and technology. Only £270,000 of this will directly be targeted at the Transforming Care cohort but provides the full purchase price of a single property and so holds no risk for housing provider development.
- Current bid for capital into NHS England for the development of further supported living properties.

15. In order to meet this requirement, it is proposed to establish a temporary 0.5 fte Social Worker (Band B) post until 31 March 2019, to link closely with the Forensic service, to undertake the social supervisor role for people with a Learning Disability, enabling discharge of patients who require monitoring to enable reporting to the Ministry of Justice.

16. In Nottinghamshire, the Forensic services, under Nottinghamshire Healthcare NHS Trust, provide the oversight of restricted patients who suffer from a mental illness. Nottinghamshire County Council fund two FTE Social Workers in the Forensic services, who take on the role of social supervisor for mentally ill patients. The Forensic services are not commissioned to undertake this service for people with Learning Disabilities and Intellectual Development Disorders, other than people with a mild learning disability, where this is not their primary need.

17. Funding continues to be a barrier for the partnership. The Government had envisaged that the closure of hospital beds would enable funding to move directly from hospital provision into the community, with the assumption that as community packages are usually cheaper

than hospital provision there would be enough funding for prevention and early intervention services to reduce the amount of people likely to go into hospital.

18. Much of the hospital funding is tied up in block contracts and held by Specialised Commissioning regionally. To date there has not been an agreed way forward nationally to release that funding and therefore there is a growing financial pressure on CCGs and the Councils for the provision of community services. Funding for individual packages is being found from within existing resources, putting financial strain on the community team budgets and Continuing Health Care budgets. Funding for additional prevention services is not currently identified.
19. In 2015 £1.2m transitional funding was provided by the Department of Health to Nottinghamshire TCP as a one off payment which was expected to be matched with CCG funding. The CCG match funding was identified from within current service provision such as existing spend on the ICATT with additional funding towards programme costs and undertaking Community Treatment reviews for people at risk of entering hospital. Social care has provided commissioning support and care management over and above 'business as usual' for the programme which is impacting on existing resources in both commissioning and front line services.
20. The £1.2m is set against programme costs (specifically related to co-ordinating the Transforming Care Board and working groups and undertaking reporting and monitoring directly to NHS England), enhancement of the ICATT and provision of the emergency respite service (for 1 year only) and advocacy.
21. Another bid is currently being submitted for 2017/18 and 2018/19 revenue funding but with only £20m for both years across the whole country, the contribution from NHS England is likely to be minimal.

Other Options Considered

22. The work of the social supervisor could be sent to the existing social workers in the Community Learning Disability Teams. However, this is felt not to be a satisfactory option as it is understood that this work necessitates a well-coordinated, multi-disciplinary approach, in a Forensic setting due to the management of risk under the direction of the Ministry of Justice. This specialist approach is accepted for people with a mental illness so it is felt that a similar level of expertise should be offered for people with a Learning Disability. By developing this post in the Forensic service, the post holder will be well supported by a team that specialises in managing restricted patients.

Reason/s for Recommendation/s

23. There are currently three people identified who require social supervision as part of their discharge arrangements. It is anticipated that this number will increase as plans progress for more individuals to be supported for discharge. The provision of social supervision to the three people in hospital would be met through a half time worker. Only one person is immediately ready for discharge but the other individuals will be coming out over the next 18 months. This is a low cost, high impact solution to ensuring that no further delays are made to the discharge of people needing social supervision.

24. As the Forensic team does not currently work with people with learning disabilities, this will enable the service to meet the needs of other people already living in the community who may need specialist input.
25. There is also a duty, under the Ministry of Justice, to provide this service to protect the public.

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

Crime and Disorder Implications

27. There is a duty, under the Ministry of Justice, to provide the social supervision service to protect the public.

Financial Implications

28. The cost of a temporary 0.5 fte Social Worker (Band B) post is £22,888 per annum inclusive of on-costs.

Human Resources Implications

29. Management of the social supervision post would sit within the existing structure of the Forensic services of Nottinghamshire Healthcare NHS Trust.

Public Sector Equality Duty implications

30. By developing this post there will be an equality of offer for people with a Learning Disability who are restricted patients.

Safeguarding of Children and Adults at Risk Implications

31. The social supervisor role is a statutory role under the Ministry of Justice to ensure restricted patients can be safely managed in the community to protect the public

Implications for Service Users

32. People with a Learning Disability who are restricted patients will be able to move out of hospital to community settings. Service users with a learning disability living in the community will have access to specialist support to manage any offending behaviour.

RECOMMENDATION/S

That:

- 1) the current progress and barriers to delivering the Transforming Care agenda across the Nottinghamshire Transforming Care Partnership be noted
- 2) the establishment of a temporary 0.5 fte Social Worker post (Band B) to undertake a social supervisor role until 31 March 2019 be approved.

Caroline Baria

Service Director, Strategic Commissioning, Access and Safeguarding

For any enquiries about this report please contact:

Cath Cameron-Jones

Commissioning Manager ASCH&PP

T: 0115 9773135

E: cath.cameron-jones@nottscg.gov.uk

Constitutional Comments (LM 17/02/17)

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

Financial Comments (DG 28/02/17)

34. The financial commitments are contained within paragraph 28.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

ASCH460

13th March 2017**Agenda Item: 8**

REPORT OF THE SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE UPDATE ON NEW WAYS OF WORKING IN ADULT SOCIAL CARE

Purpose of the Report

1. To update Committee on the impact of the new ways of working across Adult Social Care.

Information and Advice

2. The aim of the programme was to identify and implement new ways of working that would free up time to enable staff to be able to undertake more assessments, support plans and reviews and for this to be proportional to the complexity of each individual's needs. The programme started in the Adult Social Care, Health and Public Protection Department with the deployment of mobile devices to frontline staff in February 2015 and has since expanded to include:
 - a. the development of a hub role in field work teams; this splits tasks down and allocates them swiftly to the most appropriate member of the team to make effective use of time
 - b. scheduling appointments for service users directly into workers' diaries; this speeds up the process and allows the service user to know as early as possible when they will be seen by a member of the department
 - c. increasing the options available to service users of how their assessment or review will be undertaken, this includes being able to complete it online in the case of carers and over the telephone and in clinics for both Social Care and Occupational Therapy assessments. While home visits to service users will always be available where other methods are not appropriate, reducing the amount of time spent travelling to visit service users increases the department's capacity to complete more assessments and reviews and reduces the cost of travel expenses.
3. Regular progress reports have been provided to Committee since the programme began and have been included in the quarterly Portfolio updates to Policy and Adult Social Care and Health (ASCH) Committee. This reports seeks to provide a comprehensive update on the progress so far and highlight some of the benefits of each new way of working, as requested at the Committee meeting in December 2016. When the programme was started, due to demand for social care assessments increasing significantly, the numbers of people having to wait longer than the departmental target of 28 days for an assessment were rising. Temporary resources were deployed to manage this, whilst the new ways of working

programme was implemented with the aim of minimising the numbers of additional staff required in the longer term.

4. In November 2015 Committee approved the temporary establishment of 20 FTE (full-time equivalent) Community Care Officers to support developing and embedding the new ways of working. The report that established these posts is the New Ways of Working for Social Care in Nottinghamshire report which is available as a background paper. The posts have been crucial to the success of the programme and have focused mainly on clinics, the hub role and scheduling. All 20 posts will cease as planned in March 2017 and the work is being picked up as business as usual by the teams.
5. The combined impact of all the new ways of working has delivered a 30% increase in productivity across the Older Adults Service when comparing data for a snap shot of the same four months in 2015 with 2016. In the same period, there was a 17% increase in the number of assessments completed within the 28 day time-scale.
6. In addition to these improvements in performance it has been determined that there was a 15% reduction in spend in the 2015/16 mileage budget compared to 2014/15, taking a 2% overspend to a 13% underspend for teams who were fully mobile with tablet devices.

Mobilisation through the use of tablet devices

7. Since March 2016 the project has been focusing on after care support to staff to ensure that they are skilled to use the mobile device and feel confident in doing so. Support provided includes, 1:1 sessions with technical specialists, team device confidence sessions, as well as Total Mobile refresher training. Total Mobile is the software on the mobile devices that allows access to the Council's database system, even when there is no internet connection available to staff.
8. The project has addressed a number of Occupational Health concerns through arranging a larger mobile device for those individuals who have experienced difficulties in using the smaller tablet.
9. Work has been completed with the Smarter Working Programme and ICT services to agree corporate funding for future devices as part of the asset replacement programme. £2.1m capital funding was agreed for this purpose as part of the Funding for Smarter Working report approved by Policy Committee in November 2016.
10. The impact of the aftercare support provided has been positive and helped to increase the use of the devices in general but also the use of total mobile software to access framework whilst with Service Users, by 14% for the Occupational Therapy team and 7.5% for Social Care teams since April 2017.
11. Whilst these increases show an improvement there is still further work to be done to support staff to maximise use of the devices, particularly in face-to-face visits with service users. Working in this way is a big cultural shift for some staff and in order to help build staff's confidence and ensure the Council continues to provide a high standard of customer service to service users, a number of videos are being produced with helpful pointers and advice. An existing Project Manager specialising in change management from the Programme and Projects team, will also continue to work closely with teams to address any

outstanding issues. The department has also secured the allocation of a change project manager from the corporate Programmes and Projects team who will continue to work closely with teams to address any outstanding issues and ensure that maximum benefit is gained from having the devices. Individual targets are set for staff with their manager as part of their yearly review and progress is discussed in their regular supervision meetings.

Hub Working

12. The hub working model increases the available time for Social Workers and Occupational Therapists to carry out assessments and complex case work through having one or more non-social work qualified Community Care Officer carrying case work tasks on their behalf, essentially moving tasks that do not need the input of a professionally qualified worker to another member of the team. By centralising these tasks they can also be carried out more efficiently as they can be grouped together and organised more effectively. The intention was that this would allow the assessing staff to focus more on carrying out and completing assessments within timescale and reducing backlogs.
13. In addition to freeing up capacity the hub role also supports other new ways of working. Two examples of this are the support the hub role provides to the scheduling of appointments in teams and the contribution the hub worker makes to encouraging the greater use of Social Care Clinics.
14. An evaluation of the effectiveness of the hub role was undertaken in October 2016. 14 of the FTE temporary Community Care Officer posts were focused on developing this role within local teams. The evaluation showed that having 14 FTE workers undertaking a hub role completed an amount of work that would otherwise have taken 39 FTEs to complete in the same amount of time. While the other elements of New Ways of Working also contribute to this increase in activity the analysis proved that the model could yield significant efficiency savings.
15. Following this analysis the ASCH Senior Leadership team has agreed that the hub role should be adopted on a permanent basis and are working with managers across the service to ensure that the model can be sustained within existing establishments once the temporary resources are withdrawn.

Scheduling

16. Scheduling appointments for service users who need an assessment means people are offered an appointment time much earlier in the process than previously, removing the uncertainty of how long they may be waiting.
17. All of the Older Adults Occupational Therapy team and three of the seven Older Adults Social Care teams now offer this service. The Adult Access Service, as a first point of contact, books the appointments with service users directly into slots that social care staff in the district teams have identified and held free in their diaries. The remaining four Older Adults Social Care Teams will also be offering scheduled appointments by the end of April 2017.
18. Scheduling helps to provide more efficient services to people requesting assessments and reviews by avoiding the need for them to contact the customer service centre to find out

when they are likely to be seen. It streamlines the process, thereby reducing the average number of days people wait to be seen, as well as supporting the increase of assessments completed within timeframes.

19. The number of social care assessments in timescale has been steadily increasing in the last quarter of 2016 and was at an overall average of 81% for all Older Adults teams. The latest data shows that in the three social care teams that offer scheduling, 100% of assessments were completed within timescales for December 2016.
20. Once the roll out of scheduling to Older Adults teams has been completed, work will be undertaken to scope out and tailor the approach to other teams that could benefit from the offer. This will include Younger Adults teams, where there are typically lower numbers of new assessments but high volumes of request for reviews, which could also be scheduled.
21. There has been positive feedback from people about their experience of having their appointment scheduled, this includes the examples below that have been recorded by the teams scheduling the appointments. The feedback received so far is largely positive from service users, the only negative feedback has been around needing greater choice of venues and days which is being addressed.

"I didn't expect to be seen that quickly. My understanding was it would be up to 28 days"

"I was impressed with the speed in which you have responded to my initial call for support and it is a very efficient service overall"

22. There have also been positive benefits for fieldworkers in the teams from using scheduling that have been fed back to the Project Team via Team Managers, including:

"I have found that the scheduling of my work is really useful – as I know in advance where I'm going and when the visit is happening. I have organised my calendar to suit this new way of working so I make slots available on a particular day and can then focus on my assessment work subsequently." - from a Community Care Officer in Mansfield and Ashfield Older Adults team.

23. The scheduling of appointments directly into social care staff's diaries represents a culture change for teams, and as scheduling has been rolled out teams have found it challenging but over time, and as they have seen the benefits for service users, staff have become more positive about the offer.

New options for completing Assessments and Reviews

24. In order to provide a range of different ways for social care staff to work with people, as well as being proportionate with the time they require to complete work, staff have been developing ways to complete assessments and reviews over the telephone and in clinics. By working in a more proportionate way, staff can complete more assessments and reviews as well as spend more time with those service users and their carers who have the most complex needs. It also allows staff more time to work with service users to find informal support in the local community, helping to reduce the need for formal social care services. This is particularly important at a time when demand for services is increasing, alongside central government funding reducing significantly.

25. The majority of Older and Younger Adults Community teams now offer the option of telephone and clinic assessments and reviews. A service user's suitability for each method is assessed by the Adult Access team and face to face home visits are still available where they are required. This can often be more convenient for the service user as they can do this at a time or place that suits them. Further work is underway to increase the number of locations. A map of where clinics have or are taking place is attached as **Appendix 1** to this report for information. If Members are aware of any venues where clinics could be hosted in the future please contact the ASCH Transformation Team on ASCH.TransformationTeam@nottsccl.gov.uk.
26. Following the development of these methods over recent months, there has been a reduction in work being completed face to face, which along with the deployment of mobile devices has contributed to the previously mentioned 15% reduction in travel expenses. As of November 2016 more than 25% of social care reviews were completed over the telephone or in a clinic with this figure rising to 37% for Occupational Therapy reviews. The greater increase in Occupational Therapy could be attributed to a number of factors but the fact that the Occupational Therapy Intake team has been running clinics and doing telephone assessments since its establishment a few years ago has helped to change practice over time and the expectations of service users may have altered as a result.
27. Having these options available helps to maintain the Council's social care offer to the people of Nottinghamshire and to continue to deliver a responsive and efficient service, within reducing resources. Whilst it is accepted that some people will still require a home visit others find the new options much more convenient, such as the example below of someone who was assessed in a social care clinic in Bassetlaw.

Case example:

A service user attended a clinic appointment at a GP's surgery in Worksop with his wife and daughter, where an assessment of his social care needs was completed using the worker's mobile device. The social care worker was also able to complete a carer's assessment with the service user's wife, during the same visit to the clinic. The worker provided information on local organisations that could offer support in the community. The service user and his family were able to attend the social care clinic as part of their weekly outing for shopping and collecting their prescription. Feedback from the daughter was very positive with regard to how quickly her father was seen after first contacting the Council, and the convenience of the clinic visit.

Summary and Next Steps

28. The report outlines the positive progress made to date. The use of tablets and continued roll out of clinics is now embedded as business as usual. The aim is to have rolled out scheduling to all Older Adults teams by the end of April 2017 and to then start to tailor and implement in Younger Adults teams. The department is now working closely with the Programme and Projects team to analyse and review how to further embed and roll out existing initiatives to derive maximum benefit from them as well as develop new methods with the local operational teams.

29. The new ways of working provide a proportionate and flexible approach to social care assessment, making better use of resources and prioritising efforts to where they are most needed. The aim is to be able to avoid people waiting longer than 28 days for an assessment and this has shown to be successful across the Older Adults service to date. The combination of utilising all the new ways of working together has shown that this is possible to achieve, however, this is significantly affected by whether referrals into social care exceed the current planned assumptions.
30. In order to manage demand, in addition to implementing new ways of working, the department recruited into additional posts using specific funding from the Government associated with the new and extended responsibilities that came with the Care Act 2014. The department is also experiencing a significant increase in demand for very complex assessment work that has to be started and/or completed quickly.
31. Younger Adults teams are particularly seeing a steep increase in requests for cases to go to the Court of Protection for a decision on a specific issue such as where to live, when the person lacks capacity to make this themselves. Preparing and taking such cases requires legal input and is highly resource intensive. The Younger Adults teams now have to respond immediately to urgent requests for Community Treatment Reviews, which convene an urgent, multi-disciplinary case conference in order to quickly deploy resources to avoid a person going into a hospital environment for assessment and treatment wherever possible. The Adult Mental Health Practitioner service is also seeing an increase in requests for urgent Mental Health Act Assessments which assess whether a person needs to be detained in hospital against their will.
32. The current ways of working are not tailored to these complex and urgent assessments, however, they have freed up capacity for qualified staff to undertake more of the complex work. The next stage of rolling out scheduling to Younger Adults will assess if this and other initiatives can release further capacity in these teams to divert towards the complex case work. The demand for this work will continue to be monitored to ensure appropriate response times.

Other Options Considered

33. The report is for noting only.

Reason/s for Recommendation/s

34. This report is for noting only.

Statutory and Policy Implications

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

Financial Implications

36. There are no financial implications arising from this report. New ways of working help the department to manage rising demand for social care assessments and reviews.

Human Resources Implications

37. Staff are involved in the development of new ways of working and staff views and issues are also raised and addressed through the Departmental Joint Consultative Negotiating Panel (JCNP).

Implications for Service Users

38. The experience of people using services, their carers and families are sought through service user surveys as new ways of working are developed and influence how these are shaped. Feedback has been positive to date, especially regarding speed of access.

RECOMMENDATION/S

- 1) That the impact of the new ways of working across Adult Social Care be noted.

Sue Batty
Service Director for Mid Nottinghamshire

For any enquiries about this report please contact:

Stacey Roe
Strategic Development Manager, ASC Transformation Team
E: Stacey.roe@nottsccl.gov.uk
T: 0115 97 74544

Constitutional Comments

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

Financial Comments (AGW 28/02/17)

40. The financial implications are noted in paragraph 36.

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.

New Ways of Working for Social Care in Nottinghamshire – report to Adult Social Care & Health Committee on 30 November 2015

[New Ways of Working for Social Care in Nottinghamshire](#)

Future Funding for the Smarter Working programme – report to Policy Committee on 16 November 2016

[Funding for Smarter Working Report](#)

Electoral Division(s) and Member(s) Affected

All.

ASCH457

Rate per 1,000 population over 65 - Assessments and reviews since April 2014



James Hince Court

Retford Hospital (Bassetlaw OA)

Workshop Day Centre (Bassetlaw OA)

TBC (Ashfield OA)

Bull Farm Primary Care Centre (Ashfield OA)

Ashfield Health & Well Being Centre (OT Clinics & Ashfield OA)

Eastwood Volunteer Bureau (Broxtowe OA & BGR Phys Dis)

Arnold Library (BGR Phys Dis)

Broxtowe Day Care Centre (Broxtowe OA)

Middle Street Resources centre (OT Clinics)

West Bridgford Library (Rushcliffe OA)

Bassetlaw Action Centre (Bassetlaw OA)

Tuxford Surgery (Bassetlaw OA)

Sherwood Energy Village (Newark OA)

Langold (Bassetlaw OA)

Woods Court (Newark OA & OT intake)

Southwell Registration Service (Newark OA)

Park House Medical Centre (Gedling OA)

Bingham Day Services (Rushcliffe AO)

Older Adults assessments and reviews since April 2014 by 2015 census ward



Nottinghamshire County Council

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Produced by: J Hall
Date: 15/06/2016

13th March 2017**Agenda Item:9****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****EXTENSION OF CONTRACTS FOR SUPPORT TO THE EAST MIDLANDS
IMPROVEMENT PROGRAMME IN ADULT SOCIAL CARE****Purpose of the Report**

1. The purpose of the report is to request a twelve months extension for the two fixed term posts of East Midlands Improvement Programme Manager (Care and Health) (Band F, 22 hours per week) and Business Support Administrator (Grade 4, 30 hours per week), until 31st March 2018.

Information and Advice

2. Nottinghamshire County Council hosts the regional Improvement Programme for Care and Health in the East Midlands, with funding primarily from the Department of Health. The Corporate Director oversees this work on behalf of the East Midlands Second Tier Councils.
3. The regional Improvement Programme Manager post provides coordination and oversight of regional improvement programmes such as the Sector-Led Improvement Programme, Workforce Development, and the Learning Disability and Transforming Care Programme.
4. The past year has been characterised by a strengthened Sector Led Improvement programme with a stronger analysis and challenge process combined with peer reviews and focus on priorities for action. This has been combined with bespoke activity to support individual authorities that had particular challenges, for example Delayed Transfers of Care, Use of Resources, or the Better Care Fund.
5. As such, regional resources have been increasingly directed to support these two approaches and improve collective understanding of risk and, where possible, how to mitigate that risk. This approach is considered to have considerable merit with tangible benefits in consequence.
6. Priority was given to progressing the regional workforce strategy which generated national interest and support, notably with Skills for Care. The strategy documents have been recognised as best practice and are being used by other regions to inform their workforce programmes.

7. In November 2016 there was a second annual Workforce Symposium titled 'Talking Heads' with a focus on workforce recruitment and retention with a very well received presentation from two apprentice care workers. During the year there were two system leaders' roundtable discussions on transitions for children and young people and the recruitment of the care sector workforce.
8. Managing market failure is an issue that cuts across two regional networks, Workforce and Market Shaping and Commissioning. Building on work with providers in 2015, a further workshop was arranged with small and medium sized providers to explore how local authorities and providers can work better together to identify and respond to potential market failure.
9. The approach to learning from each other has also added considerable value with respect to Transforming Care for People with Learning Disabilities and the use of an externally led review to establish a regional position statement report. The findings have been disseminated to local authorities through a workshop held in December 2016. These findings will inform the work programme for the next point of evolution in better supporting this national programme.
10. Earlier in the year a very well attended conference was held with both health and social care colleagues to examine Continuing Health Care with a view to better understand the ways in which health and social care funding can be used to improve lives for people with learning disabilities.
11. Safeguarding is another priority area and the East Midlands Safeguarding Adults Network has addressed a number of key issues during the year. These have included a workshop in March 2016 to consider making safeguarding personal based on research carried out across the region. In November 2016 Women's Aid delivered a 'Train the Trainers' workshop to address the issue of coercive control. There has also been a session to share best practice methodologies for Safeguarding Adult Reviews across the region.

Other Options Considered

12. This essential cross-regional improvement and development work continues to be needed to put local authorities in a strong position to respond to the challenges facing Adult Social Care. The regional work provides significant opportunities for learning and the sharing of best practice as well as efficiencies in service delivery.
13. Nationally the Local Government Association working closely with the Association of Directors of Adult Social Services and the Department of Health has continued to work very effectively with the regions in delivering a Care and Health Improvement Programme. It recognises and values the importance of regional structures in delivering national programmes and priorities e.g. Delayed Transfers of Care.
14. If the posts are to be discontinued then this work would come to an end together with the loss of regional expertise and regional networks. The benefit to the posts being based at Nottinghamshire County Council is that the Council is alerted early on to any national and regional developments as well as enabling Nottinghamshire's good practice to be more readily showcased across the region. If the current arrangement

is ended then another local authority would need to be identified to host these posts and the current post holders transferred to another authority.

Reason/s for Recommendation/s

15. The Care and Health Improvement Programme, which includes Sector-Led Improvement, Transforming Care, and the Delayed Transfers of Care Improvement Programmes, represent major challenges for local authorities. The work undertaken by these regional posts is essential in order to assist with the successful implementation of change across the East Midlands based on sharing of good practice and scope for efficiencies in delivery.

Statutory and Policy Implications

16. 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

17. These posts are externally funded from the remains of legacy funding from the Joint Improvement Programme, together with Care and Health Improvement Programme funding via the Local Government Association and Department of Health. The region was allocated £45,000 for 2016/17 to support learning networks and other regional activity. A further £45,000 has been promised for 2017/18. However if this additional funding is not forthcoming there are still sufficient funds to resource the regional programme for 2017/18.

Human Resources Implications

18. It is proposed that Nottinghamshire County Council continues to host these posts, and that the Corporate Director, Adult Social Care, Health and Public Protection together with Branch Chair of the Association of Directors of Adult Social Services will provide oversight of the work of the post-holders.

RECOMMENDATION

- 1) That the posts of the temporary East Midlands Improvement Programme Manager (Care and Health) (Band F, 22 hours per week) and Business Support Administrator (Grade 4, 30 hours per week) be extended until 31st March 2018.

David Pearson CBE

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Lee Harrison
East Midlands Improvement Programme Manager
T: 0115 9772399
E: lee.harrison@nottsc.gov.uk

Constitutional Comments (SLB 13/02/16)

19. Adult Social Care and Health Committee is the appropriate body to consider the content of this report. The Employment Procedure Rules provide that reports to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures.

Financial Comments (KAS 10/02/16)

20. The financial implications are contained within paragraph 17 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.

Extension of Contracts for Support to the East Midlands Improvement Programme in Adult Social Care – report to Adult Social Care and Health Committee on 7th March 2016

Electoral Division(s) and Member(s) Affected

All.

ASCH456

13th March 2017

Agenda Item:10

**REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****ADULT SOCIAL CARE AND HEALTH – OVERVIEW OF DEVELOPMENTS****Purpose of the Report**

1. The report updates the Committee on a number of developments and activities that have been, and are, taking place in relation to adult social care and health. The report also seeks approval for the following:
 - the change from an Advanced Practitioner (0.5 FTE Band C) to a Commissioning Officer post (1 FTE Band C) for a period of 12 months from date of appointment to support the work on improving the collection of Continuing Health Care funding
 - the proposed structure of the Adult Care Financial Service.

Information and Advice

2. The report provides updates on: progress with Deprivation of Liberty Safeguards work; approval of the proposed structure of the Adult Care Financial Service (ACFS) structure; change of post to support project to improve collection of Continuing Health Care funding; progress with the implementation of the Accessible Information Standard and the consultation on funding for Supported Housing.
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, this covers information relating to the financial or business affairs of any particular person (including the Council). Having regard to all the circumstances, on balance, the public interest in disclosing the information does not outweigh the reason for exemption because of the risk to the Council's commercial position disclosure is likely to pose. The exempt information is set out in the **Exempt Appendix**.

Deprivation of Liberty Safeguards (DoLS) progress update

4. The Committee last received an update on this work in December 2016. Progress made during Quarter 3 of 2016/17 (October – December 2016) can now be reported.
5. The number of referrals received each week remain on an upward trend over the longer term. At the end of December 2016 the service received an average of 63 referrals per

week, compared with an average of 61 per week during the previous quarter. Actual numbers of referrals received each week during Quarter 3 ranged from 46 to 84 referrals.

6. Steadily increasing capacity has positively enabled more assessments to be completed. This in itself however, has resulted in a greater number of renewal assessments being required. This is because each authorised DoLS requires review at a minimum of one year, more frequently if the person's health and care and treatment plan is changeable. As anticipated, demand for renewal assessments has been maintained during Quarter 3 at 17% of overall demand on average. This is expected to increase during Quarter 4.
7. The service has continued to make progress in reducing the number of people waiting to be assessed. The waiting list at the end of Quarter 3 is down 28% on the total at the end of Quarter 2. On average, the Council is currently completing 76 assessments per week, which represents an 8% improvement on the average during the previous quarter (70 per week). 82.4% of all referrals received since the landmark Cheshire West judgement in March 2014 are now complete. This is an improvement of 9.7% on the total that was reported to Committee in December 2016.
8. Recruitment activity to fill vacant Best Interest Assessor (BIA) posts is ongoing. Although the recruitment market continues to be challenging, there are some applicants each time the rolling advert goes out. Recruitment activity will continue throughout 2017/18 as long as it continues to result in suitable candidates being appointed. In the meantime, the resources associated with the vacant posts are used to backfill with agency staff.

Agency Staff

9. The DoLS service continues to work with the Council's staffing agency, Reed. In addition to any suitably qualified full time staff that are available to work substantively within the team, the Council is continuing to allocate assessments to 34 agency BIAs who are able to offer ad hoc hours and be paid on a per assessment basis. This will continue for as long as is necessary to meet demand and clear the backlog. The average number of assessments completed in this way by Reed BIAs at the end of Quarter 3 was 37 per week, which represents a 43% increase on agency capacity reported to Committee just under 12 months ago. This has had a positive impact on reducing the number of cases on the waiting list.

Risk assessment and prioritisation of work

10. The Corporate DoLS Strategy has been refreshed to include implementation of the recent Association of Directors of Social Services (ADASS) advice note on additional interim emergency measures and safeguards. The Committee received an overview of this advice in September 2016 and a further update in December 2016. ADASS continues to advise local authorities that they have a duty to meet their statutory responsibilities and develop plans to resource this as quickly as possible. ADASS has provided interim advice on how to best prioritise resources in the current circumstances based on principles of meeting legal requirements as far as possible, protecting those facing the greatest risk, and proportionality.
11. Following the successful piloting of using a revised renewal assessment form in the appropriate circumstances, managers have been working closely with BIAs to develop a

safe approach that takes into account the Council's own legal advice to manage low priority cases in the backlog. Colleagues are currently trying new approaches within the framework provided by ADASS and are using lessons learned from this process to inform practice.

Law Commission Review of DoLS

12. On 1st December 2016, the Law Commission announced that they were delaying publication of their report and draft legislation until March 2017. The Commission cited the complexity of drafting the legislation on such an important issue. The Committee will be updated on the Law Commission findings and the implications for the Council at the earliest available opportunity following publication.

Process Review

13. DoLS business processes are under constant scrutiny and review to ensure they are streamlined, fit for purpose and take into account changing technology and resources. Work on 'Phase 2' of the process review is underway. This will be revised against any changes which could result from the Law Commission findings. Further developments to use IT solutions to streamline the current process will be progressed following implementation of the upgrade from Frameworki to the Mosaic system. This is an upgrade to the Department's electronic record system that holds details about people using services, work undertaken and packages of support.

Tender exercise for DoLS assessments and services

14. In December 2016, Committee approved a request to undertake a tender exercise to commission additional agency assessments, as well as Mental Health Assessments and Mental Capacity Assessments through a multi-provider framework. Further engagement with the current pool of doctors regarding the plans to tender for services has since taken place. Additional feedback indicated that longer time was required to run the process, to enable the existing supply of Mental Health and Mental Capacity Assessors to have time to complete the documentation required for approval on the framework. This has been built in and the tender is planned to be launched in the first quarter of 2017/18.

Financial Update

15. £1million is held in reserves for the purpose of reducing the waiting list and this will be available during 2017/18 to commission assessments both from Reed and from the framework following the tender. The total DoLS budget during 2017/18 will remain at £2.865m. This is sufficient to employ 29 FTE BIAs as well as the appropriate associated levels of management, administrative, mental health assessment and advocacy resources.
16. The Council's modelling shows that the numbers of referrals for DoLS could rise as high as 5,000 a year before it plateaus. In 2017/18, the total number of referrals expected at year end is approx. 4,000. The incremental increase is partly due to the fact that each DoL that is authorised requires a new assessment within a maximum period of a year, so as more assessments are completed, more are generated. The available budget is sufficient for 2017/18 as implementing the ADASS guidance is enabling more assessments to be completed and use of reserves will enable additional temporary capacity to reduce the numbers of people waiting.

17. The aim is to be in a position by the end of 2017/18 whereby all DoLS referrals are completed within time-scale. With the current DoLS legislation, funding for additional staff would be required from 2018/19 onwards in order to maintain this position. This needs re-assessment, however, following the outcome of the forthcoming Law Commission review of DoLS and subsequent guidance which is referenced at **paragraph 11** of this report.

Confirmation of the Adult Care Financial Service (ACFS) Team Structure

18. The Adult Care Financial Service (ACFS) Team is responsible for the financial assessment of service users, provides a deputyship and appointeeship service for service users where required and supports the audit and oversight of Direct Payments. It was required to make savings of £121,000 for the financial year 2015-16. A proposed restructure was shared with staff in February 2015 but due to implementation of the Care Act, an interim structure was put in place as additional funding was provided to deal with the implications of this.
19. The team has been able to substantially reduce the number of visits to service users to collect financial information carried out by the Financial Assessment Officers. This has been achieved by contacting the Department for Work and Pensions directly to get information on benefit entitlements and supporting service users and relatives to complete the financial assessment form by phone.
20. The Direct Payments Finance Officer supported the implementation of Personal Health Budgets. This work has now been absorbed into the Direct Payments Team. A new computer system has been introduced to support the work of the Client Finance Team in managing service users' finances through appointeeship and deputyship. Responsibility for Free Nursing Care payments has reverted to the Clinical Commissioning Groups and maximising use of Business Support colleagues has reduced the number of administrative tasks carried out by the Finance Assistants allowing the reduction by 1 FTE across the whole of ACFS.
21. The team has recently consulted staff on a permanent structure. The Committee is asked to approve the disestablishment of 2 fte Financial Assessment Officer posts (Grade 5), 0.8 fte Direct Payments Finance Officer (Grade 4) and 1 fte Finance Assistant (Grade 4). This will achieve a saving of £112,000. There will be no redundancy costs as all posts are currently vacant. The proposed structure of the team is attached as **Appendix 1**.

Improving collection of Continuing Healthcare Funding – change of post

22. Approval is sought from the Committee to change a temporary post previously agreed by Committee in March 2016 to support the delivery of one of the savings projects within the department over the period 2016/17 to 2018/19.
23. The post previously established was an Advanced Social Work Practitioner (0.5 FTE Band C) for two years to work on the project to improve collection of Continuing Healthcare funding. Due to well-documented demand for social workers on a national basis, recruitment to this post has not been successful. Therefore Committee is requested to approve a change to this post to a Commissioning Officer (1 FTE Band C) for a period of 12 months from date of appointment. This reflects the good progress already made on improving the Council's collection processes and the shift towards the increasing need to

work strategically with Clinical Commissioning Group (CCG) partners to work together to reduce the overall costs of complex care through improved support planning, review and joint commissioning. Reducing spend on Continuing Healthcare is now a priority for all CCGs as part of their financial savings and efficiency initiatives. It is anticipated that the revised role will attract people with relevant experience but from different professional backgrounds. Funding for this post is still available from the original allocation of £51,000 from departmental reserves.

24. This post is still required to help maximise efficiencies and achieve the project's key priorities, which are:
- improving processes, policies and systems with Health partners
 - ensuring equitable access in line with legislation
 - ceasing case management of fully funded cases.

Implementation of the Accessible Information Standard

25. The [Accessible Information Standard](#) was published by NHS England and came into force on 31 July 2016. It directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs, where those needs relate to a disability, impairment or sensory loss.
26. The legislation sets out that all organisations that provide NHS care or publicly-funded adult social care must follow the Standard in full. This has also meant that organisations that provide adult social care on the Council's behalf are covered by the new legislation. In April 2016 Committee approved a temporary Project Manager post (12 months from appointment) to support the implementation of the Standard. The post-holder started at the beginning of July 2016.

Development of Easy Read documents

27. The Project Manager has undertaken considerable work on the Council's easy read documents to ensure they meet the Standard and are fit for purpose. Consultation took place with service users and staff from the Council's day services. Further to this a new approach to easy read documents has been developed following the '5 W's + 1 H' model (who, what, where, when, why and how). This has made the documents easier to follow with clear messages. As a result of this work an easy read template has been introduced for use across Children's services (Local Offer information) as well as Adult Social Care.
28. Positive feedback has been received from carers' events, providers' forum, speak up groups and partnership board about the new easy read documents, and the symbols used in these. Current work involves creating easy read documents for other Council services and support where no such information exists.
29. As a result of creating these documents the Project Manager has developed a glossary of symbols for easy read documents, including some new ones (attached as **Appendix 2**). For example there were very few symbols available in relation to domestic abuse, cyber bullying, sexual exploitation, honour based violence and modern slavery. The Project Manager will be working with Somerset Symbols so they can integrate these into their symbol package.

30. Across adults and children's services 25 easy read documents covering the services offered by the Council have been completed so far, with another 40 to complete.

British Sign Language films

31. The Project Manager is working with the Nottinghamshire Deaf Society and their service users to produce British Sign Language (BSL) films about the service and support that the Council offers. By hiring an interpreter from the Deaf Society the Council has been able to film YouTube clips about the support available, with the support of the Corporate Communications team. Four films have been completed so far, and there are two nearing completion with a total of 18 films planned by June 2017.

Staff Training and Awareness

32. Between July and October 2016, the Project Manager spent a lot of time visiting teams to raise their awareness of the Standard, and worked closely with frontline teams at the Customer Service Centre and the Adult Access Service to ensure they were prepared for the Standard. The Project Manager provided resources and guidance to the staff in these teams. For most teams it was a case of formalising the approach and the questions they were already using to capture information about communication needs.
33. The Project Manager has created two Accessible Information e-Learning modules alongside the Council's Workforce Development Team; these went live last year and were made available for all staff. It is now also included as part of the staff induction training package.

Provider Awareness

34. In July information on the Standard was sent to care providers across all service user groups to inform them of their responsibilities. Following on from this the Project Manager created an information pack for providers which included training slides, templates for recording communication needs and lists of various resources available for them to use. Feedback from providers has been positive. Many were already recording communication needs and providing information in a range of formats to meet the communication needs of their service users. However a few smaller providers were very appreciative of the resources. A national organisation, Age UK, has chosen to adopt these resources as the standard not only locally but in all of their services across the country.
35. At the Supported Living Provider Forum in January 2017, accessible communication was one of the main topics for discussion which presented the opportunity to find out what areas of the Standard providers are struggling with. On balance the larger provider organisations were finding it harder to adapt things as there were more centralised processes to follow, whereas smaller providers were finding it easier to adapt and make things a bit more bespoke to a specific need.

Implementation survey

36. As part of the review of the Accessible Information Standard, NHS England has sent out a self-assessment survey which is currently being completed by the Project Manager. Based

on current progress, the Council is confident that most areas are in hand. The main area of concern, as it is for most large councils, is ensuring that communication needs are flagged on service users' electronic records. This is challenging as there are various different recording systems in use, not all of which interface with each other so there is a reliance on manual input from staff on each platform if there are communication needs.

Ongoing work

37. Work continues to ensure that all existing service users have their communication needs recorded on Frameworki. A good proportion of this work has been done through the input of Council day services staff who have now recorded the communication needs of all service users who access their service, amongst others.
38. The Project Manager continues to work with teams to ensure that there is an up to date and accessible factsheet about the services and support on offer. This has meant that in some areas these are under development. Eventually this will mean that up to date and fully accessible information on the full range of adult social care support will be available for staff to use with service users.

Consultation on funding for Supported Housing

39. At the Adult Social Care and Health Committee in January 2017, members were advised that on 21 November 2016, the Department of Communities and Local Government (DCLG) and the Department of Work and Pensions (DWP) had launched the consultation on the future funding arrangements for supported housing.
40. The consultation was about the government's proposals for implementing a new funding model from 2019/20 with the introduction of a cap on Local Housing Allowance (LHA).
41. The proposed model of funding would mean that the LHA would be devolved to local authorities in England to enable them to provide additional 'top-up' funding to local supported housing providers. In the consultation document, the government set out its intentions in relation to the funding and sought views from stakeholders about how the funding should be administered and how future commissioning arrangements for supported housing should be determined and governed.
42. The consultation was open for a period of 12 weeks, until 13 February 2017, and raised 12 questions for consideration. One of the questions related specifically to two tier authorities, to gain a view about whether the LHA should be devolved to the local authorities with social care responsibilities or to those local authorities with housing responsibilities.
43. At the January Committee, members approved the recommendation that the County Council should submit a response to the consultation and that a short, cross-party, task and finish group should be set up, consisting of one or two meetings, to provide members with the opportunity to consider and agree the Council's response.
44. Two meetings were held during late January and early February and they were attended by six members. Prior to the two meetings, some initial work had been undertaken by the Group Manager, Strategic Commissioning, who had met with colleagues from District and

Borough Councils and with local supported housing providers to gain their perspectives so that full consideration could be given to each of the questions. At the meetings with members, the draft responses were discussed and considered further to inform the response to be submitted. The discussion notes arising from these meetings were incorporated into the proposed responses and the six members were provided with a further opportunity to add any additional comments before the response was submitted on 13 February.

Other Options Considered

45. With regard to the change in the post to support collection of continuing health care funding, the option of trying again to recruit an Advanced Social Work Practitioner has been considered. The current national difficulties and shortage of qualified social work staff, and the opportunity to recruit someone from a different professional background, with the requisite knowledge, have informed this request.

Reason/s for Recommendation/s

46. With the exception of the approval requested for the current staffing structure of the ACFS team and the change of post to support the collection of Continuing Health Care funding, the report is for noting.

Statutory and Policy Implications

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

Financial Implications

48. There are no significant financial implications. The post referred to in **paragraph 23** can be covered by existing staff budgets and funding already approved by Committee. The savings related to the ACFS structure are noted in **paragraph 21**. The funding of the Deprivation of Liberty Safeguards Team is referred to in **paragraph 15**.

Human Resources Implications (SJJ 22/02/17)

49. These are contained in the report.

RECOMMENDATION/S

That Committee:

- 1) notes the progress update on the Deprivation of Liberty Safeguards work

- 2) approves the change from an Advanced Practitioner (0.5 FTE Band C) to a Commissioning Officer post (1 FTE Band C) for a period of 12 months from date of appointment to support the work on improving the collection of Continuing Health Care funding
- 3) approves the proposed structure of the Adult Care Financial Service
- 4) notes the progress made with the implementation of the Accessible Information Standard
- 5) notes the update on the consultation on funding for Supported Housing.

David Pearson CBE

Corporate Director, Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Jennie Kennington

Senior Executive Officer

T: 0115 9774141

E: jennie.kennington@nottscg.gov.uk

Constitutional Comments (LM 01/03/17)

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

Financial Comments (NDR 28/02/17)

51. There are no financial implications arising directly from 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.

Temporary Post to Support Implementation of the Accessible Information Standard - report to Adult Social Care and Health Committee on 18 April 2016

Deprivation of Liberty Safeguards – report to Adult Social Care & Health Committee on 12 September 2016

Deprivation of Liberty Safeguards progress report – report to Adult Social Care & Health Committee on 12 December 2016

Adult Social Care and Health – overview of developments – report to Adult Social Care & Health Committee on 9 January 2017

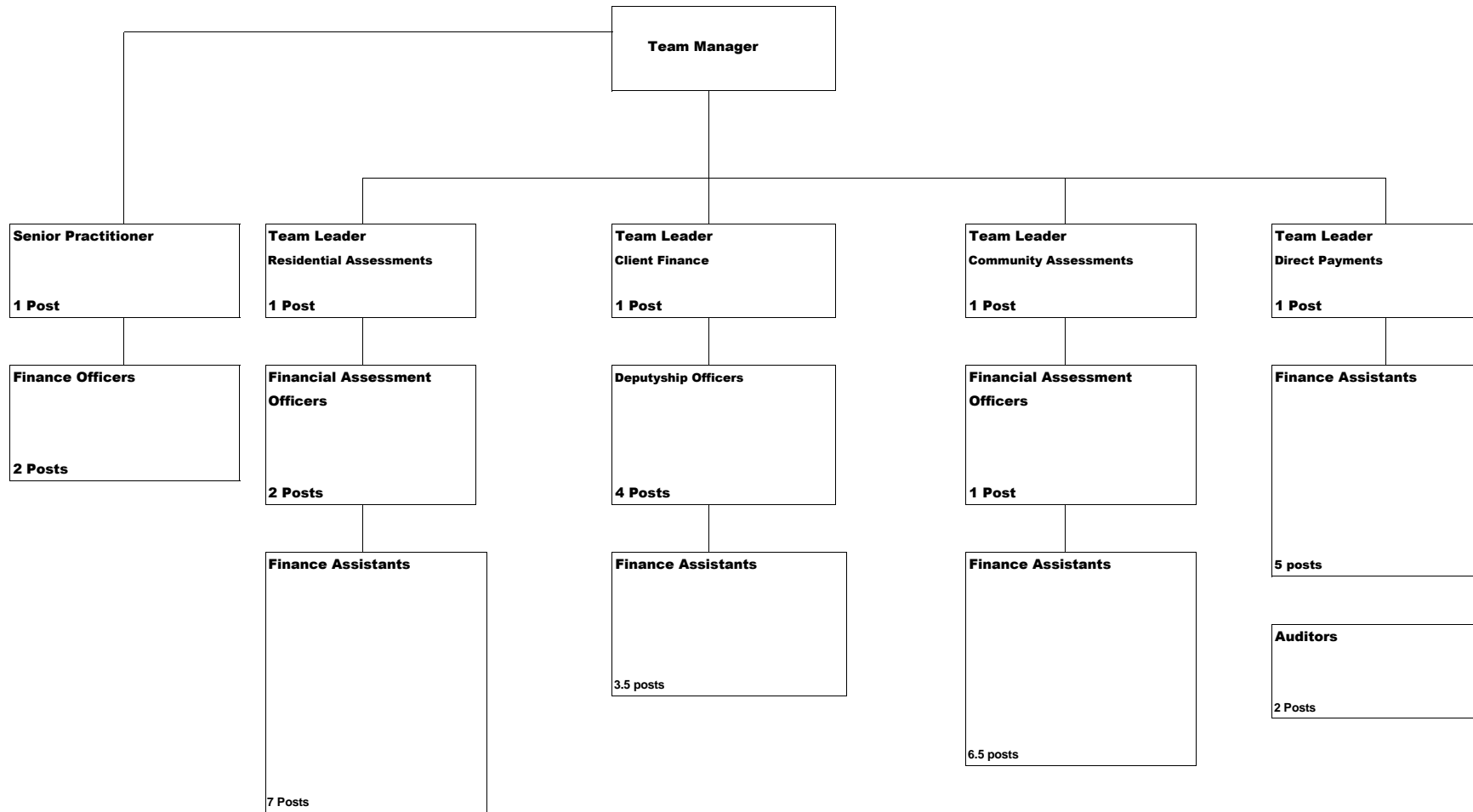
Electoral Division(s) and Member(s) Affected

All.

ASCH459

ADULT CARE FINANCIAL SERVICES



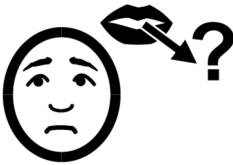




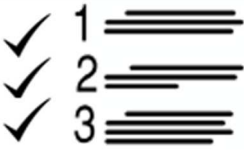



Proposed Structure 2017






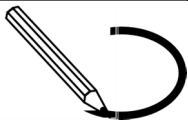




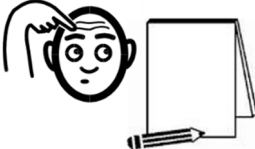












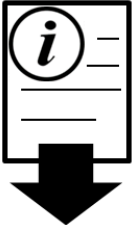



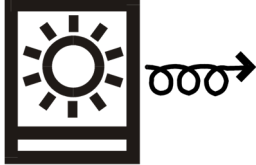

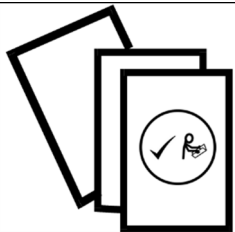


Appendix 2

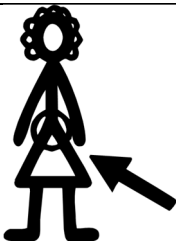






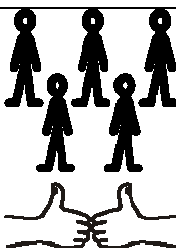







This is a list of the extra symbols that Nottinghamshire County Council use in their easy read documents.

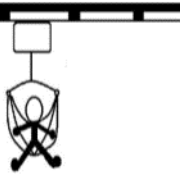











These symbols will be used alongside the already agreed Somerset Symbols.

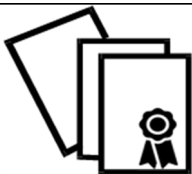
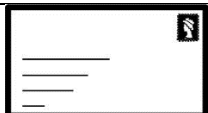
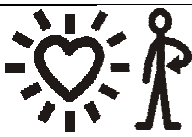

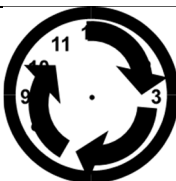

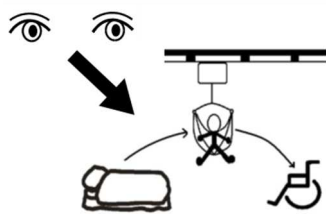










Symbol	Used for / description	Symbol	Used for / description
A			
	Always falling over		allergies
	appeal		Abuse from family
	Assistance / guide dog		Addiction /drug abuse
	Appointee		Actions
	A-Z list		Achievements
	Activities		


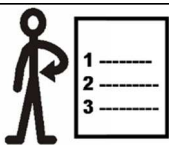
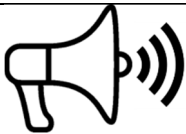



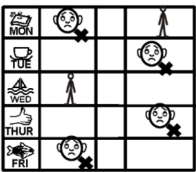


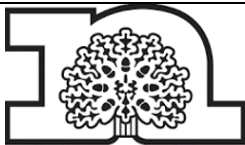




B			
	Bullying at home		Brain or long term condition affecting the brain
	British Red Cross	 Braille	Braille
	BSL / signing		
C			
	Circle the answer		Confidential documents
	Choices at home		Contact equipment
	Car parking/ car park		Contingency planning
	Clean the house		crowded
	Cyber bullying		CQC




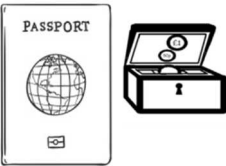


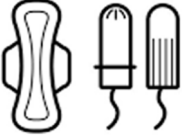
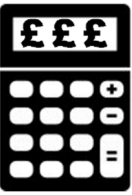

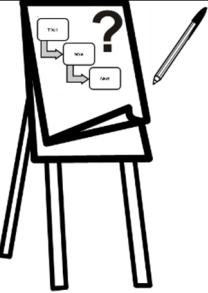

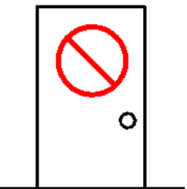



	Citizens Advice Bureau		Carers hub
D			
	discrimination		Domestic abuse in relationship
	Disability and impairment group		Discharge short term
	download		
E			
	equal		easylink
	email		Every day
	Easy read		Easy read documents
F			
	Financial abuse		Fall over



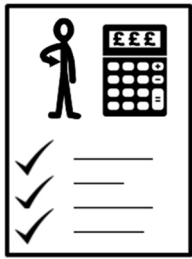







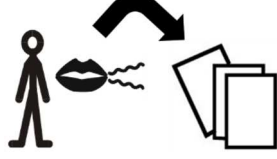
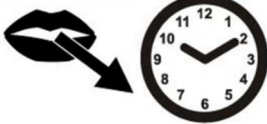

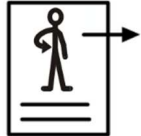
	FGM – female genital mutilation		Finance assessment
	File / paper		
G			
	Gay		Get up from chair
	Group training		Goals/outcomes
	Group agreement		Government / houses of parliament
H			
	Home transport		Handy person scheme
	House inspection/audit		handcuff
	Hospital discharge		Hoist support


















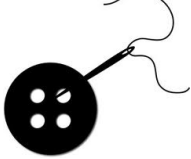
	hoist		
I			
	invite		Id badge
	info		I need time / I can try it
	internet		investigation
	Instant message		Important people
J			
	Justice/court/ judge		
K			
L			
	Laugh at		Leaving hospital to go home



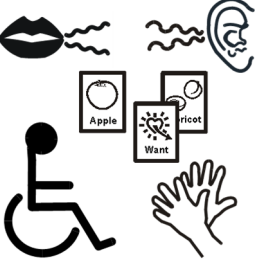
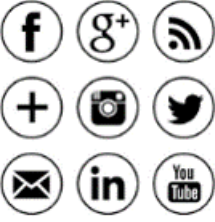

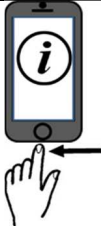
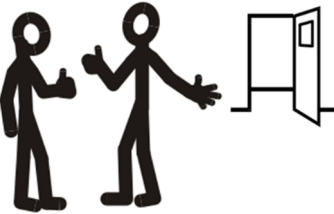



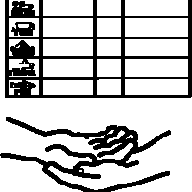




	Legal document		letter
	Like and admire		Like and dislike
	Lots of time		Lesbian
	Look at transfers		
M			
	Meal		Meals delivered
	makeup		My stuff
	Meeting social worker		minicom
	Mobility scooter		Money missing or how much
	Money not in support plan		Mobility car





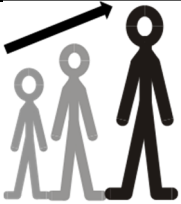











	Moving around the house		My outcomes
	megaphone		Mouse button
	My support		
N			
	No agreement / not agreed		No staff on shift
	No transport		Notts Police
	NCC		Notts County borders
	Not NCC		Notts County Outline
	No injury		
O			




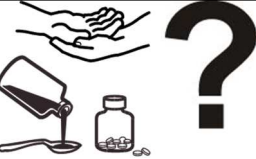




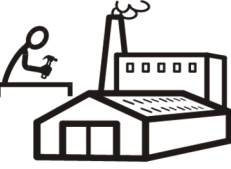








	Organisational abuse		Occupational therapy
	parents		Passport and money
	outcomes		
P			
	Pay the bill		Periods/ female sanitary products
	Personal budget		Personal care
	planning		prioritise
	private		protect
	present		Physiotherapy

	Pohwer advocacy		provider
	Personal Budget plan		
Q			
	Questions answered and completed		Queen Elizabeth
R			
	Race		right
	Reablement / short term support		Reduce/less money
	Reduce risk		Referral
	Remind of the time		Rethink budget
	Referral		
S			

	Slavery		Safe home
	Safe support plan/support plan		Safeguarding policy
	Safeguarding		Scales /weigh up
	Sensory impairment		Sexual abuse
	Sexual exploitation		Short time
	Speak the truth/honest		Speech / advocate
	Steal money		Say what next/tell what is happening
	Street		Support to find
	Safe space		sewing

	Sex or sleeping together		Sexual Consent / consent
	Speech and Language therapy		Social media
	Signature		Smart phone
	Sitting service		
T			
	Taking a long time/ struggling		take
	Ticket for rides		Timetable of support
	Too much money/ over the threshold/ savings		Trip accidentally/ trip over
	Tram		transgender

	Transport assessment		Transport charge/ pay for transport
	Telling secrets		tablet
	Transitions		Think about transfers
U			
	unhappy about something / upset about what		upstairs
	Unsafe personal details		UK
V			
	Venue		Volunteer driver
W			
	Wheelchair accessible car		What should I do
	Weekly support		What changes

	What support		What to pay
	Where / what to look into		What medication help
	Who		Worried about sexual abuse
	worried about something		whisper
	Workshop		wrong
	What next		What paper/document
	Where in the County		Walking exercise
	Wand		What I like
	Why is it good		
X			

Y			
Z			

Updated 9 February 2017 by Caireen Detain

13 March 2017**Agenda Item: 11****REPORT OF CORPORATE DIRECTOR, RESOURCES****WORK PROGRAMME****Purpose of the Report**

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

Information and Advice

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

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Divisions and Members Affected

All.