



Adult Social Care and Public Health Committee

Monday, 29 March 2021 at 10:30

Virtual meeting, <https://www.youtube.com/user/nottsc>

AGENDA

1	Minutes of the last meeting of the Adult Social Care and Public Health Committee held on 8 February 2021	1 - 4
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
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17	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 Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”	

Note

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

EXEMPT INFORMATION ITEMS

- 18 Market management position statement - Exempt Appendix
- 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 Jo Toomey (Tel. 0115 977 4506) or a colleague in Democratic Services prior to the meeting.

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



Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Date 8 February 2021 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Joyce Bosnjak
Dr. John Doddy
Sybil Fielding
David Martin

Andy Sissons
Steve Vickers
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Melanie Brooks, Corporate Director, Adult Social Care and Public Health (ASC&PH)
Ainsley Macdonnell, Service Director, Living Well Community Services, ASC&PH
Sue Batty, Service Director, Ageing Well Community Services, ASC&PH
Grace Natoli, Director of Transformation, ASC&PH
Jennifer Allen, Strategic Development Manager, ASC&PH
Cath Pritchard, Consultant in Public Health, ASC&PH
Nathalie Birkett, Group Manager, Contracts and Performance, ASC&PH
Linzi Adams, Project Manager, Service Improvement Team, ASC&PH
Jennie Kennington, Senior Executive Officer, ASC&PH
Jo Toomey, Advanced Democratic Services Officer, Chief Executive's

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of the Adult Social Care and Public Health Committee held on 11 January 2021 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

There were no apologies for absence.

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

No interests were disclosed.

4. ADULT SOCIAL CARE AND PUBLIC HEALTH DEPARTMENT'S DIGITAL STRATEGY FOR 2021-2024

The Director of Transformation presented the report which sought approval for the proposed approach to the development of an Adult Social Care and Public Health Digital Strategy and Plan for 2021-24.

During discussions, Members:

- Asked about the arrangements for returning equipment loaned out as part of the digital device lending and gifting scheme.
- Requested information on those digital projects that had been initiated between 2017 and 2020, including those in the design phase and in the process of being implemented.

RESOLVED 2021/008

That the Adult Social Care and Public Health Committee:

1. Approved the proposed approach, themes and principles to be adopted for the development of the Adult Social Care and Public Health Digital Strategy for 2021-2024 as detailed in paragraphs 18 to 20 of the report.
2. Gave permission for the engagement and co-production with stakeholders of the eight themes described in paragraph 19 of the report.
3. Agreed to receive a report on the co-produced Digital Strategy and Plan at the June 2021 Adult Social Care and Public Health Committee meeting, ahead of the strategy being submitted to the County Council's Policy Committee for approval.
4. That additional information should be provided to Members on the arrangements for returning equipment loaned out as part of the digital device lending and gifting scheme, and on digital projects initiated between 2017 and 2020.

Councillor Fielding temporarily lost connection to the meeting during agenda item 4 and re-joined the meeting at the start of agenda item 5.

5. DEVELOPING LOCAL AREA COORDINATION SUPPORT IN NOTTINGHAMSHIRE

The Corporate Director, Adult Social Care and Public Health presented the report on developing Local Area Coordination Support in Nottinghamshire to help support people in the community and prevent them from reaching crisis point.

During discussions, Members:

- Referred to the use of Local Area Coordination in other areas and how success had been measured.

RESOLVED 2021/009

That the Adult Social Care and Public Health Committee

- 1) Approved the development of Local Area Coordination within Adult Social Care and Health.
- 2) Approved the establishment of 3.0 FTE Local Area Coordinator posts (indicative Band A Grade).
- 3) Agreed to receive a progress evaluation report in April 2022.

6. DEVELOPMENT OF INTEGRATED CARE SYSTEMS IN NOTTINGHAMSHIRE AND NATIONAL CONSULTATION RESPONSE

The Corporate Director, Adult Social Care and Public Health introduced the report on integrated care systems in Nottinghamshire. The report also provided an overview of the NHS consultation document 'Integrating Care – next steps to building strong and integrated care systems across England', including the County Council's response to the consultation.

RESOLVED 2021/010

That the Adult Social Care and Public Health Committee:

- 1) Reviewed the progress made in the health and care system working across Nottinghamshire over the last year.
- 2) Agreed that no financial contribution to the Nottingham and Nottinghamshire Integrated Care System should be made in 2020/21.
- 3) Endorsed the County Council's response to the 'Integrating Care – next steps to building strong and integrated care systems across England' consultation.

7. PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT, 1 JULY 2020 TO 30 SEPTEMBER 2020

The Group Manager, Contracts and Performance presented the report on the performance and quality of services commissioned by Public Health.

RESOLVED 2021/011

That there were no actions arising as a result of this report.

8. BETTER CARE FUND, DEMENTIA PROJECT

The report on the Better Care Fund dementia project, which asked the Committee to establish a 0.8 FTE Public Health Support Officer post, Band B, for a period of 12 months, was presented by the Consultant in Public Health.

RESOLVED 2021/012

- 1) That the Adult Social Care and Public Health Committee approves the establishment of the following temporary Public Health Post:
 - 0.8 FTE Public Health Support Officer post, band B for 12-months, funded through Better Care Fund Reserves.

9. WORK PROGRAMME

RESOLVED 2021/013

That the updated work programme be agreed, and that the actions identified during the meeting be implemented:

- Information to be provided to Members on the arrangements for returning equipment loaned out as part of the digital device lending and gifting scheme.
- Information to be provided to Members on those digital projects initiated between 2017 and 2020, including those in the design phase and in the process of being implemented.

The meeting closed at 12.26pm.

CHAIRMAN



29 March 2021

Agenda Item: 4

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

DEVELOPING THE ADULT SOCIAL CARE AND HEALTH APPROACH TO PREVENTION AND EARLY INTERVENTION

Purpose of the Report

1. The report outlines the range of different work areas that currently contribute to the prevention and early intervention agenda with regard to Nottinghamshire adults and reflects on the learning from Covid in relation to this approach.
2. The report also seeks approval to establish an approach for the co-ordination of prevention and early intervention and to agree a revised timeline for the commission of current prevention services in order to be informed by this approach.

Information

Background

3. A prevention and early intervention approach which supports individuals to stay as independent as possible within their own communities and to ensure that all interventions seek to maximise their independence is enshrined in the Care Act 2014, and the Health and Social Care Act 2012 which establishes a model of place based care. It is at the heart of Public Health policy with its focus on addressing the wider determinants around health and wellbeing in order to address health inequalities. These approaches are all reflected in the Council's Adult Social Care and Health (ASCH) Strategy and the strengths-based model of working. The development of an ASCH Prevention Strategy was scheduled for this financial year but has had to be postponed as a result of the pandemic.
4. The Covid pandemic has further highlighted the need to support and engage with vulnerable people who have not been traditionally supported by social care but were identified and supported via the hub and the wider partnership work with health in reaching out to the most vulnerable residents. This has influenced the agreement to develop a Corporate Prevention Strategy. Whilst the ASCH Strategy will be aligned and informed by the Corporate Strategy, given the statutory obligations for Adult Social Care and Public Health and given the breadth of the work required, there is benefit in developing this strategy in its own right.

Current Adult Social Care and Health Prevention and Early Intervention Initiatives

5. Within Adult Social Care and Health there are a number of work areas that have a key remit in implementing a more preventative approach. Central to this vision is the Maximising Independence Service.

Maximising Independence Service

6. Whilst components of this service have been in existence for some time, through the Workforce Re-modelling Programme, the service has been significantly strengthened and re-structured. The service has two clear components in relation to reablement and enablement which works with people with new or increased packages of care. The role and remit of this team is still in development and so further work is required to understand how best this can be used in conjunction with other service areas.

Commissioned Services Supporting Prevention and Early Intervention

7. There are a number of block-funded commissioned services which provide a range of prevention and independence support outside of the personal budget. Whilst these services are well used and provide a range of step up, step down and complementary support to those receiving social care, there is not always sufficient clarity around defining the different remits of these services in relation to the MIS. A number of these services were due to be recommissioned in 2021. However, it is now proposed that in order that these services can be commissioned in line with the commissioning intentions that will be identified through the development of the Prevention Strategy, the new contracts are not established until 1st August 2022 and that the current contracts are extended until that time. Further details are contained in **Appendix 1**.
8. There are also opportunities for identifying a different approach to commissioning some components of the outreach element of the Care Support and Enablement Contract which was scheduled to be re-tendered in 2021.

Public Health

9. Public Health, with its remit around addressing wider health determinants and addressing health inequalities is a key strand to the Council's prevention agenda. The strategy provides an opportunity to strengthen the alignment of prevention activity between Adult Social Care and Public Health and to build upon the expertise in Public Health around population-based needs assessments including areas such as loneliness and dementia.
10. The strategy will also encompass the contracts directly commissioned by Public Health which address the prevention agenda, including; mental health, drugs and alcohol and homelessness.

Accommodation

11. Whilst the responsibility for housing sits largely with the District Councils, the right housing with the right support is a key determiner around people's ability to maintain independence. A clear vision is required for the development of both public and private sector housing that

supports and maximises independence. Adult Social Care & Health, alongside Place colleagues, has a key role in influencing this vision. In addition, the use of services which support independence in the home need to be effectively co-ordinated and used appropriately. These include: the use of the Disabled Facility Grant; the Integrated Community Equipment Loans Service; Technology Enabled Care; and the Handy Person's Contract.

Place Based Care and Community Assets

12. Place based care is at the heart of the Integrated Care System, with detailed population management data informing the commissioning of services. A key aspect of the use of place based care is both the availability of and access to community assets both in terms of commissioned and non-commissioned voluntary and community sector services. There is still further work to be done to ensure that health and social care are co-ordinating their efforts around this agenda. Place and population-based funding arrangements will open up new models for the commissioning of services.
13. A key national initiative from health is the use of community link workers which are established across Primary Care Networks. Adult Social Care & Health is piloting the Local Area Co-ordination approach to establish ways of better co-ordinating community-based initiatives.

Employment

14. The Council has a role in respect of a number of employment initiatives, as well as being a major employer in terms of its own services and indirectly through the commissioned workforce. The Council has key targets around supporting key vulnerable groups into employment, such as people with learning disabilities. There is a strong correlation between employment and mental and physical health.

Health

15. As identified above, alignment with health initiatives will be a key driver for effective prevention. The Local Resilience Forums formed during the Covid pandemic have proved very successful in driving integrated change. The revised governance arrangements for the Better Care Fund and the funding programme that this oversees will also provide a mechanism for driving forward prevention initiatives and will align with the initiatives laid out in the new White Paper, *Integration and Innovation: working together to improve health and social care for all*.

Areas of Focus

16. Whilst prevention and early intervention needs to be a comprehensive approach, there are specific issues for some groups, many of which have been highlighted through the pandemic.
17. **Mental health:** Covid has had a huge impact on people's mental health at all levels of need. Currently there is a lack of a joined up preventative approach to the provision of early help for people with mental health needs including dementia across Public Health, social

care and health partners, which means that interventions are only offered when someone's mental health has significantly deteriorated.

18. **Hard to Reach and Underserved Communities:** during Covid, the Council reached out to those who were vulnerable and living in isolation to ensure that they were kept safe. The Council identified that people were not only physically isolated, but due to the need to rely on virtual contact, were digitally excluded as well. Whilst this is being partly addressed via a newly commissioned service and the development of the digital strategy, this group will continue to be a consideration. A particular group that has been highlighted where there are additional barriers to communication includes people with sensory impairment. Covid has particularly impacted on people from Black and Minority Ethnic groups, compounding existing issues of health inequality.
19. **Carers:** whilst carer specific contracts are not included in this work, carers themselves make the single biggest contribution to prevention through the work that they do in supporting vulnerable people. Covid has significantly increased the pressures faced by carers.
20. **Young People Preparing for Adulthood:** effective prevention and early intervention needs to start in childhood and there also needs to be continuity as young people move into adulthood in relation to the wider networks that provide effective prevention. This aligns to the Preparing for Adulthood principles in relation to employment, independent living, community and friendships and good health.
21. **Homeless people:** many homeless people have multiple complex needs such as substance use, offending, and mental health issues, but may not meet health and social care thresholds. This can lead to an escalation of needs and vulnerabilities so that even when housing is provided, individuals do not have the capabilities to maintain them and can be caught in a revolving door, passed from service to service.

Effective Targeting of Prevention and Early Intervention Initiatives

22. Prevention and early intervention work has largely been reactive in terms of responding to people who identify themselves to the Council. By the very nature of this approach, to be more effective, there is a need to shift to a more proactive approach. The data used to identify vulnerable groups illustrated how this could be achieved using E Healthscope and other data sources. The work around population health management and the Proactive Interventions Project will also be key in supporting the targeting of individuals based on evidence-based risk factors. The impact of prevention and early intervention approaches also need to be evidence-based and linked to an outcome-based approach.

The Development of the Strategy

23. Work has already taken place in terms of mapping and understanding existing resources. Data will also be gathered using the Predictive Analytic Project to identify and target cohorts. Further analysis will be required to understand impact and effectiveness of these services as well as to consider best practice. The strategy will be developed through a process of coproduction with internal stakeholders, key partners such as health as well as engagement with the wider public. Given the breadth of this piece of work, it is anticipated that there will be a number of workstreams, reporting into a Programme Board. This Board

will report into the Adult Transformation Board as well as the Adult Social Care & Health Commissioning Board. It will also report as required into the Corporate Prevention Workstream. It is proposed that the Board will be established in April, at which point a clear project plan will be developed, and timelines agreed. These timelines and progress to date will then form a proposed report to Committee for September.

Other Options Considered

24. To maintain the current approach: this would continue to mean that there is no clear strategic vision for the Department which will not support the most effective use of resources and there will be lack of clarity in wider partnership discussions.
25. To tender current prevention services at the earliest opportunity that Covid allows: this approach would not allow for key commissioned services to be influenced and informed by the strategy and would delay by some years the commissioning of these services in alignment with the strategic direction of travel.

Reason/s for Recommendation/s

26. Whilst strategically Adult Social Care & Health is committed to an approach that is strengths-based and supports people to be as independent as possible within their communities, there is no clear underpinning approach that provides a clear vision as to the approach and services required that will most fully facilitate this approach.
27. Without work having taken place, to determine this strategic direction, the commissioning of the current suite of preventative services will not support and help to drive this vision.

Statutory and Policy Implications

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

Financial Implications

29. There are no financial implications at this time.

Human Resources Implications

30. Whilst the completed strategy may identify future changes, any specific proposals will be the subject of further reports.

Public Sector Equality Duty implications

31. An Equality Impact Assessment will be undertaken as part of the strategic development and in relation to any re-tendering to ensure that groups within the protected characteristic

categories are not negatively impacted by this work. The strategy will seek to particularly address the needs of under served groups.

Smarter Working Implications

32. The opportunities presented by smarter working and digital innovation will be considered within the development of the strategy.

Implications for Service Users

33. The strategy will seek to strengthen approaches to enable residents of Nottinghamshire to be able to have the tools and options required to support themselves where possible within their communities and to ensure that when further support is required that this is available and accessible.

RECOMMENDATION/S

That Committee:

- 1) approves the establishment of an Adult Social Care and Health Prevention and Early Intervention Board to develop a co-produced Adult Social Care and Health Prevention and Early Intervention Strategy to inform the future commissioning and configuration of Adult Social Care and Health services as well as to align to and support the wider Corporate Prevention Strategy
- 2) agrees to receive a further report on the proposed Prevention and Early Intervention Strategy for consideration in September 2021
- 3) agrees to postpone the re-commissioning of preventative services identified in **Appendix 1**, and to extend current contracts through to 31st July 2022.

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (EP 01/03/21)

34. The recommendations fall within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference. Any contract extensions should be prepared and dealt with in accordance with advice and assistance from Corporate Procurement and Legal Services.

Financial Comments (DG 02/03/21)

35. There are no direct financial implications arising from this report.

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH756 final

Proposed Contract Extensions

Appendix 1

Service Name Value	Annual Contract Value	Contract length and potential extensions	Service Remit	Risks of Extending	Mitigations
Early Intervention Support to Maintain Self Management (Brighter Futures)	£0.6 m	Existing contract ended 17/1/2021 Proposed extension 31/7/22	To support people with LD/ASD/Brain Injury to develop skills and confidence for independent living	Risk of challenge linked to extending the service beyond the timelines set out in the contract.	A Prior Information Notice has been issued informing the market that the Authority is reviewing the services and will issue a tender opportunity in 2021
Early Intervention Support to Maintain Self Management (Deaf Support Service)	£0.061 m	Currently in final extension period, which ends 03/1/2021 New contract 31/7/22	To support people to overcome the barriers that Deafness/hearing loss creates to accessing services and staying connected and well	Risk of challenge linked to extending the service beyond the timelines set out in the contract.	A Prior Information Notice has been issued informing the market that the Authority is reviewing the services and will issue a tender opportunity in 2021
Deaf Prevention Service	£0.018m	The last contract issued expired in March 2015. A letter of extension	Provides a combination of welfare rights support and link working to Deaf community	Very low risk at the value of work here is very low and unlikely to	A Prior Information Notice has been issued informing the market that the

Service Name Value	Annual Contract Value	Contract length and potential extensions	Service Remit	Risks of Extending	Mitigations
		sought provider commitment to continue delivering until summer 2020. New contract 31/7/22		cover the cost of what is delivered.	Authority is reviewing the services and will issue a tender opportunity in 2021
Early Intervention Support to Maintain Self Management (Connect)	£1m	Contract end date Jan 21 Proposed extension 31/7/22	Provides short term early intervention/prevention service to people maximise their independence with support from community resources.	Low risk of challenge	A Prior Information Notice has been issued informing the market that the Authority is reviewing the services and will issue a tender opportunity in 2021

29 March 2021

Agenda Item: 5

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

STRENGTHS-BASED APPROACH PROGRAMME

Purpose of the Report

1. This report informs Committee of the work Adult Social Care and Health department is undertaking to develop and implement strengths-based approaches to support people to achieve their desired outcomes in order to lead their best life.
2. The Committee is asked to consider whether there are any actions it requires in relation to the issues contained within the report.

Information

Background

3. Following approval by Committee in January 2020 of the Adult Social Care cultural change work, the Principal Social Worker began further development of the Strengths-Based Approach programme with a focus on practice development.
4. The Principal Social Worker had undertaken research across other local authorities who had successfully embedded strengths-based practice. Those authorities that had focused on Three Conversations, community asset development and Family Group Conferencing had evidenced better outcomes for people.
5. One of the key messages of the Care Act is to use a holistic approach when working with someone, identifying their strengths and capabilities and what might be available from within their community to support them.
6. During the staff roadshows in January 2020 Adult Social Care staff were asked to identify key issues about strengths-based practice; staff said that they:
 - are frustrated with bureaucracy and processes
 - want to spend more time with people rather than on computers
 - want to be trusted by their managers
 - want to have real conversations with people that really make a difference.

7. In developing a strengths-based approach for Nottinghamshire, the Principal Social Worker spoke to people with lived experience in the Council's Coproduction Steering Group. Members of the Steering Group are now supporting the development of the Council's strengths-based approach. A person with lived experience said:



Hello I'm Marion, married to John who has been having support for about 17 years. When we've had contact with social care we've found the experience varies hugely according to the personality of the person visiting. We are worried when people visit that we might say something wrong and it might prejudice what help may be available. On one occasion a social worker came in, took time to get their computer ready, then they led the conversation, there was no eye contact and it didn't feel like they were really listening to us. We want to be reassured that the person visiting is really listening to John and me and supporting us with a way forward.

Three Conversation Approach

8. The Three Conversations approach is a paradigm shift in how to deliver adult social care from a deficit model to a strengths-based model, fostering collaboration with partners to make the whole system of community based support work differently. Providing a more holistic and positive experience for the people the Council supports, as well as for social care staff.
9. It seeks to replace the 'contact, re-ablement, then assessment for services' culture with a new approach based on the assets, strengths and capabilities of people, families and communities. It is built on the assumption that if you collaborate with and allow people to be co-designers of their support then their positive outcomes go up, and their use of health and social care resources goes down. This has been evidenced where this approach has been used in other local authorities. At the heart of the approach are the three distinct conversations used to understand what really matters to people and carers, what needs to happen next for them, and how the Council can be most useful.

- **Conversation 1: Listen and connect**

Conversation 1 is about listening hard to people and their families to understand what is important and working with them to make connections and build relationships in order to help them get on with their life independently. Conversation 1 is not about whether the person is 'eligible', but it does meet the 'prevent, reduce, delay' requirements of the Care Act.

- **Conversation 2: Work intensively with people in crisis**

When something needs to happen urgently to help the person regain stability and control in their life, Conversation 2 is used to understand what is causing the crisis, put together an 'emergency plan' and stick with the person to make sure that the changes happen quickly, and ensure that the plan works for them.

- **Conversation 3: Build a good life**

Exhaust Conversations 1 and/or 2 before moving on to Conversation 3 – and often it does not get that far. But for some people, longer-term support in building a good life will be necessary. Conversation 3 is about understanding what a good life looks like to them and their family, and helping them to get the support they need organised so they can live the best life possible.

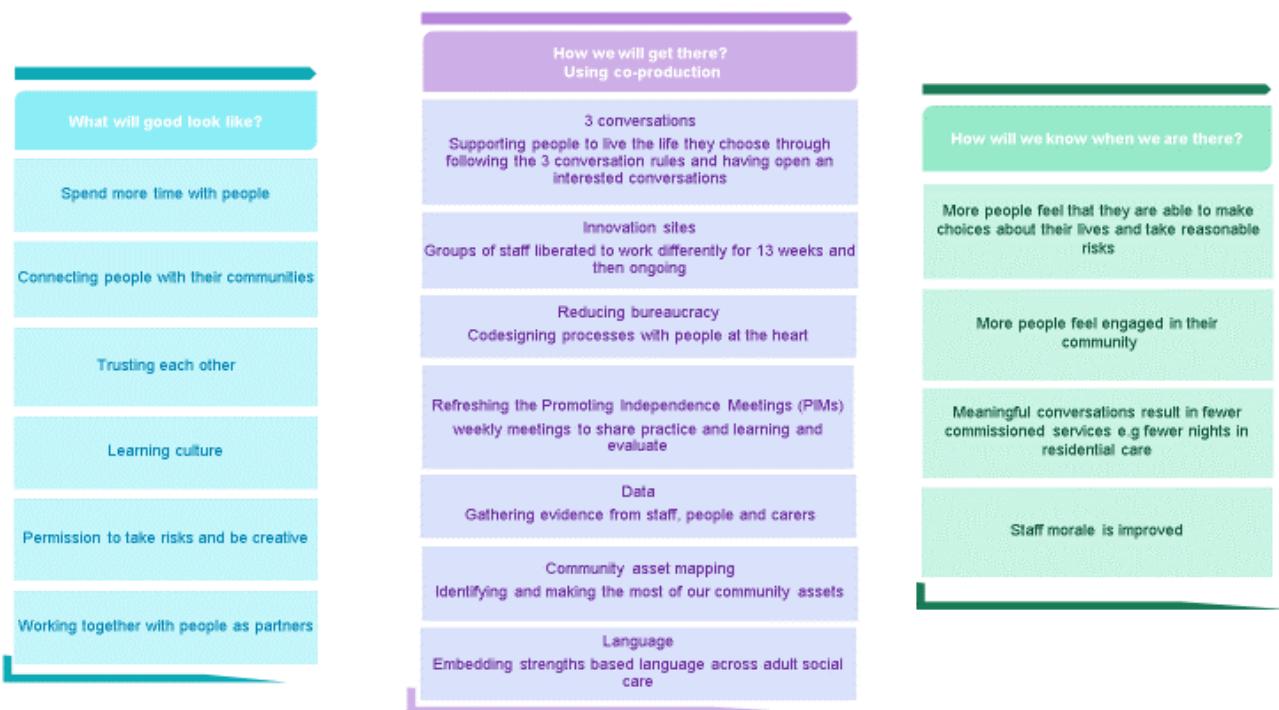
10. The aim of this approach is to produce a different culture, practice and behaviour in the department with a focus on reconnecting people to communities and not planning long term care when someone is in crisis.
11. The Three Conversations Approach also focuses on working together with carers, on the understanding that a good plan for carers often means a better outcome for people, which develops a Whole Family Approach, a key principle of the Care Act.

An example of practice using a Three Conversation Approach is Mrs B, a 78 year old woman living in very poor conditions with no family, a tendency to hoard and a rat infestation. Under the deficit model way of working, an admission to residential care would have been sought. However, instead, the social worker spent time with Mrs B, and in an atmosphere of constant reassurance worked with Mrs B to 'create a clear space on the floor'. The relationship between the two of them led to Mrs B feeling that she was getting her quality of life back. She said that she looked forward to seeing the social worker, where they actively engaged in filling black bags whilst talking. They also explored other community connections. In this instance, the company of the social worker, in the context of the Three Conversations approach, served to open the door to a range of additional possibilities.

Planning and Engagement

12. A strategic partner called Partners 4 Change has been commissioned to support implementation of the Three Conversations Approach for Nottinghamshire. The partner was selected to give independent challenge and support to practice change, which is considered in best practice to be a key enabler to cultural change. Partners 4 Change has supported the development of the Three Conversation Approach in 41 local authorities.
13. A 'Making it Happen' group was established by the Principal Social Worker that involved people with lived experience and Council staff. The group developed Adult Social Care's 'story' to share with teams and partner agencies to achieve the following plan:

Strengths-based Approach:
Working together with people and carers, enabling people to achieve what is important to them to live



Linking with other projects – Simplifying Processes ; Core Metrics, Owning and Driving Performance, and Community Assets

14. Staff communication and engagement sessions were arranged via staff roadshows, attendance at team meetings and practitioner forums. An invitation was issued to staff to get involved with this work and to become an Innovation Site where this approach will be developed. Innovation Sites bring people together to develop practice and create a continuous cycle of improvement, as detailed in **paragraph 16**.
15. A Strengths-Based Approach community of practice was also established by the Principal Social Worker. A community of practice is a group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. Adult Social Care wants to develop this way of working as part of the strengths-based approach and culture change work.

Innovation Sites

16. The Three Conversation Approach will be developed through Innovation Sites, across Ageing Well and Living Well services. The Innovation Sites are being codesigned with teams to define the cohort of people they will work with in this different way. As an example Living Well Newark Community Team is working with people from a specific postcode for their Innovation Site.
17. Staff in the Innovation Sites will be supported to have meaningful conversations with people, that focus on the person's strengths and on achieving their person-centred outcomes. Staff in the Innovation Sites will develop ways of recording their work in a proportionate way

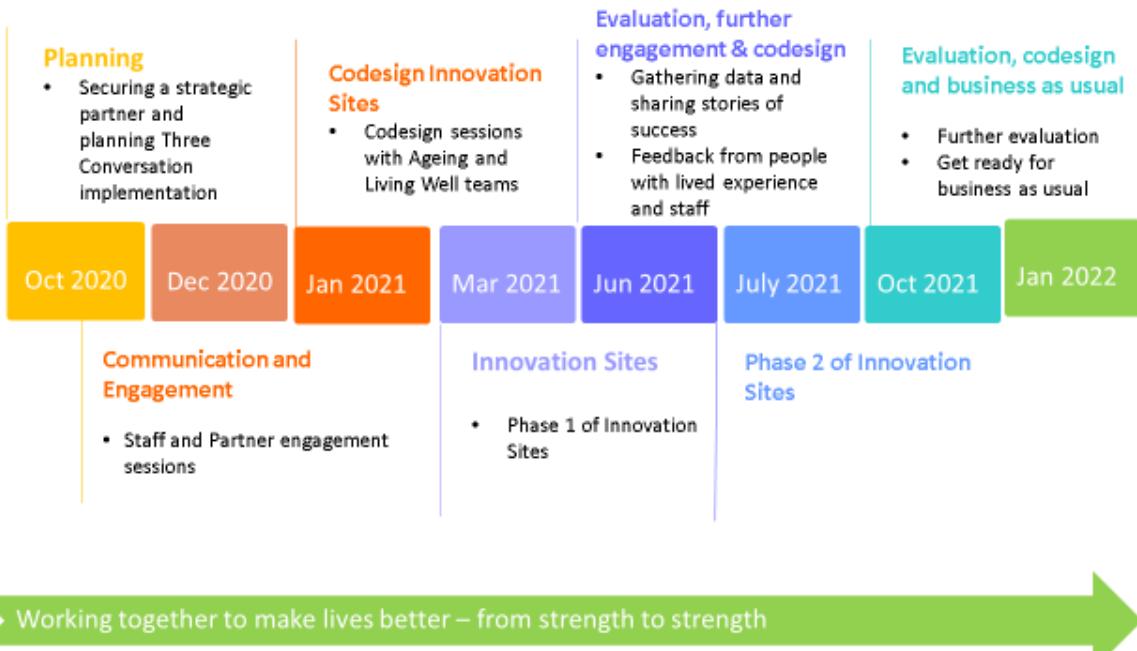
according to the Care Act. Staff and managers will lead the change and work of the Innovation Sites, supported by the Principal Social worker and Partners 4 Change.

18. The aim of the work is to enable people to reconnect and engage with their communities, to build on the strengths that they have to make choices about their lives and increasing use of alternatives to commissioned services such as short and long-term residential care. It also aims to promote staff wellbeing as the Council works with staff to reduce bureaucracy and process driven practice, empowering staff to make decisions and trust their professional opinions.
19. The Innovation Sites run for a period of 13 weeks during which the staff receive weekly support during their Promoting Independence Meetings from Partners 4 Change and the Council's Strengths-Based Approach project team where the focus is on their practice and data gathered to identify outcomes achieved.
20. During the Innovation Sites, staff will also complete community asset mapping within their local area of work. Connect workers and Strategic Commissioning colleagues will work closely with the social care teams to identify gaps in resources and look at how these might be addressed, to develop a continuous cycle of improvement.
21. Teams currently involved in the co-design sessions to become Innovation Sites are Preparing for Adulthood, Maximising Independence Service - North and Mid Nottinghamshire, Living Well Newark and Ashfield Community Teams, Ageing Well Bassetlaw and Ashfield Community Teams and Provider Services – Day Services, Short Breaks and Shared Lives. The first sites will begin in early March 2021.
22. Initial feedback from staff is very positive about the approach; a Team Manager from the Maximising Independence Service said:

'My team really love the Three Conversation Approach and are looking forward to the ability to work in a different way, getting back to the values of why they came into social care'.

Key Activity and Milestones

23. Key activity and milestones are shown in the table below:



Better outcomes

24. In the last four years Nottinghamshire Adult Social Care has seen reduced scores on the national Adult Social Care Survey and Carers survey for quality of life indicators. The focus of the work with Partners 4 Change is on developing practice, improving people's experience of Adult Social Care and producing better outcomes for them. Evidence from other local authorities such as Essex and West Berkshire, who have adopted the Three Conversation Approach, has shown an increase in these quality of life indicators. Other local authorities have also evidenced a reduction in Care Act assessments, reductions in ongoing support such as long and short-term residential care, an increased use of Direct Payments and access to alternative community resources. The development of strengths-based practice is therefore an important foundation to underpin the range of social care improvement plans approved by Committee on 11th January 2021.
25. Evidence, both qualitative and quantitative, will be gathered during the Innovation Sites from people and staff. Feedback forms have been coproduced with people who have lived experience to understand people's experience of the Three Conversation Approach. Stories of success will be celebrated and shared across the department in the Principal Social Worker's practice newsletter.

Other Options Considered

26. Prior to commissioning Partners 4 Change the department did consider continuing to operate the current model of adult social care support, but evidence suggested focusing on a strengths-based approach supports the principles of the Care Act 2014 and has a positive impact on individuals, staff, communities and organisations.

Reason for Recommendation

27. To update Committee with the progress of the Strengths-Based Approach programme.

Statutory and Policy Implications

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

Financial Implications

29. The financial implications were approved by Adult Social Care & Public Health Committee at the meeting on 11th January 2021, where it was agreed that an additional £100,000 would be made available to ensure the Strengths-Based work is well embedded and to secure continued support from the strategic partner, Partners 4 Change.

RECOMMENDATION/S

That Committee:

- 1) considers whether there are any actions it requires in relation to the issues contained within the report
- 2) agrees to receive an update report in the next six months and that this be included in the work programme.

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (AK 04/03/21)

30. This report falls within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (ZB 22/02/21)

31. The financial implications were approved by Adult Social Care & Public Health Committee at the meeting on 11th January 2021, where it was agreed that an additional £100,000 would be made available to ensure the Strengths-Based work is well embedded and to secure continued support from the strategic partner, Partners 4 Change.

Background Papers and Published Documents

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

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

[Adult Social Care and Public Health Service Improvement Programme for 2021/22 to 2023/24 – report to Adult Social Care and Public Health Committee on 11th January 2021](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH750 final



29 March 2021

Agenda Item: 6

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTER 3 2020/21

Purpose of the Report

1. To provide an update on the current financial position of Adult Social Care.
2. To provide an update on the performance reporting framework.
3. To provide Committee with a summary of performance for Adult Social Care and Health for quarter 3 (1st October to 31st December 2020).

Information

Current Financial Position

4. As at the end of December 2021, the Adult Social Care & Public Health Department is forecasting an in-year underspend of £4.58m before reserves and £4.57m after accounting for reserve movements.

Department	Annual Budget £ 000	Actual to Period 09 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
ASCH Committee				
Strategic Commissioning and Integration	(33,644)	(70,024)	(31,510)	3,134
Living Well and Direct Services	124,554	103,151	125,633	1,079
Ageing Well and Maximising Independence	119,234	91,839	110,446	(8,788)
Public Health	1,856	(531)	1,856	0
Forecast prior to use of reserves	211,000	124,435	206,425	(4,575)
Transfer to / (from) reserves (SCI)	20	170	20	-
Transfer to / (from) reserves (Living Well)	-	-	-	-
Transfer to / (from) reserves (Ageing Well)	(25)	-	(22)	3
Transfer to / (from) reserves (Public Health)	(1,856)	-	(1,856)	-
Subtotal	(1,861)	170	(1,858)	3
Net Department Total	209,139	124,605	204,568	(4,571)

5. The position has significantly improved since quarter 2, primarily due to continued additional Health funding and also additional grants to support providers.

6. The current forecast net impact of Covid-19 on the department is an additional cost of £4.6m. The majority £3.4m is due to PPE and provider claims for additional net costs as a result of Covid-19. In addition, there is a forecast loss of Transport Income of £0.9m and a shortfall in Client Contributions of £1.3m.
7. The forecast includes a net use of reserves of £1.1.86m. This comprises the anticipated net use of £1.86m of Public Health reserves.

Transformation and Service Improvement

8. In the current financial year, the department has agreed savings of £4.749m.
9. The Covid-19 Emergency has meant that projects have been put on hold, so the in-year savings forecast is an under-delivery of £0.59m, with £0.01m of savings still expected to be delivered in this financial year and these are included within the current forecast.
10. However, the department delivered savings early up to the end of last year, so there is still a cumulative over-delivery forecast to be delivered by the end of this financial year of £0.62m.
11. As it is not known when projects will resume, there is an increased risk that the 2021/22 target may not be met.

Performance Framework Update

12. The department is undertaking Core Metrics & Management Information work by reviewing what the department requires to monitor performance, and how staff contribute to the overall success through the individual and team performance monitoring. The existing suite of reports are being reviewed to ensure it reflects what the department requires going forward. A full suite of measures and reports is planned for 1st April 2021

Core Metrics Development

13. The key objective is to develop a set of core metrics that allows teams and managers at all levels to monitor if they are fulfilling the purpose of the Adult Social Care and Public Health department and enable the department to clearly communicate how it is contributing to achieve the greatest level of success. The core metrics will be used to inform all Service Plans and will be used to set targets for all teams and individuals through the EPDR process. The core metrics include:
 - Quality of Life: for people, carers and staff
 - Positive Contributions: through social inclusion, employment and day opportunities
 - Are the people that are supported connected to networks and the community?
 - Independence through ensuring people get support at the right time, early intervention and have a place to call home
 - Use of Resources: through monitoring our use of the Adult Social Care Budget, working consistently across the department and the time spent with people vs time on bureaucracy.

14. The approach has been to co-produce the measures with operational teams, to ensure they are relevant and drawn from a wider range of sources. As part of the process of coproduction 'I' and 'We' statements were reviewed with the co-production group and staff, to ensure that these are localised, and that people can identify with them. The 'I' statements describe what our departmental Core Metrics mean to the people we support, for example, what it means to live 'independently'. The 'We' statements describe what Adult Social Care and Public Health services will do to meet the challenges presented by the 'I' statements, for example how we will support people to be 'independent'.
15. Once the measures have been finalised, these will feed into service plans and form a basis for team and individual targets.

Review of Management Information

16. The Adult Social Care and Health (ASCH) Senior Leadership Team (SLT) has set out Management Information key principles as outlined below:
 - **Demand** – the department should be able to predict and manage demand for the service to ensure it's ready to support people at the right time
 - **Resources** – the department should be able to manage its finances and resources efficiently and effectively based on the performance data, and direct resources where needed and reduce variation
 - **Commissioning** – the department should be able to develop the market and commissioning intentions based on performance data by creating closer links with operational processes
 - **Improvement & transformation** – the department should be able to identify where service improvements are required, and track savings and benefits on programmes of work to ensure its objectives are met
 - **Statutory Reporting** – the department should be able to fulfil its statutory reporting obligations
 - **Continuous improvement** – the department should be able to use management information for continuous improvement.

17. The principles outlined have formed a basis for streamlining the number of management reports to ensure the data informs service planning and decisions. Operational teams have also been engaged to inform the process and what types of reports may be required at a local level. The plan is to deliver both core metric measures and a refreshed list of management reports from 1st April 2021.

Interim Priority Measures

18. The Workforce Remodel went live from 1st September 2020. Due to the fact that the full suite of measures and reports will not be available until 1st April 2021, SLT identified some immediate priorities in order to monitor performance and manage resources prior to the full suite being available:
 - reducing use of Short Term Residential/Nursing Care (adults aged 65+)
 - reducing use of Long Term Residential/Nursing Care
 - increasing use of Assistive Technology

- increasing use of Direct Payments and Personal Assistants (added priority following discussion with commissioning colleagues).
19. Operational managers and teams have been able to access the new reports from October 2020. Additional training and support have been provided to team managers to ensure reports are fully utilised. Additional measures are being considered to monitor maximising independence for people. Once completed, the measures will be presented to this Committee in due course.

Summary of Quarter 3 2020/21 Performance

20. Performance to quarter 3 for 2021 is attached at **Appendix A** and a summary of the highlights and areas for improvement is also contained within the body of this report.
21. NHS Digital has recently published results from two key adult social care statutory returns: Short- and Long-Term Support (SALT) and Adult Social Care Finance return (ASC-FR) for 2019-20 and this helps compare Nottinghamshire with its 16 nearest county council peer comparators and with England averages. The key takeaways from the data are:
- a. for adults aged 18-64 Nottinghamshire has a lower number of new requests for support from new clients per 100,000 than peer comparators and England averages but a higher for adults aged 65+
 - b. gross current expenditure on adult social care in England increased at a faster rate than in Nottinghamshire, although the overall level of spend was higher in Nottinghamshire than the England average
 - c. compared with peer groups and the England average Nottinghamshire provides substantially more short-term care to maximise independence and as a result less people aged 18+ go on to needing long term support
 - d. Nottinghamshire saw a decrease in people aged 18+ accessing long term support during the year (per 100,000 population), although this was still overall higher than peer comparators and England averages
 - e. there was an increase in numbers supported in residential or nursing care for adults aged 18+ and is overall above peer and England average
 - f. the cost of residential and nursing long term care per week for adults aged 18-64 is higher in Nottinghamshire than in peer and England averages
 - g. the cost of residential long-term care for adults aged 65+ are lower than in peer and England averages but the cost of nursing home care was higher
 - h. there was an improvement in the percentage of people reviewed in Nottinghamshire and was overall better than peer and England averages
 - i. client contributions as percentage of spend on Adult Social Care was below peer and England averages but did see a large increase in Nottinghamshire.

Positive Contributions

A. Keeping family, friends and connections

22. Nottinghamshire continues to perform well on the proportion of adults receiving a Direct Payment (DP) with quarter 3 performance at 40% against a national average of 28%.
23. 27% of DPs are used to employ Personal Assistants.
24. There is an on-going cultural change programme in place to improve support, knowledge and skills of frontline staff to increase the use of DPs. This is achieved via team meetings, DP training, simplifying processes and Q&A/trouble shooting sessions. There is also a dedicated communications plan designed to drive up both the supply and demand of PAs is in place.

B. Learn, volunteer and work

25. The quarter 3 result for supporting Learning Disability service users into or back into employment is 2% against a national average of 5.6%.
26. The ability of the Council to increase the number of service users in paid employment has been impacted this year by Covid-19. At the onset of Covid-19 the i-Works team were deployed to other essential areas of Council work such as emergency recruitment, Extremely Vulnerable Person's (EVP's) calls, carers reviews - alongside crisis management related to individuals in employment. There is now limited availability of employment opportunities in such difficult economic times. The team continues to support people to remain in work, including those on furlough and those experiencing work related issues, working remotely and creatively where possible.
27. Now the i-Works team is part of the Maximising Independence Service (MIS) there is opportunity for other MIS workers to support individuals with outcomes such as travel training which will then lead to more targeted involvement from the i-Works team, increasing the capacity of that team. It is hoped that this flexible approach will increase referrals and throughput effectively.

Independence

A. My support, my way

28. So far this year 52% of discharges are made on the same day or the next day as the person is deemed Medically Safe for Discharge. This means that 1,570 people received a prompt discharge from hospital.
29. The average number of days it takes to discharge someone once they are Medically Safe for Discharge is 2.6 days.
30. The new model does increase the need for more rapid response reablement and homecare, as well as timely pick up by core homecare providers from these and health's rehabilitation services. Use is being made of the temporary NHS Discharge to Assess funding for up to two weeks to employ additional temporary resources to boost capacity

over Winter. Demand modelling and planning is underway with health partners to assess what the right longer-term sustainable set of services is to support both hospital discharge and admission avoidance.

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

Living Well

31. Living Well admissions into long term care per 100,000 population is over target at 17.3 at the end of quarter 3. It is also above the most recent national average for this indicator which is 14.6. In numbers this is 84 adults aged 18-64 years being admitted to long term residential or nursing care from April to December 2020.
32. As a consequence of increased admissions and fewer opportunities to move adults out of long term care the number of adults aged 18-64 being supported in long term residential or nursing also continues to be over target.
33. Part of the increase in admissions is related to the change in definition of 'short term care' and reclassification of individuals to 'long term care', which was identified at year end and has been addressed with teams to ensure future classification is consistent and meets the new definition. In addition, due to Covid 19 a number of supported living schemes put move dates for new placements on hold. This has led to more people having to remain in a long-term care setting whilst waiting for the supported living placement to resume offering move-in dates.

Ageing Well

34. Ageing Well admissions into long term care per 100,000 population is better than target at 319.0 at the end of quarter 3. In numbers this is 543 adults aged 65 and over being admitted to long term residential or nursing care from April – December 2020.
35. Sadly because it is partly as a consequence of the impact of Covid 19, the numbers of people aged 65 and over being supported in residential care overall has reduced, both in terms of admissions and increased discharges from care.
36. Performance on the percentage of Ageing Well admissions direct from hospital remains positive, in line with the Council's policy that this is not the right time for people to make a long-term life decision. It is better than target at 5% at quarter 3 against a target of 11%.
37. All three of these ageing well indicators are expected to be on target at year-end.
38. Making a shift to supporting more people in their own homes and reducing unnecessary days spent in residential care is a major objective of the strength-based programme of work for the Ageing Well Service over the next three years. Initial retrospective multi-disciplinary reviews of cases have been undertaken to identify what the ideal alternative solution could have been, with further planned. The programme will be built to address factors leading to inappropriate use of short-term residential care and also delay the time that people need to move into care. Additionally, work will need to be undertaken with partners in housing and health. Their support is needed to: align policy, promote earlier

planning for later life and develop a range of appropriate housing options and services in local communities.

Safeguarding

39. At quarter 3, the percentage of cases in which it was reported that risk was not eliminated following a safeguarding intervention has improved slightly as a result of targeted training and improved guidance. This indicator should continue to improve and be closer to target at year-end.
40. The proportion of adults who lack mental capacity and are supported by an advocate to participate in a safeguarding enquiry continues to perform well and is better than target at 87% against a target of 85%.
41. Results for the percentages of people who were asked what outcomes they want from the safeguarding investigation and those that felt they were listened to and their outcomes achieved has fluctuated over the year and both remain slightly under target. A quality assurance cycle on safeguarding outcomes was undertaken and concluded on 12th March 2021 which will determine what additional actions need to happen to see improvement in this area. Potential actions include improved guidance and team specific training plans.

Deprivation of Liberty Safeguards (DoLS)

42. As of 31st December 59% of DoLS referrals received in the year have been completed. A Recovery Plan to undertake these assessments prior to the new Liberty Protection Safeguards being brought in from April 2022 is being developed, alongside development of a wider change programme to deliver the new statutory requirements.
43. This year, residential and nursing care homes' ability to engage in the work has been affected by Covid 19, also social care staff have not been able to go into hospitals. Many ways have since been found to undertake work virtually, for example, staff in care homes supporting people to use tablets. This has had the added benefits of them being able to keep in contact with their families. An online portal has also been set up for staff to get easy access to advice on complex practice issues they may be facing during the Covid emergency.

Reviews

44. The percentage of long-term service users reviewed in 2020/21 to the end of December stands at 57% or 3,793 people compared with a figure of 4,913 during 2019/20. The reduction in the numbers of reviews undertaken is in a large part due to fewer reviews of residential/nursing service users having been undertaken. This is because the focus has been on ensuring everyone in the community has Safe and Well checks during the Covid pandemic, as well as more in-depth reviews for people living in the community who may need alternative support options during the pandemic.
45. For service users in residential/nursing homes "clinics" have started to be arranged in order to ensure any service users in those settings without a review in the current financial year can be reviewed. The progress against this work is as follows:

a) Ageing Well

- 990 reviews required, with 812 still left to do (i.e. 82% remaining)
- 792 safe and well checks required, with 692 left to do (i.e. 87% remaining)
- based on the number of Full Time Equivalents allocated to do this work, and how many reviews/safe and well checks they are doing per day, the current estimate is that they will all be done by mid-June 2021.

b) Living Well

- 139 reviews required, with 82 still left to do (i.e. 59% remaining)
- 354 safe and well checks required, with 117 left to do (i.e. 33% remaining)
- based on the number of Full Time Equivalents allocated to do this work, and how many reviews/safe and well checks they are doing per day, the current estimate is that will be completed by mid-February 2021.

Quality of life

A. The people the department works with and support have a good quality of life

46. The Service User Survey has been delayed because of the pandemic and will next be carried out in 2021/22.

B. The Carers staff work with and support have a good quality of life

47. Despite the challenges and restrictions in delivering services as a result of the Covid-19 pandemic, all carers who access breaks via the Council's Short Breaks services have been provided with a break by ensuring that the service offered is in a 'Covid secure' environment.
48. Alternative offers of short breaks are being developed to offer carers more choice especially where their usual source of breaks has been limited or unavailable.
49. Adult Social Care & Health is contacting all people and carers to check that they are safe and well and have the advice, information and support that they need. The impact of Covid for carers has been particularly challenging for them physically, mentally and emotionally. Many carers are experiencing increased levels of stress and anxiety due to providing additional care and support where usual support services and networks have been limited or unavailable throughout the crisis.
50. The Nottinghamshire Carers Hub service, provided by Tu Vida, has been proactive in providing carers with the following range of support throughout the crisis:
- a) access to telephone support helpline service to provide advice, information, signposting and emotional support to carers.

- b) 'Wellbeing' phone call checks made to all carers registered with the Carers Hub.
 - c) themed 'Connecting Carers' weeks offering a range of virtual sessions, activities for carers to access including training and awareness sessions.
 - d) supporting carers/families to get connected on-line to enable participation in virtual sessions/events/Zoom calls.
 - e) creation of bespoke weekly Mindfulness videos specifically focussing on carers.
 - f) signposted those carers suffering from anxiety, stress or in need of mental health support if struggling to cope with their caring role, to appropriate support services.
51. Adult Social Care & Health statistics supporting carers from April to December 2020 are as follows:

Total contacts made to Carers Hub service for advice, information support and signposting	7,537
Total new carers accessing Carers Hub	532
Total No. of Carers Assessments undertaken by NCC ASCH teams	898
Total No. of Carers Reviews undertaken by NCC ASCH teams	4,228
Total No. of Short Breaks commissioned:	340

C. Workforce – employees' wellbeing is high, and staff enjoy their jobs

52. The Adult Social Care and Health department has put in place some key areas of work to support the workforce and these include:
- a) development of the Pulse survey to ask regular questions of staff with a view to understand and track how they feel about their wellbeing, race equality and their experience of supervision on a regular basis. It is expected that by February 2021 the survey will be shared with staff and key feedback themes can begin to be analysed
 - b) development of an Adult Social Care & Health Communications and Engagement email link to coordinate a way of sending information out to staff from different teams and people within the department to improve channels of communication. The Corporate Director of the Adult Social Care and Health department sends out a weekly message to all staff containing updates and key information and it is planned to bring these updates into the overall Communications and Engagement work area
 - c) development of the Adult Social Care & Health Practice newsletter led by the Principal Social Worker and Occupational Therapist. The newsletter is sent weekly with practice updates, development opportunities and recommended training. The newsletter also gives staff opportunity to feedback, critique or make suggestions for improvement
 - d) a survey of Living Well staff was undertaken to get feedback on what was going well and not so well on the team restructure that had taken place on 1st September. Key themes were shared with Group Managers to follow up

- e) a skills audit was undertaken with Living Well, Ageing Well, Strategic Commissioning, Service Improvement, and Quality and Market Management to help identify knowledge, skills and experience for the move to the new service model and areas where help is required to build more confidence for the future.

Use of Resources

53. Specific measures around use of resources and budget management are in development but for now the department can compare the proportions of people receiving different levels of service as shown below.
54. Those receiving long term residential/nursing care are those with a high level of need and can generally be considered high cost.

As at end of December 2020 (Quarter 3)	In Long Term residential/nursing Care	Receiving Long Term community-based services (e.g. Homecare, Direct Payments, Daycare)	Receiving Short Term Care or Reablement services
All adults	27%	58%	15%
Living well	17%	77%	6%
Ageing well	33%	47%	21%

Other Options Considered

55. Due to the nature of the report no other options were considered appropriate.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Financial Implications

58. As at period 9, the department is forecasting an in-year underspend of £4.58m before reserves and £4.57m after accounting for reserve movements as described in **paragraphs 4 to 7**.

59. Coming into this financial year, the department had over-delivered on previous years savings by £1.2m. The Covid-19 emergency has meant that projects were put on hold, so the in-year savings forecast is an under-delivery of £0.59m, with £0.01m of savings still expected to be delivered in this financial year and these are included within the current forecast. So, there is still a cumulative over-delivery forecast to be delivered by the end of this financial year of £0.62m as described within **paragraphs 8 to 11**.

RECOMMENDATION/S

- 1) That Committee considers whether there are any further actions it requires in relation to the finance and performance information for the period 1st October to 31st December 2020.

Melanie Brooks
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For any enquiries about this report please contact:

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Constitutional Comments (CEH 02/03/21)

60. The report is for information purposes and falls within the remit of Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (KAS 01/03/21)

61. As at period 9, the department is forecasting an in-year underspend of £4.58m before reserves and £4.57m after accounting for reserve movements as described in **paragraphs 4 to 7**.
62. As at period 9, the forecast included £14.80m in additional temporary income from Health to cover the initial cost of packages for individuals discharged from Hospital prior to receiving an assessment and £37.83m in specific government grants in response to the pandemic.
63. The underspend has increased primarily as a result of additional income from health and government grants to support providers along with a reduction in the number of adults aged 65 and over supported with a care package.
64. In addition there is a forecast overall cumulative net over-delivery of savings of £0.62m by the end of this year as a result of the over-delivery from last year exceeding the forecast under-delivery in year as described in **paragraphs 8 to 11**.

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.

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH757 final

Adult Social Care Performance Update - Quarter 3 update											
	2019/20	Q1	Q2	Oct	Nov	Target	Current Value	Best to be	RAG	Direction of Travel	National Average
Assessments and Reviews											
Percentage of contacts passed to Tier 3 (assessment)	34.0%	37%	41%	42.2%	42.4%	25%	42.4%	Low	R	No change	SAVINGS
Percentage of reviews of Long Term Service Users completed in year	84.9%	24.2%	42.2%	47.3%	52.4%	100%	56.7%	High	R	Towards target	LOCAL
Percentage reviews where the package cost was reduced following review (long term services only) Older Adults	18.7%	16.0%	16.0%	16.7%	17.3%	15%	17.6%	High	G	Towards target	SAVINGS
Percentage reviews where the package cost was reduced following review (long term services only) Younger Adults	15.2%	10.5%	10.8%	12.9%	12.7%	66%	12.6%	High	R	Away from target	SAVINGS
Average number of reviews per SU per year per pathway: Active	1.53	1.53	1.52	1.51	1.49	2	1.5	High	R	Towards target	SAVINGS
Average number of reviews per SU per year per pathway: Standard	1.51	1.5	1.51	1.51	1.52	1	1.51	-	G	Away from target	SAVINGS
Average number of reviews per SU per year per pathway: Continuation	1.29	1.31	1.3	1.3	1.31	1	1.31	-	G	Towards target	SAVINGS
Reablement											
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	84.8	94.0%	N/A	N/A	N/A	83%	N/A	High			82.0%
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	2.8	2.5%	N/A	N/A	N/A	2.5%		High			2.6
Average length of stay in START reablement (days)	20	N/A	N/A	N/A	N/A	20		Low			SAVINGS
Percentage of contacts resulting in referral to Programme of Independence (enablement type services)	N/A	N/A	N/A	N/A	N/A	70%		N/A	High		SAVINGS
Packages of Care and Support											
Number of new packages set up each month	455	547	530	543	544	To reduce	538	Low	R	Towards target	SAVINGS
Average package cost for LT and ST services	£466	£491	£483	£480	£478	To reduce	£477	Low	R	Away from target	SAVINGS
Direct Payments											
Proportion of adults receiving direct payments	40.6%	40.0%	40.4%	39.7%	39.2%	42%	39.5%	High	A	Towards target	27.90%
Proportion of carers receiving direct payments for support direct to carer	100.0%	100.0%	100.0%	100%	100%	90%	100%	High			77.10%
Percentage of new Direct Payments used to purchase a Personal Assistant	19.0%	37.0%	25.3%	24.4%	27.4%	50%		High			SAVINGS
Long Term Care											
Long-term support needs of Living Well adults (aged 18-64) met by admission to residential and nursing care homes,	25.9	4.3	10.5	13.4	14.6	19.7	17.3	Low	R	Towards target	14.6
Number of Younger Adults supported in residential or nursing placements (Stat return)	662	671	677	687	686	635	684	Low	R	Towards target	n/a
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000	612.1	54.6	141	198.6	242.0	563.9	319.0	Low	G	Towards target	584
Percentage of older adults admissions to LTC direct from hospital (BCF)	13.0%	11.8%	4.6%	4.1%	4.9%	11%	5.0%	Low	G	Towards target	LOCAL
Number of Older Adults supported in residential or nursing placements (Stat return)	2375	2,122	2,073	2,095	2,079	2,309	2,083	Low	G	Away from target	n/a
Percentage of LTC admissions that came direct from all types of short term bed based care interventions	45.3%	N/A	N/A	N/A	N/A	n/a	N/A	Low			SAVINGS

Employment and accommodation											
Proportion of adults with Learning Disabilities in paid employment	2.4%	2.2%	2.2%	2.1%	2.0%	2.9%	2.0%	High	R	No change	5.6%
Proportion of adults with learning disabilities who live in their own home or with their family	76.3%	75.8%	75.1%	74.9%	74.7%	77%	74.7%	High	A	No change	77.3%
Proportion of adults with a Mental Health problem in paid employment	4.4%	4.4%	4.0%	4.1%	4.1%	new	4.1%	High	R	No change	LOCAL
Proportion of adults with a Physical Disability in paid employment	3.4%	3.0%	2.7%	2.9%	2.8%	new	2.7%	High	R	No change	LOCAL
Safeguarding											
Proportion of adults where the outcome of a safeguarding assessment is that the risk is reduced or removed (Stat return)	85.9%	85.7%	83.6%	84.4%	84.7%	90%	84.9%	High	A	Towards target	89.0%
Proportion of adults at risk lacking mental capacity who are supported to give their views during a safeguarding assessment by	86.9%	91.1%	88.2%	88.3%	87.5%	85%	86.6%	High	G		78.6%
Percentage of safeguarding service users who were asked what outcomes they wanted (stat return)	82.5%	84.4%	82.9%	82.9%	83.3%	85%	82.8%	High	A		LOCAL
Percentage of safeguarding service users (of above) who felt they were listened to and their outcomes achieved (stat return)	75.0%	78.0%	76.4%	77.6%	76.7%	80%	76.9%	High	A		LOCAL
DoLS											
Percentage of DoLS assessments received and completed in year	89.0%	57.0%	42.0%	49%	58%	90%	59%	High	R	Towards target	LOCAL



29 March 2021

Agenda Item: 7

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NHS ENGLAND WAVE 4 SUICIDE PREVENTION FUNDING

Purpose of the Report

1. Nottinghamshire County Council have successfully bid on behalf of the Nottingham and Nottinghamshire Integrated Care System (ICS) footprint, for Wave 4 Suicide Prevention Programme funding from NHS England. The purpose of this paper is to seek approval:
 - a. To procure service(s) to deliver elements of the Wave 4 Suicide Prevention Programme across the Nottingham and Nottinghamshire Integrated Care System (ICS) footprint.
 - b. To award contract(s) following the procurement exercise.
 - c. To award grant funding if needed to develop or enhance community level initiatives to support suicide prevention.
 - d. For the establishment of one Full Time Band D (subject to any job evaluation outcome) Public Health and Commissioning Manager (Suicide Prevention Programme) post for a period of three years.
 - e. To undertake communications and public awareness campaigns, including World Suicide Prevention Day and World Mental Health Day from 2021 - 2024.
2. To offer Elected Members the opportunity to engage with suicide awareness training in year 2 or year 3 of the Wave 4 Suicide Prevention Programme with a view to becoming community suicide prevention champions.

Information

Background

3. "In England, approximately one person dies every two hours as a result of suicide. Suicide has a significant, lasting and often devastating impact - economically, psychologically and spiritually - on individuals, families, communities, and the wider society. While accurate costs are difficult to quantify, national estimates suggest that each suicide costs the economy in England around £1.67 million."¹

¹ Nottingham and Nottinghamshire Suicide Prevention Strategy 2019-2023.

National and local context

4. The national all-age suicide prevention strategy ‘Preventing suicide in England: A cross-government outcomes strategy to save lives’² was published in 2012, with annual reports reviewing progress and setting out future priorities being published regularly (2014, 2015, 2017 and 2019).
5. The 2017 annual report³ set out a national commitment to reduce the rate of suicide by 10% by 2020/21, against a 2016/17 baseline. The 2019 annual report⁴ reinforced suicide prevention as a national priority, including within the NHS Long Term Plan. This includes a priority to work in partnership with local government to embed their local suicide prevention plans in every community.
6. The NHS Long Term Plan (2019) includes ambitions relating to mental health and suicide prevention, including retaining suicide prevention as a national priority for the next 10 years. NHS England have committed to expand the suicide prevention programme to all areas of the country through the Long Term Plan.
7. The national commitment to reduce the rate of suicide by 10% has been incorporated into the Nottingham and Nottinghamshire Integrated Care System (ICS) Mental Health Strategy⁵. The Nottingham and Nottinghamshire ICS Mental Health Strategy sets out clear ambitions to reduce the number of suicide deaths by strengthening and increasing action to prevent suicide and self-harm and ensuring timely access to appropriate services for vulnerable people including those at risk of suicide and self-harm. The ICS Mental Health Board includes representation from Nottinghamshire Adult Social Care and Health. Governance arrangements for the Nottingham and Nottinghamshire Suicide Prevention Strategy Group (SPSG) include reporting into the ICS Mental Health Board and the Nottinghamshire Health and Wellbeing Board.
8. The Nottinghamshire Health and Wellbeing Board Joint Health and Wellbeing Strategy⁶ acknowledges the importance of mental health and includes mental wellbeing as an area for impact within the strategic ambition to deliver healthy and sustainable places.
9. In 2019, the Office of National Statistics reported a total of 5,691 deaths by suicide in England and Wales at a rate of 11.0 per 100,000 population⁷. The average suicide rate between 2017 and 2019 per 100,000 population was 12.7 in Nottingham and 9.1 in Nottinghamshire, compared to the England average of 10.1. For Nottinghamshire, this related to 199 deaths by suicide (2017-2019)⁸.

² HM Government and Department of Health. Preventing suicide in England: A cross-government outcomes strategy to save lives. Evidence Brief. 2012

³ HM Government. Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives. 2017

⁴ Department of Health and Social Care. Preventing suicide in England: Fourth progress report of the cross government outcomes strategy to save lives. 2019

⁵ Everyone’s Different, Everyone’s Equal: All Age Integrated Mental Health and Social Care Strategy 2019-2024, Nottingham and Nottinghamshire Integrated Care System

⁶ Nottinghamshire Health and Wellbeing Board Joint Health and Wellbeing Strategy 2018-2022

⁷ Suicides in England and Wales, Office of National Statistics, September 2020

⁸ Public Health Profiles: Suicide Prevention Profile, Public Health England

Funding for Suicide Prevention

10. Led by Nottinghamshire County Council Public Health Team, the Suicide Prevention Strategy Group for Nottingham and Nottinghamshire ICS were successful in obtaining funding from NHS England Wave 4 Suicide Prevention Funding in November 2020. The submission for the funding was reviewed by colleagues from NHS England, Public Health England and a lay member with lived experience who all gave very positive feedback on the submission.
11. The funding received is for £209,161 per annum over three years (2021-22; 2022-23; and 2023-24), allocated on the Nottingham and Nottinghamshire ICS footprint. Bassetlaw has previously received suicide prevention funding as part of the South Yorkshire and Bassetlaw ICS. Nottinghamshire County Council will continue to work with colleagues in Bassetlaw to support alignment of agendas.

The Nottingham and Nottinghamshire ICS Wave 4 Suicide Prevention Programme

12. The proposal has four themes aligned with the priorities within the Nottingham and Nottinghamshire Suicide Prevention Strategy (2019-2023). Activities within each of the four themes are evidence based Public Health interventions that are known to support a reduction in suicide rates. Please see Appendix A for further detail on the proposal:
 1. **Competency, compassion, knowledge and skills** focused on training for a range of audiences including primary care and other statutory services, non-statutory services, the voluntary and community sector and community champions. Recognising the influence and connections of Elected Members within our communities, the opportunity for Elected Members to engage in suicide prevention training is also included.
 2. **Communications and public awareness** focusing on developing a recognisable brand and campaign for population and targeted approaches to raising awareness and reducing stigma around suicide. This will include undertaking communication campaigns to align with annual World Suicide Prevention Day (10th September 2021) and World Mental Health Day (10th October 2021).
 3. **Prevention support for high risk groups**, this will include mapping an all age self-harm pathway and resultant improvement to services; targeted delivery of support to people at risk of suicide experiencing challenges that are known triggers/antecedents to suicide e.g. relationships, debt, housing; development of a small grants process to support community groups with small scale but high impact projects.
 4. Further development of **Real Time Surveillance** to identify and commission a data system to enable easier production of routine and bespoke reports, reducing reliance on manual data analysis for real-time reporting of potential suicides. The Real Time Surveillance system monitors Nottinghamshire Police and British Transport Police data on deaths that are suspected to be a result of suicide (pre-coroner's inquest) to identify current suicide rates and trends to inform suicide prevention responses.
13. The programme will be underpinned by a clear evaluation framework, co-production and participation of people with lived experience and multi-agency collaboration with partner organisations and community groups.

14. The programme will link with the wider mental health system through the ICS Mental Health and Social Care Board and exploring opportunities for joint commissioning with the NHS Nottingham and Nottinghamshire Clinical Commissioning Group. Working across Adult Social Care and partners the programme will be aligned with the further development of the Mental Health Prevention Concordat within Nottinghamshire that will be reviewed at a Health and Wellbeing Board workshop in the summer.

Governance and management of the Wave 4 Suicide Prevention Programme

15. The Nottingham and Nottinghamshire Suicide Prevention Strategy Group will be the lead group with oversight of the Wave 4 programme and report into the ICS Mental Health and Social Care Board and the Nottinghamshire and Nottingham Health and Wellbeing Boards.

16. NHS England has confirmed allocation of the Wave 4 Suicide Prevention Funding, with the funding expected to be transferred to NHS Nottingham and Nottinghamshire CCG by July 2021. The funding will then be transferred to the County Council. Support will be sought from Legal Services for the agreement with the CCG for the transfer of the funding. There is an expectation from NHS England that local areas undertake work from January 2021 to enable suicide prevention programmes to be operational from the 1st April 2021.

17. A Public Health and Commissioning Manager (Suicide Prevention Programme) post (Band D) will be recruited to. Subject to identification of a suitable candidate the post will be offered as a fixed-term three-year secondment opportunity across the system, with employment hosted by Nottinghamshire County Council. If a suitable secondee is not available, Public Health intend to recruit externally. The post will work to oversee and deliver the Wave 4 Suicide Prevention Programme on behalf of the Nottingham and Nottinghamshire ICS and Health and Wellbeing Boards. £41,000 (per annum) of the cost of the post will be funded through the NHSE Wave 4 Suicide Prevention Funding, this will provide 0.68 Full Time Equivalent to be dedicated to the Wave 4 Suicide Prevention Programme. £19,025 (per annum) of the cost of the post will be funded through Public Health Reserves Funding, providing 0.32 Full Time Equivalent to deliver Nottinghamshire County Council suicide prevention activities. The use of Public Health Reserves Funding for suicide prevention activities was approved by Adult Social Care and Health Committee in October 2020⁹.

18. The Public Health and Commissioning Manager (Suicide Prevention Programme) will be responsible for internal and external partnership work to embed suicide prevention across the system. The work plan will incorporate engagement with system partners such as the Health and Wellbeing Board, strategic safeguarding and domestic abuse to ensure work is standardised and embedded across the Health and Social Care system.

Procurement

19. From April 2021 Public Health will work with our local partners, providers and people with lived experience to co-produce our detailed requirements against each of the four themes of our Wave 4 Suicide Prevention Programme.

⁹ Nottinghamshire ASCH Committee Investing uncommitted Public Health Grant for a Healthier Nottinghamshire, October 2020

20. A procurement exercise is likely to be required to secure provision for the following elements of the Wave 4 Suicide Prevention Programme:

- Provision of training for a wide range of front-line professionals, the voluntary and community sector and community champions
- Development of branding for suicide prevention campaigns and communications
- Targeted suicide prevention support for high risk groups
- A database to further enhance our Real Time Surveillance system for monitoring potential suicide deaths

21. The ASCH department will work with Procurement and Legal to devise the most appropriate contract model for these services.

22. Contract(s) will be awarded by Nottinghamshire County Council based on the outcomes of the procurement exercise.

23. A small grants process will be established for community groups and voluntary sector and not-for-profit organisations to bid for funding to develop or enhance community level initiatives to support suicide prevention. This will be aligned where possible to existing processes for awarding of small grants within Nottinghamshire County Council.

24. Appendix B sets out the anticipated timescales within the three-year plan.

Other Options Considered

25. No other options to be considered

Reason/s for Recommendation/s

26. To deliver the Nottingham and Nottinghamshire ICS Wave 4 Suicide Prevention Programme utilising NHS England funding.

27. To contribute to the Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019-2023 aim “to reduce the rate of suicide and self-harm in the Nottingham City and Nottinghamshire population, by proactively improving the population mental health and wellbeing, and by responding to known risks for suicide in the population”¹⁰.

Statutory and Policy Implications

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

¹⁰ Nottingham City and Nottinghamshire Suicide Prevention Strategy, 2019-2023

Financial Implications

29. A total of £209,161 per annum over three years (2021-22; 2022-23; and 2023-24), allocated on the Nottingham and Nottinghamshire ICS footprint. The funding will be allocated to NHS Nottingham and Nottinghamshire CCG on an annual basis and then transferred to Nottinghamshire County Council. The funding confirmation letter from NHSE for 2021-22 has been received.

RECOMMENDATIONS

It is recommended that Adult Social Care and Health Committee:

- 1) Approves the procurement of service(s) to deliver elements of the Wave 4 Suicide Prevention Programme
- 2) Approves award of contract(s) following the above procurement exercise
- 3) To award grant funding if needed to develop or enhance community level initiatives to support suicide prevention
- 4) Grants approval for the recruitment of a full time Public Health and Commissioning Manager (Suicide Prevention Programme) Post (Band D - subject to any job evaluation outcome) to support development and initiation of the local Wave 4 Suicide Prevention Programme and undertake Nottinghamshire County Council suicide prevention activities.
- 5) Grants approval to undertake communication and public awareness campaigns, including World Suicide Prevention Day and World Mental Health Day from 2021- 2024.
- 6) Advise whether Elected Members would like to engage with suicide awareness training.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

For any enquiries about this report please contact:

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Senior Public Health and Commissioning Manager
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Constitutional Comments (CEH 26.02.2021)

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

Financial Comments (DG 17.03.2021)

31. The funding to be received is £209,161 per annum over three years (2021-22; 2022-23; and 2023-24), with £41k per annum funding a 0.68 FTE Public Health Commissioning Manager (Suicide Prevention Programme) post (Band D), and the balance to procure services to deliver the programme. Public Health reserves will then fund the rest of the post £19,025 (0.32 FTE).

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.

- HM Government and Department of Health. Preventing suicide in England: A cross-government outcomes strategy to save lives. Evidence Brief. 2012
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf
- HM Government. Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives. 2017
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide report 2016 A.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide%20report%202016%20A.pdf)
- Department of Health and Social Care. Preventing suicide in England: Fourth progress report of the cross government outcomes strategy to save lives. 2019
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772184/national-suicide-prevention-strategy-4th-progress-report.pdf
- NHS Long Term Plan 2019 <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>
- Nottinghamshire Health and Wellbeing Board Joint Health and Wellbeing Strategy 2018-2022 <https://www.nottinghamshire.gov.uk/media/129223/the-joint-health-and-wellbeing-strategy-2018-2022.pdf>
- Everyone's Different, Everyone's Equal: All Age Integrated Mental Health and Social Care Strategy 2019-2024, Nottingham and Nottinghamshire Integrated Care System <http://www.nottinghamnortheastccg.nhs.uk/wp-content/uploads/2019/04/ICS-Mental-Health-and-Social-Care-Strategy-1.pdf>
- Public Health Profiles: Suicide Prevention Profile, Public Health England <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>
- Suicides in England and Wales, Office of National Statistics, September 2020.
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/death/s/datasets/suicidesintheunitedkingdomreferencetables>
- Nottingham and Nottinghamshire Suicide Prevention Strategy (2019-2023).
- Nottinghamshire ASCH Committee Investing uncommitted Public Health Grant for a Healthier Nottinghamshire, October 2020.
<https://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/5430/Committee/514/Default.aspx>

Electoral Division(s) and Member(s) Affected

- All

Appendix A – Nottingham and Nottinghamshire ICS Proposal for Wave 4 Suicide Prevention Funding

1. Competency, compassion, knowledge and skills	
1.1	<p>Undertake a training needs analysis/skills audit across statutory and non-statutory services</p> <ul style="list-style-type: none"> • This work will be used to inform the development of the training/skills development programme (see 1.2 and 1.3 below).
1.2	<p>Suicide prevention training/skills development for statutory and non-statutory services, particularly those who support people in at risk groups</p> <ul style="list-style-type: none"> • Develop/deliver a package of suicide prevention training/skills development for statutory services (e.g. Primary Care, Notts Police, Notts Fire and Rescue, Social Care, Probation) and non-statutory services that work with higher need/risk groups, e.g. homelessness, domestic and sexual violence, substance misuse services, people with long-term conditions (LTC), further and higher education providers. The multi-agency approach would enable shared learning including understanding of level of risk. This would include but not be limited to understanding risks in relation to the direct and indirect impact of the COVID-19 pandemic. • Consider a training offer for schools and to wider Early Help Services (e.g. The Family Service) – schools are particularly important for the cohort of Children and Young People (CYP) who are not in contact with other services. • Where appropriate provide tailored suicide prevention training/skills development for organisations and groups that work with people who are financially vulnerable and/or unemployed, e.g. the Department for Work and Pensions, Citizens Advice Bureau. This will help to respond to the risks presented by the economic impact of COVID-19. • The training packages would be a balance of e-learning, face to face training and virtual to ensure accessibility and inclusivity. • Develop ‘train the trainer’ approach for longer term sustainability by creating a network of trainers from organisations from the NNSPSG. • Ensure that support for staff working with people who take their own lives and understanding of the impact on those bereaved by suicide is incorporated into the training programme.

		<ul style="list-style-type: none"> Identify suicide prevention champions within organisations who would receive enhanced training. Consider identifying and training elected members (including at district/borough level) and Health and Wellbeing Board members who could act as suicide prevention champions.
1.3	Suicide prevention/awareness training for the wider population	<ul style="list-style-type: none"> Deliver training for the wider population, targeting people who have regular contact with higher need/risk groups who are not in services. One example adopted in other areas is reaching out to men through training of barbers and sports clubs. Offer training to develop community champions for suicide prevention/suicide awareness. This would also form an element of the small grant support for higher need/risk groups (see 3.4 below).
2	Communications and public awareness	
2.1	Develop a local identity, narrative or campaign for the Wave 4 Suicide Prevention Programme	<ul style="list-style-type: none"> Develop a strong local brand and identity or campaign for the Wave 4 Suicide Prevention Programme to use for all communications. Use brand/identity/campaign for wider communications already in development (e.g. the local suicide prevention webpages). Encourage partner agencies and wider organisations (including Health and Wellbeing Boards) to sign up/pledge to the local campaign. To include coproduction with people with lived experience in the development of the campaign and to create a narrative for the local identity/brand. Develop a co-ordinated campaign across the system. More targeted communication campaigns (see 2.2 below) would be drawn out of the co-ordinated campaign. Develop branding and logos that can continue to be used in the longer term, by the NNSPSG.
2.2	Expansion and wider roll out of 'Safe to Talk' resources and messages, the Stay Alive App and information on	<ul style="list-style-type: none"> To include getting 'Safe to Talk' resources and messages out to higher need/risk groups in new ways (consideration will be given to men, CYP, older people, people experiencing domestic

	local sources of support, targeting higher risk groups – particularly those not in contact with services.	<p>abuse, people misusing substances, financially vulnerable and unemployed, people with LTCs, LGBTQ+ communities and BAME communities).</p> <ul style="list-style-type: none"> • A key aim would be to reach out to those people who are not in contact with services. • Consideration will be given to different formats and placement/distribution of information to reach different groups. • Build on and link to the local campaign identified in 2.1 above. • Ensure routes to services and support are known, accessible and responsive. • To include co-production with people with lived experience.
3	Prevention support for higher risk groups	
3.1	Map an all-age self-harm pathway across Nottingham and Nottinghamshire	<ul style="list-style-type: none"> • Map out the current provision for self-harm support at a system level, identify gaps and areas for improvement. • Having a self-harm pathway would benefit referrers and service users to enable them to access the right support at the right time. • To include the involvement of and engagement with people with lived experience.
3.2	Funding to implement pathway improvement recommendations from the self-harm pathway mapping work	<ul style="list-style-type: none"> • Following completion of an all-age self-harm pathway (3.1 above), funding would be utilised to prioritise and address any gaps or areas for improvement in existing provision. • A focus would be on people, including CYP, who are not known to services. • While it is not possible to pre-empt the findings of the self-harm pathway mapping, some areas for development that have previously been discussed include resources, including e.g. information for parents and carers, and whole family interventions. •
3.3	Enhance delivery of support to people at risk of suicide experiencing challenges that are known risk factors / antecedents to suicide	<ul style="list-style-type: none"> • To support people who are at risk of suicide due to risk factors / antecedents to suicide, for example relationship breakdown, finances/debt, housing, unemployment, gambling and for specific at-risk groups, for example farming communities, traveller communities and LGBTQ+ communities.

		<ul style="list-style-type: none"> • Primary focus on practical and emotional support with the potential for some psychosocial support built in. • Explore a mixed-model approach for this work with different providers so that support can be tailored to the needs of specific groups. • A mixed-model approach would support upskilling across the system and therefore maximise the longer-term sustainability of this project through capacity building.
3.4	Small grant support for higher need/risk groups	<ul style="list-style-type: none"> • Establish a small grants process for community groups and voluntary sector and not-for profit organisations to bid for funding to develop or enhance community level initiatives to support suicide prevention. • The small grants application process would identify higher need/risk groups and set criteria for funding applications to ensure any initiatives funded contribute to the aims of the Nottingham and Nottinghamshire Suicide Prevention Strategy and Plan. • Consider how auspice and other sponsorship/mentoring arrangements could be utilised to support community groups in delivering small projects. • A panel/s would review and award funding to organisations. People with lived experience will be sought to be a member on the panel/s. • As set out in 1.3 above, those groups and organisations in receipt of a small grant would have access to training to develop community champions for suicide prevention/suicide awareness. This would have a longer-term impact following the ending of small grant support.
4	Real Time Surveillance	
4.1	Consider options and commission a provider for a database to support our RTS system	

		<ul style="list-style-type: none"> • Complete the development of an information sharing agreement with partners. • Partner organisations would need to commit to data entry into the data system and it would need to be built into other agencies processes.
5	Evaluation	<ul style="list-style-type: none"> • Evaluation will be considered at the start of each project/intervention and built into the development, delivery and monitoring. • External evaluation support from partners e.g. universities will also be considered.

Appendix B – Three Year Plan on a Page



Wave 4 Suicide Prevention Programme Transformation Funding Nottingham City and Nottinghamshire County Snap-shot Plan 2021-24



Nottingham
City Council



Nottingham City and Nottinghamshire County Suicide Prevention Strategy and Plan 2019-23: Our shared values are to...

"Reduce the rate of suicide and self-harm in the Nottingham City and Nottinghamshire population, by proactively improving the population mental health and wellbeing, and by responding to known risks for suicide in the population"

Priorities within the Strategy are:

1: at risk groups; 2: use of data; 3: training and bereavement support 4: staff training; 5: media

Pre-work (Jan-Mar 2021)

Sort finances & S256

Set up programme management group & governance structures

Establish system wide underpinning principles

Set up structure for co-production, oversight & governance with people with lived experience

Engagement with ICS MH Board

Engagement with HWBs (City & County)

Ensure alignment with CYP local transformation plan for mental health & CCG long-term plans

Commence recruitment/secondment of programme manager

Areas for action: 3-year snapshot

YEAR 1

Identify & procure training provider
Provider of training to develop training package & undertake training needs analysis
Develop brand/identity
Safe to talk targeted comms
Self-harm pathway mapping
Develop a 'spec' for targeted suicide prevention support & identify provider/model
Set up process for small grants & advertise ready to run in Y2 & Y3
(possibly commence last half of Y1)
Identify & procure Real Time Surveillance (RTS) data system
Evaluation – setting up the process - evaluation built in from start of projects

YEAR 2

Deliver training (train the trainer for longer term sustainability)
Develop & deliver against recommendations from self-harm pathway mapping
Deliver targeted suicide prevention support
Deliver small grants scheme
Continue communications campaigns
Continue to deliver RTS data system & make further improvements to the process
Ongoing evaluation

YEAR 3

Deliver training (train the trainer for longer term sustainability)
Develop & deliver against recommendations from self-harm pathway mapping
Deliver targeted suicide prevention support
Deliver small grants scheme
Continue communications campaigns
Continue to deliver RTS data system & make further improvements to the process
Ongoing evaluation

Long term: sustaining change

Suicide prevention becomes everybody's business

Train the trainer model to sustain & maintain skills development

Programme manager/support secondment role spreads learning to other parts of system

Comms work – branding embedded long term into Suicide Prevention & Steering Group initiatives

Structures around coproduction with people with lived experience embedded into long term practice

SPSG oversee continuation of changes & continual improvement

ICS MH Board continue to champion & support suicide prevention

HWB continue to champion suicide prevention

Suicide prevention is part of organisational daily practice

Strengthened multi-agency working & relationships including MH support teams in schools

Underpinning principles

Multi-agency working and collaboration with partner organisations and community groups
Co-production and participation of people with lived experience



29 March 2021

Agenda Item: 8

REPORT OF DIRECTOR OF PUBLIC HEALTH

LOCAL ALLOCATION TO DELIVER THE DOMESTIC ABUSE DUTY

Purpose of the Report

1. From the 1st April 2021, subject to Royal assent of the Domestic Abuse Bill, it is expected that Nottinghamshire County Council will receive statutory duties for commissioning Domestic Abuse support services for adults and children within safe accommodation. The purpose of this report is to update the Adult Social Care and Health Committee on:
2. The legal requirements of the Domestic Abuse Bill and the funding allocation for the County Council from the Ministry for Housing Communities and Local Government (MHCLG) for the provision of domestic abuse support services within safe accommodation.
3. To agree the request for ASCH committee to receive a commissioning plan by July 2021 for the future procurement of services based on the outcome of work being undertaken on local needs assessment and strategy development.
4. To authorises the circulation of (internal and external) communications on the Domestic Abuse Bill and duty.

Information

Domestic abuse local context and provision

5. Based on national data (ONS 2018), the Nottinghamshire County Domestic Abuse Joint Strategic Needs Assessment (2019)¹ reported that more than 79,000 people in Nottinghamshire have experienced abuse in the previous year, just over half of child protection plans in Nottinghamshire indicated domestic abuse. In the period 2015-18 there were 13 domestic homicide reviews. The year to June 2018 saw an increase of 14.4% in the reporting of domestic abuse with highest numbers of domestic abuse crimes reported in Ashfield and Mansfield.

¹ Nottinghamshire County Council (2019) Domestic Abuse Joint Strategic Needs Assessment. Nottinghamshire insight <https://www.nottinghamshireinsight.org.uk/research-areas/jhana/adults-and-vulnerable-adults/domestic-abuse-2019/>

6. Services for individuals experiencing domestic abuse are currently funded via the Ministry of Housing Communities and Local Government (MHCLG), Nottinghamshire County Council and Charitable support. As per ASCH committee report dated April 2019 these services include prevention work, training programmes, a 24/7 telephone helpline, one to one and group support services and support within refuge accommodation.
7. There are 40 units of refuge accommodation in Nottinghamshire funded through either MHCLG or Nottinghamshire County Council as per ASCH committee report December 2019. Survivors access this accommodation through: self-referral, following contact with helplines, domestic abuse sector, local authority district housing teams, social care and the police. The refuge provision in Nottinghamshire County comprises two main cost components. Sustaining suitable arrangements for people fleeing domestic abuse requires both components to be funded. The first is the cost of the accommodation, fully funded by district councils, through Housing Benefits. The second is the cost of the support services provided to survivors (women and their children) in refuges and other safe accommodation settings funded centrally by MHCLG and in the future via the Domestic Abuse duty allocation.

Statutory context and funding allocation

8. The Domestic Abuse Bill is being progressed through the Parliamentary system. The Bill will create a statutory definition of domestic abuse, establish a Domestic Abuse Commissioner along with enhancing legal processes. It will also place a duty on local authorities in England to provide support to survivors of domestic abuse and their children in refuges and other safe accommodation. It is anticipated these duties will commence from 1 April 2021.
9. The duties with regard to domestic abuse are:
 - I. Lead authorities to convene a multi-agency Local Domestic Abuse Partnership Board, to:
 - o Assess the need and demand for accommodation-based support for all victims and their children, including those who require cross-border support.
 - o Develop and publish strategies for the provision of support to cover the locality and diverse groups of victims.
 - o Make commissioning / de-commissioning decisions.
 - o Meet the support needs of victims and their children.
 - o Monitor and evaluate local delivery
 - o Report back to central Government
 - II. Lead authorities to have regard to statutory guidance in exercising these functions;
 - III. the Secretary of State to produce the statutory guidance; and
 - IV. Tier 2 district, borough and city councils and London Boroughs to co-operate with the Local Domestic Abuse Partnership Boards.

Nottinghamshire County Council will be responsible for delivering the first two requirements as the lead authority. These developments will need to be communicated to wider stakeholders and the public.

10. The MHCLG have allocated £1,540,091 per annum to the authority for the delivery of the domestic abuse duty. They have also allocated a further £223,315 to the districts and boroughs to deliver the duty (see appendix 1 for each districts allocation)². The first year of funding is confirmed and whilst not ringfenced authorities will be required to report on spend to meet the duty. A further two years funding has been committed to by MHCLG, future funding will be dependent on Comprehensive Spending Reviews. MHCLG have issued a Memorandum of Understanding (MOU) to the authority to formalise the working relationship and expectations. This MOU has been signed by the Director of Finance and returned to MHCLG by the date requested (17 March 2021).

11. This funding will include the expectation that authorities will provide support to survivors and children from outside of their area, to allow survivors easy movement to ensure safety away from perpetrators.

Next steps

12. A capacity building fund as detailed in the 9 November 2020 ASCH committee report is currently being used to map services across areas and develop a comprehensive needs assessment. It will also build local dedicated commissioning management capacity to facilitate discussions on delivering the new duty requirements with local stakeholders.

13. Engagement with the members of the Domestic and Sexual Abuse Executive will help identify and address potential challenges in implementation, review existing governance structures and local strategies and develop a comprehensive commissioning plan. There will also be a new Local Domestic Abuse Partnership established to continue to engage all stakeholders on the delivery of the duty.

14. The new strategy and commissioning plan will be developed in 2021/22 to fund local services to deliver the domestic abuse duty. To ensure there is no gap in service, while the commissioning plan is being completed, it is hoped, subject to procurement and legal advice, that the Council will be able to extend the existing services contracts for a further 12 months from the MHCLG financial allocation. This funding equates to £674,000, with a further £100,000 available to provide additional support for the children of those fleeing domestic abuse. Support will be sought from both Procurement and Legal colleagues as to how services can be provided for the 12 month interim period.

15. Subject to the outcome of the needs assessment it is anticipated the remaining budget will be used to prepare the local infrastructure, develop and agree multiagency pathways and pilot short term projects.

Reason/s for Recommendation/s

16. It is recommended that the authority develops a robust commissioning plan to deliver the duty requirements during 2021. The proposed arrangements will enable the smooth transition for

² <https://www.gov.uk/government/consultations/funding-allocation-methods-new-domestic-abuse-duty>

current services, whilst addressing the gaps and maintain partnerships with stakeholders across the system.

Statutory and Policy Implications

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

Data Protection and Information Governance

18. Services will be required to adhere to all data protection and governance processes.

Financial Implications

19. The report has been shared with the Director of Finance to consider the points raised in paragraph 7 and 10. The future funding committed by MHCLG is dependent on the Comprehensive Spending Reviews, further information is being sought from MHCLG.

Public Sector Equality Duty implications

20. The duty will require the authority to consider the availability of safe accommodation for all people with protected characteristics, alongside district partners.

Safeguarding of Children and Adults at Risk Implications

21. All domestic abuse survivors' and their children's needs will be aligned with wider safeguarding procedures.

RECOMMENDATION/S

It is recommended that the Committee:

- 1) Acknowledges the legal requirements of the Domestic Abuse Bill and the funding allocation for the County Council from the Ministry for Housing Communities and Local Government (MHCLG) for the provision of support for domestic abuse safe accommodation
- 2) Requests that a commissioning plan is brought back to Committee for consideration by July 2021 for the future procurement of services based on the outcome of work being undertaken on local needs assessment and strategy development
- 3) Authorises the circulation of (internal and external) communications on the Domestic Abuse Bill and Duty.

Jonathan Gribbin

Director of Public Health

Nottinghamshire County Council

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Constitutional Comments (CEH 26/02/2021)

22. The recommendations fall within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (DG 26/02/21)

23. The MHCLG allocation of £1,540,091 per annum to the authority for the delivery of the domestic abuse duty, will be used to fund a proposed extension to the existing services contracts for a further 12 months from the MHCLG financial allocation. This funding equates to £674,000, with a further £100,000 available to provide additional support for the children of those fleeing domestic abuse. The remaining budget will be used to prepare the local infrastructure, develop and agree multiagency pathways and pilot short term projects

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.

- [Commissioning Domestic Abuse Support Services](#) (1 April 2019) – references the support to the Refuge provision across the County
- [Funding for support to survivors of Domestic Abuse within safe accommodation](#) (9 December 2019)
- [Consultation response and preparation for the Domestic Abuse duty](#) (9 November 2020)

Electoral Division(s) and Member(s) Affected

- All

Appendix 1: MHCLG Domestic Abuse Duty Funding Allocation 2021-22

Nottinghamshire CC	£1,540,091.00
Ashfield DC	£31,994.00
Bassetlaw DC	£31,917.00
Broxtowe BC	£32,937.00
Gedling BC	£31,945.00
Mansfield DC	£31,238.00
Newark & Sherwood DC	£31,055.00
Rushcliffe BC	£32,229.00
Total (t2 districts)	£223,315.00
Total t1 +t2 Nottinghamshire allocation	£1,763,406.00



29 March 2021

Agenda Item: 9

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

AGEING WELL CARE HOME CONTRACTS

Purpose of the Report

1. To seek approval to tender and award a Multi Provider Framework Agreement for a period of up to 10 years for Ageing Well Care Home Services.

Information

2. The existing open contract the Council holds with each care home is significantly out of date and requires updating in order to be legally compliant with the Authority's Financial Regulations and the Public Contract Regulations. The tender was due to be issued in April 2020, but due to the pandemic and the impact that this was having on care homes, this was postponed.
3. The Council holds contracts with 165 Ageing Well independent care homes in Nottinghamshire, 70 of which offer nursing care. The homes range from privately owned small homes, often in older buildings, to large, purpose built blocks, often owned by large national organisations. They are located across all areas of Nottinghamshire.
4. Ageing Well Care Homes housing Council contracted individuals at September 2020 are as follows:

District	No. of Residential Homes	No. of Nursing Homes	Total No. of Homes
Ashfield	14	10	24
Bassetlaw	15	11	26
Broxtowe	13	10	23
Gedling	14	13	27
Mansfield	11	8	19
Newark and Sherwood	16	9	25
Rushcliffe	12	9	21
Total	95	70	165

5. Overall the number of care homes in Nottinghamshire has remained fairly static with some care homes exiting the market and other services coming into the market.
6. The pause created by Covid 19 and the learning that has happened during the management of the pandemic has given an opportunity to re-visit the approach that the Council would like to follow.
7. The Adult Social Care and Public Health Strategy with its emphasis on maximising independence and its focus on maintaining people in their own homes calls for a reduction in the use of care home services and this is strongly reflected in the most recent Market Position Statement. Nottinghamshire County Council has been identified as an outlier in the high level of use of residential care, but despite this, there is still an over capacity in the market. This has been further exacerbated by Covid 19 both sadly due to the number of deaths but also to the unwillingness of families to place loved ones in to care settings. Currently there are approximately 4,800 people within care homes within Nottinghamshire, representing 75% of total beds available.
8. Despite all of this, new providers and care home extensions are still a regular occurrence, due to the low land prices in parts of the County and the perception that good profits can be made.
9. Covid 19 has highlighted the current fragility of the care home market. Some homes have had to close and many others have raised concerns about their long term sustainability. A key learning has been around the configuration of homes so that they can safely manage different cohorts of people and which support infection control. Alternative models of care homes are emerging, which have a stronger focus on promoting independence. Other homes have strong links with their communities with alliances with other facilities within the community.
10. There is a definite need to make the care home services offer more agile and fit for purpose for Nottinghamshire's ageing community, with more emphasis on care home provision being for shorter periods and focused at increasing independence. High quality care homes are needed that can support those with extreme frailty and/or dementia.
11. Going forward, the model for care homes needs to reflect the strategic vision around promoting independence and to drive quality over quantity. However, given all of the ongoing challenges faced by care homes in managing Covid 19, there is not sufficient capacity to work with the market at this point to introduce significant changes. The immediate priority is the need to stabilise the market and to consolidate the quality expectations. Any substantial changes to the commissioning of care home provision will take some time to implement; a considerable proportion of the buildings in use are in need of updating to meet current and future demands, such as en-suite facilities for all rooms, small units that can be more easily controlled when infections arise, designated visiting areas etc.
12. It is therefore proposed to issue the current tender as soon as possible, with sufficient flexibility to support a more aspirational approach to the delivery of residential care.
13. This will enable a process to be implemented that is compliant with the authority's Financial Regulations and the Public Contract Regulations and which will ensure that all placements

are properly contracted for. All providers on the Framework will be subject to the same terms and conditions and will have been through a due diligence process before the agreement is entered into.

14. A common end date for the Framework agreement will ensure that the Council takes action at the relevant time e.g. extension of the agreement. The Framework will be initially for five years with an option to extend for a further five years. However, in the lifetime of the contract the Council will work with the providers to develop a ‘fit for purpose’ market strategy for the care home market.
15. If the recommendation is agreed, the timeline for issuing the tender will be agreed as soon as the care home market has stabilised from the effects of the Covid pandemic. It is anticipated that providers will be added to the new Framework approximately five months from the date that the tender is issued.

Other Options Considered

16. This was the only viable option following advice from the Council’s Quality and Market Management Team, Integrated Strategic Commissioning, Corporate Procurement and Legal Departments, although the two following options were given due consideration and discounted for the above reasons:
 - to do nothing – this is not viable due to the risks outlined above
 - to undertake transformational change – this would further delay the tender exercise with the risks associated outlined above. There is a real need to stabilise the market as such a delay would not facilitate this.

Reason/s for Recommendation/s

17. Authorising the tender and award of a Multi Provider Framework will enable a process to be implemented that is compliant with the Authority’s Financial Regulations and the Public Contract Regulations and which will ensure that all placements are properly contracted. All providers on the Framework will be subject to the same terms and conditions and will have been through a due diligence process before the agreement is entered into.
18. The tender reflects the aspirations and direction of travel as identified above. In addition, the tender will also give opportunity to set out an updated specification.

Statutory and Policy Implications

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

Financial Implications

20. The tender and award process will not deal with any changes to existing pricing structure, and thus there will be no financial implications in this regard as a result of this exercise. The projected budget for 2021/22 for Ageing Well care home spend is c£86.4m.

Implications for Service Users

21. The Council has a statutory duty to manage the care market and to ensure that provision is flexible and responsive, supports individual choice and promotes independence. It is also required to ensure that the market is sustainable and able to meet current and future needs.

RECOMMENDATION/S

- 1) That Committee gives approval to tender and award a Multi Provider Framework Agreement for a period of up to 10 years for Ageing Well Care Home Services.

Melanie Brooks

Corporate Director of Adult Social Care and Health

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Constitutional Comments (LW 04/03/21)

22. Adult Social care and Public Health Committee is the appropriate body to consider the content of the report.

Financial Comments (DG 02/03/21)

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

Background Papers and Published Documents

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

None.

Electoral Division(s) and Member(s) Affected

All.

ASCPH754 final



29 March 2021

Agenda Item: 10

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

TENDER FOR THE RAPID RESPONSE HOME BASED CARE SERVICE

Purpose of the Report

1. The report seeks approval to tender for the Rapid Response Home Based Care Service through an open procedure for a single provider.
2. The report also seeks approval to award the contract to the successful bidder for a maximum term of seven years (initial contract term of two years, with an option to extend for up to five additional years. As this service will be purchased through Council's Home Based Care Services Dynamic Purchasing System (DPS) the contract term aligns with those of the other services that are already purchased through the DPS.

Information

3. The Rapid Response Home Based Care Service is one of the services that forms the suite of services that the Council commissions to provide a range of home-based care services to adults in Nottinghamshire. The current contract for this service is due to expire so a procurement exercise is required to secure a replacement service to commence from September 2021.
4. One of the Council's key strategic intentions is to support people to live independently in their own home for as long as possible. The overarching model for Home Based Care and Support Services has been developed to support this intention, bringing together services that will help deliver principles laid out in the Care Act 2014, particularly in relation to the following:
 - to prevent, delay or reduce the development of people's social care needs, so far as possible
 - to work in an integrated, person-centred way, with all other support agencies including those in the third sector.
5. The model has two main elements, short term Reablement services and longer term services for which people require an eligibility assessment.

6. The short term Reablement services focus on avoidance or delay of the need for longer term Home Based Care and Support Services through targeted interventions to maximise independence, supporting people through short term crisis and providing more accurate assessments of need to inform any care planning for longer term services, if required. The Council's Maximising Independence Service (MIS) and the Home First Response Service deliver this element of the model. These two services assist many people to regain or retain independent living skills and as a result reduce the need for ongoing Home Based Care and Support Services.
7. The second element of the model addresses the needs of people who require longer term or ongoing services. Whilst these services are for people with longer term care needs, they are nevertheless based on an ethos of promoting independence. They should encourage people to retain and regain their confidence and independent living skills and over a longer period to reduce their dependency on care services. This requires providers to work in a different way, to take a more person-centred, enablement focused and flexible approach. Services are therefore commissioned as outcome-focused care and individuals who use the services become partners in care, designing and co-producing their own care plans and agreeing desired outcomes.
8. The model was created in collaboration with a range of stakeholders, providers, staff and a group of carers and people who use services. The 'Experts by Experience' group worked together to influence the model and delivery of Home-Based Care and Support Services in the County. They defined a vision for services, which is included in the "Experts by Experience Home Base Care Charter": *To "Support people to live in their own home as independently as possible and with dignity through the delivery of good quality individual care "*. The full Charter is attached as **Appendix A**.

The Rapid Response Home Based Care Service

9. The Rapid Response Home Based Care Service is a county-wide, short term service which provides extra home based care capacity at times of greater pressure so complements and supplements both Reablement and longer term existing services where and when needed. The service will adopt a Reablement approach, it will support and encourage people to regain and/or retain independent living skills and to gain in confidence. Support may be required for a period of just a few days up to a few weeks.
10. The aim of the service is to ensure that temporary support for people can be put in place very quickly, to allow time to plan and arrange the home based care and support service that would be most appropriate, either a short term home based reablement service or a longer term home based care service. It can also be used in situations where a home based care provider is suddenly or unexpectedly unable to deliver its contracted services and alternative provision is needed very quickly pending the situation being resolved or longer term plans being put in place.
11. The service will ensure that people receive the right support at the right time, which in turn will help to avoid:
 - dependence on a service that is no longer needed or appropriate
 - inappropriate admission to residential care homes or hospital
 - longer than necessary hospital stays (delayed discharges).

12. People using the service will be adults aged over 18 years. Most will be older adults (aged over 65 years) but some younger adults may also need a service. People will have identified social care needs and potentially some health care needs. This could include people with dementia, people with physical disabilities and long term health conditions.

Current Position

13. The current Rapid Response Home Based Care and Support Service contract was awarded to AMG Nursing & Care Services in 2019. The contract was issued for one year with a further year extension and as this is due to expire a tender exercise is required to identify a provider ready for September 2021.
14. As this is a supplementary service and only used when required it is not a block funded arrangement and there is no guarantee of commissioned hours or numbers of referrals. However, during 2019/20 the average number of people using the service at any one point in time was 20-25. Usage has risen more recently during the Covid 19 pandemic due to increased pressure on hospitals and the impact of short term staff shortages in some care agencies. At one point it rose to 75 people for a short period of time.
15. The intention is for the Rapid Response Home Based Care Service to be procured through an open procedure for a single provider on the basis that:
 - there is no guarantee of commissioned hours and limited work for multiple providers
 - there is an advantage in having a separate contract from the main services as it offers additional and ad hoc capacity which can be called on in times of increased demand
 - there is an advantage in having a separate contract from the main contracts as it offers additional capacity in times of unexpected events such as infection control issues e.g. Covid 19 or provider failure.
16. The initial contract term will be for two years, with an option to extend for up to a further five years. This service will be purchased through the Council's Home Based Care Services Dynamic Purchasing System (DPS) so the contract term will align with those of the other services that are already purchased through the DPS. As the Home Based Care Services DPS is a joint initiative with the Clinical Commissioning Groups (CCGs) the NHS Contract has to be used even though the Council is the lead commissioner.
17. The main home based care contract was established in 2018 so has two years to run before the initial term expires and the option for a further five years is considered. So establishing this contract for the Rapid Response service as two years followed by an option for a further five years will bring it in line with the main DPS contract. However, as with most contracts there is a clause which allows the Council to terminate the contract before the end date should it be necessary.

Other Options Considered

18. Other options that have been considered are:

- to not re-tender for this service - this would leave the Council in a vulnerable position in the event of needing to secure some additional home based care capacity at short notice or in a crisis as the Council would not have the necessary legal contracts in place to commission such a service
- to increase the capacity in the existing short term services - as already indicated in **paragraph 15** there is an advantage in having a separate contract from the main services as it offers additional and ad hoc capacity which the Council can call upon in times of need without guaranteeing a number of referrals or financial commitment.

Reason/s for Recommendation/s

19. The Council is required to follow due process and proceed with the tender for this service as the current contract is due to expire and without a similar service being put in place the Council would be vulnerable in the event of increased pressure on the home based care market.

Statutory and Policy Implications

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

Data Protection and Information Governance

21. A full Data Protection Impact Assessment is being undertaken.

Financial Implications

22. The cost of this service will be included in the overall budget of £18.374m for home based care services in 2020-21. For 2019-20 the spend incurred was £701,470.

Public Sector Equality Duty implications

23. The nature of the services being commissioned mean they will affect older adults and people with disabilities, including people who have multiple and complex health and social care needs. The Council completed an Equality Impact Assessment to consider the implications of the Home Based Care model and DPS on people with protected characteristics.

Implications for Service Users

24. 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 and to ensure these services are flexible, sustainable and able to meet current and future needs.

RECOMMENDATION/S

That Committee:

- 1) approves the commencement of the tender for the Rapid Response Home Based Care Service through an open procedure for a single provider.
- 2) approves the award of the contract to the successful bidder for a maximum term of seven years (initial contract term of two years, with an option to extend for up to five additional years).

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Constitutional Comments (AK 04/03/21)

25. This report falls within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (DG 02/03/21)

26. As stated in **paragraph 22**, the cost of this service will be included in the overall budget for home based care services, which in 2020-21 was £18.374m.

Background Papers and Published Documents

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

[Tender for older people's home based care and support services - report to Adult Social Care and Public Health Committee on 12 June 2017](#)

[Update on tender for home based care and support services - report to Adult Social Care and Public Health Committee on 13 November 2017](#)

[Update on tender for home based care and support services - report to Adult Social Care and Public Health Committee on 12 March 2018](#)

[Update on Tender for Home Based Care and Support Services - report to Adult Social Care and Public Health Committee on 9 July 2018](#)

Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All.

ASCPH755 final

Experts by Experience Home Based Care Charter

“Our Vision for Homecare in Nottinghamshire”

Developed by people who live with, or have lived with, the need for care at home.

We think the purpose of Homecare is –

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

We want everyone to know that we value and respect the support we receive from home care workers. They currently enable us to:

“Live with my partner at home”

“Carry on caring for my husband the other 23 hours a day”

“Have the strength to carry on caring “

We want all home care workers in Nottinghamshire to:

- Be caring, dedicated, show warmth and understanding
- Be reliable and on time
- Be confident, engaging and have a can do attitude
- Be well trained and supported by the Provider they work for
- Be valued, respected and involved in the reviews about the people they support
- Have good up to date information about the people they work with so they know what is expected of them and how to support a person well

This means home care Providers and their managers in Nottinghamshire must ensure;

- They listen to the person and their family and check the quality of the care provided to make sure it works for them
- Their staff are listened to and are confident enough to share concerns with their managers.
- Staff are well trained and supported
- Staff have regular appraisals to identify their development and training needs, which then form the basis of the organisations on-going training and support
- Individuals, their families and care staff are involved in the development of Care Plans and these are kept up to date

Appendix A

- There are clear back up plans in place for individuals that (which) prioritise what matters to people and all care staff are informed of these before they start working with a person
- They ask individuals and their families how they can improve the quality of what they are doing and work with these people to make changes when needed

Communication – For us the most frustrating aspect of getting care right is communication between the person receiving support, care worker and Provider office staff. Experience shows this to be frequently poor, causing us unnecessary stress and anxiety

- Providers must ensure that all office staff understand the importance of keeping care staff and the person and the families they support informed of changes that impact upon the provision of care
- Everyone involved has up to date contact details so they know who to get in touch with and calls are answered
- Individuals and families receiving care are always told in advance if there are changes to the time, personnel how their support will be provided
- Complaints are dealt with immediately and effectively to achieve a satisfactory outcome



29 March 2021

Agenda Item: 11

REPORT OF THE SERVICE DIRECTOR, AGEING WELL SERVICES

WELLBEING CALLS

Purpose of the Report

1. The purpose of this report is to seek approval for the establishment of 3.5 temporary full time equivalent Community Care Officer (Grade 5) posts for 12 months to deliver Wellbeing Calls as set out in this report.

Information

2. The Contain Outbreak Management Fund has been made available to local authorities to support proactive containment and intervention measures during the Covid pandemic. This includes an element that can be used to support people and communities, vulnerable groups and improve mental wellbeing. A previous report was approved by Committee on 11th January 2021 which agreed the objectives and breakdown of the funding.
3. Within the grant funding of £140,000 has been allocated to pro-actively identify people aged 55 plus who may benefit from a 'Wellbeing MOT' call. The aim is to link people into existing services provided by the Community Hub (food shopping, social links), as well as other preventative services provided by partners in the County. It will also offer information, advice and support to help people plan for later life e.g. consideration of housing options, Advance Care Planning.
4. It is proposed that the following posts are created and based in the Council's Maximising Independence Service to provide the additional capacity to undertake these calls.
 - 3.5 Full Time Equivalent (FTE) temporary Community Care Officers (Grade 5), at a cost of £124,943, for 12 months (up to 31st March 2022).
5. It is proposed that this support focuses on contacting people pro-actively for early intervention who would not be raised through GP Primary Care Networks for e.g. Social Prescribing/Care Navigation. As the calls will be undertaken in social care's Maximising Independence Service, if they have potential needs that social care can support with a period of re-ablement/enablement or other social care support, then this can be provided or

arranged directly. The service has good links with Community Health and will be able to refer to them for any relevant health needs.

6. It is known that many people do not plan early enough for their housing options in later life. By the time they are in contact with social care it is often too late because they are in a crisis, potentially in hospital. The service will therefore also provide information and support with active planning for ageing well. The Choosing Where to Live Guide is one good example of the types of questions that people need to think about when deciding whether or not to move home and can be found at the following link:

[Choosing where to live | Advice guide | Independent Age](#)

7. The service will use a variety of ways to pro-actively identify people who may not be getting information and advice from other routes. Different approaches will be tested to see which are most effective. This includes for example:
 - a) contacting people aged 55 plus who are discharged from hospital with no support. Other local areas have done work to identify a number of people who were struggling in the short term with the reality of being back at home from hospital, with practical and emotional issues. Pro-active intervention at this point was found to reduce re-admissions. Examples include work done in Brighton and Hove, as well as Leicestershire, Leicester and Rutland.
 - b) using the approach that the Local Resilience Forum successfully used to target people to contact potentially vulnerable people to link into Community Hub services, using data shared across partners through the General Practice Repository of Clinical Care (GPRCC).
8. The work will be evaluated and will inform the review of the Department's Prevention Strategy and services. This process will consider the outcomes of this one year scheme and, if successful, how these can be embedded within local systems into business as usual.

Other Options Considered

9. Other options have been considered as part of the development of this proposal, which is based on evidence of successful projects elsewhere such as Brighton and Hove, Leicestershire, Leicester and Rutland.

Reason/s for Recommendation/s

10. The proposal in this report will enable a proactive approach to contacting people to check that they are safe and well, connect people into the advice and support that they may need during the Covid 19 pandemic and support people to plan for their future lives.

Statutory and Policy Implications

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

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

Financial Implications

12. The cost of the posts is £124,943, plus a small budget of £8,497 for staff ICT and mileage, as well as £6,560 for small items of equipment to support independent living. The funding for all these three elements is available within the £140,000 allocation within the Contain Outbreak Management Fund Grant.

Human Resources Implications

13. The posts will be recruited to on 12 month contracts in line with Nottinghamshire County Council policies.

RECOMMENDATION/S

- 1) That Committee approves the establishment of 3.5 temporary full time equivalent Community Care Officer (Grade 5) posts to deliver Wellbeing Calls, based in the Maximising Independence Service for a period of 12 months up to 31st March 2022.

Sue Batty
Service Director – Ageing Well Community Services

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Constitutional Comments (EP 01/03/21)

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

Financial Comments (ZB 04/03/21)

15. The cost of 3.5fte temporary Grade 5 posts for 12 months is £124,943, plus additional costs of £15,057 as detailed in **paragraph 12**. The total expenditure of £140,000 will be funded by the Contain Outbreak Management Fund, which was agreed at the 11th January 2021 Adult Social Care and Public Health Committee meeting.

HR Comments (SJJ 17/03/21)

16. The temporary posts will be recruited to fixed term contracts in line with the Authority's employment policies and procedures. The report has been shared, for information purposes, with the relevant recognised trade unions.

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.

[Contain Outbreak Management Fund – report to Adult Social Care and Public Health Committee on 11th January 2021.](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH752 final



29 March 2021

Agenda Item: 12

REPORT OF THE SERVICE DIRECTOR, AGEING WELL SERVICES

HOSPITAL DISCHARGE ARRANGEMENTS

Purpose of the Report

1. To update Committee on the impact of the national Discharge to Assess (D2A) implementation fund ceasing on 31st March 2021 if no alternative NHS funding is available and to seek approval to establish seven temporary posts for 12 months at the Mid Notts Integrated Discharge Hub in order to maintain social care discharges whilst a joint discharge improvement project is undertaken with all partners.

Information

2. Nottinghamshire County Council's statutory duties relating to Hospital Discharge are set out in the Care Act 2014 and work to timescales of discharging people within 48 hours of them being referred.
3. In order to support freeing up hospital beds during the Covid pandemic, new national NHS Hospital Discharge guidance was issued in March 2020 and revised in August 2020. Implementing the new policy requires the Council to work to different standards to those set out in the Care Act, including:
 - faster response timescales to discharge people, both for social care staff in the Integrated Community Discharge Hubs as well as for home care providers
 - social care support for more people who require larger packages of care to return home
4. A new national NHS fund was established to fund implementation of the NHS Hospital Discharge policy. This could be used for any services required to facilitate people's discharge from hospital, or avoid a hospital admission, which was over and above that already funded by health and social care. National funding of £588M was made available to local authorities and Clinical Commissioning Groups (CCGs) to support this new policy, with the funding held and monitored locally and administered by CCGs. This national fund has been used for a range of interventions and is in place until 31st March 2021. As yet there is no commitment to extend this specific scheme, despite the expectations that the new operating models as set out and implemented under the Hospital Discharge policy should continue. The statement made by the Secretary of State for Health and Social Care

on 18th March signalled £594 million for the NHS to support safe hospital discharge, however, at the time of writing the report it is not clear as to how this will be accessed or used across the system. Negotiations with partners will continue on this.

5. Despite the pandemic, the additional national funding has enabled faster discharges for people supported by social care; in 2019/20, 32% of people were discharged on the same or next day that they were well enough to go home; in 2020/21 this figure rose to a maximum of 52% of people.
6. There has, however, been feedback from individuals, families and Healthwatch that this increased speed has not been positive for everyone. It has not always co-ordinated all elements and has not enabled sufficient focus on strength based conversations with people and their carers as part of planning their discharge.
7. Positively the new model adopts a homefirst approach so that more people go home directly and the Council has supported more people home with larger packages of care at point of discharge. During the Council's Covid Emergency Response the additional capacity to do this has been provided in two ways; through use of the temporary national D2A money and also diverting community based service capacity into the hospitals. The reason for diverting community capacity into the hospitals was taken due to the risk of threat to life that would be caused if the hospitals were overwhelmed and unable to admit people needing a bed.
8. In October 2020 the Nottingham and Nottinghamshire Integrated Care System Recovery Cell completed a system wide evaluation of the impact and benefits of the D2A model. Significant benefits were identified regarding speed of discharge, more people being supported in the community and lower bed usage. The potential of the national D2A implementation funding ceasing was identified as a key risk to sustaining the model and to mitigate this a sub group was established to develop a Commissioning Plan for the right integrated workforce, re-ablement, rehabilitation and care services to sustain a D2A model that will meet the needs of local populations. This work is due to be completed later in the year with the aim of changes starting to come into effect from October 2021.
9. As the risk level in hospitals reduces steadily and the Council move into recovery phase from April, the Council needs to ensure that service delivery moves back to focusing on need and risk, regardless of the setting, including balancing risks associated with age, physical and mental health in line with Care Act statutory duties. This capacity is a key part of the Council's Care Act prevention offer to avoid unnecessary admission to hospitals and residential care homes.
10. As part of the Covid Emergency Response and implementation of the new discharge model, a total of 14.5 additional temporary staff have been recruited into the Integrated Discharge Hub aligned to Sherwood Forest Hospital Trust (SFHT). This has been provided through a combination of additional temporary agency staff using the Covid Workforce Grant (which ceases on 31st March 2021) and by redeploying staff from across Ageing Well Community Services. These arrangements end on 31st March.
11. SFHT has seen an increase in people needing supporting from the hub and pressures on staffing due to illness. An initial review also found that staff within Adult Social Care and the Hospital were working in ways that added process and took time away from person facing support for discharge. An improvement plan is being developed with partners and subject

to this being agreed, it is recommended that seven temporary additional staff are recruited to support the SFHT Hub to give time for the Trust and the Council to complete this work and ensure the benefits of the existing ICT interoperability project are retained and built on. The Council's social care Simplifying Processes project was delayed this year due to Covid 19 pressures and the hospital discharge improvements will need to form part of this overall year long programme to ensure that it all links together. Approval is therefore requested to establish the following posts for a maximum of up to 12 months with an initial six month contract management review at five months in order to make a decision on whether a further six month contract extension is required:

- 5 FTE Social Workers (Band B): £245,930
- 2 FTE Community Care Officers (Grade 5): £71,396

These posts will not be recruited to without partners jointly signing up to an improvement plan and trajectory that meets the Council's needs.

12. National discussions are underway between the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA) and the NHS regarding the impact of ceasing the D2A national funding. Nottinghamshire County Council is unable to accept a social care burden as a result of NHS policy and it is hoped that this is resolved either nationally or locally. The Corporate Director for Adult Social Care and Health has taken a report to the Integrated Care System Executive Board that sets out the funding gap created by the new policy and sets out the level of resource which will be returned to from baseline budgets from 1st April without this. Implications for the Council have been shared regionally and nationally through ADASS and the LGA. The current assessment is that the overall additional cost to the Council of moving to the D2A model is approximately £2.75M.

Other Options Considered

13. Options have been put in place in the short term to cover the emergency period, however they are not sustainable in the medium to long term.

Reason/s for Recommendation/s

14. There are improvements that can be made both to the Council's processes as part of the Simplifying Processes project, as well as the Trust's processes. These will take time to complete, however, because they will need to be part of the Council's overall project and changes to the Mosaic database. The additional temporary staff are required in order to avoid people being delayed in hospital for longer periods than are set out in the Care Act.

Statutory and Policy Implications

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

Financial Implications

16. The one-off funding of £317,326 can be met within existing departmental reserves.

Human Resources Implications

17. The recruitment to these posts will be undertaken in line with the Council's recruitment procedures.

Smarter Working Implications

18. Although the post holders would ordinarily be office based and undertake face to face visits, due to the current emergency response to the pandemic the expectation is that post holders will be home based. This will be kept under review as Government guidance changes.

Implications for Service Users

19. Every effort will be made to improve systems with partners and ensure that as many people return home from hospital as close as possible to the day they are well enough to do so. With the requirements of the new model, however, alongside the sustained increasing numbers of people the Council is now working with since March, if the additional staffing is not in place then the new timescales will not be able to be achieved for everyone.

RECOMMENDATION/S

- 1) That Committee approves the establishment of the following posts for a maximum of up to 12 months:
 - 5 FTE Social Workers (Band B)
 - 2 FTE Community Care Officers (Grade 5)

Sue Batty
Service Director, Ageing Well Services

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Constitutional Comments (CEH 18/03/21)

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

Financial Comments (ZB 18/03/21)

21. The cost of these temporary posts is £317,326 for one year as detailed in **paragraph 11**, funded from departmental reserves.

HR Comments (WI 18/03/21)

22. Recruitment to these posts will be undertaken in line with the Authority's recruitment procedures and the successful candidates will be appointed on fixed term contracts for the duration described in the report. The report has been shared, for information purposes, with the relevant recognised trade unions.

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.

- COVID-19 Hospital Discharge Service: Policy and Operating Model, 21st August 2020
- National Phase 3 letter, dated 31st July 2020
- Nottinghamshire letter dated 10th September 2020
- Nottinghamshire County Council's response to the DH, Winter Plan 2020

Electoral Division(s) and Member(s) Affected

All.

ASCPH753 final



29 March 2021

Agenda Item: 13

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

PROPOSED INCREASES IN FEES FOR INDEPENDENT SECTOR ADULT SOCIAL CARE PROVIDERS, DIRECT PAYMENTS AND OTHER CHARGES

Purpose of the Report

1. To advise Committee of the application of annual inflationary increases for care and support services purchased from independent sector social care and support providers.
2. At Full Council on 25th February 2021, Members approved the allocation of £6.126m to meet provider cost pressures arising from the impact of the National Living Wage (NLW) and Fair Price for Care inflation for 2021/22. This report now seeks Committee approval for the proposed distribution of £6.126m fee increases to independent sector care and support providers across the different adult social care services.
3. To seek approval to increase the Ageing Well care home fees in line with the 'Fair Price for Care' agreed inflation calculation and National Living Wage increase.
4. To seek approval to increase the fees for Living Well residential and nursing care placements.
5. To seek approval to increase the fees for Home Care, Housing with Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision.
6. To seek approval to increase the charge for brokerage.
7. To seek approval for the fee increases to be effective from 5th April 2021 to align with the payment cycle for the new financial year.

Information

The Care Act 2014

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

manage their own care and support services, through the use of Direct Payments, and for people who fund their own care and support.

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

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

Implementation of the National Living Wage from April 2016

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

The Budget

11. The Council's net budget for adult social care and health in 2021/22 is £219m, with a gross budget of £414m. 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 2021/22 are broken down as follows:

Area of service	Budget
Care Home placements – Ageing Well	£86.4m
Care Home placements – Living Well	£58.5m
Home care services	£24.0m
Supported Living services	£50.0m
Direct Payments	£40.9m

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 2,732 as at the end of January 2021. This includes those individuals who are residents of the County but who have chosen to live in a care home in another part of the country.
13. The Council also commissions a range of care and support services such as Home Care, Supported Living and Day Care services from independent sector providers to help people to remain living independently in their own homes. As at the end of January 2021, there were 7,572 people receiving community-based care and support services,

based on their eligible needs, across all service user groups. People accessing care and support services are required to contribute to the cost of these services in accordance with their financial circumstances and based on a financial assessment. Some service users will be meeting the full cost of their care.

14. The Council also commissions a range of carers support services which aim to help carers to continue with their caring duties. These services include information and advice and one-off support or on-going services, including short breaks provision, to approximately 3,947 carers. Many of these services are delivered through a Direct Payment.

Proposals for fee increases from April 2021

15. In April 2021, the National Living Wage (NLW) will increase from £8.72 per hour to £8.91 per hour for people aged 23 years and over which is a 2.18% increase for those aged over 25 years and a bigger increase for those aged 23 and 24 who have now been included within this group. At the same time the National Minimum Wage (NMW) for 21-22 year olds will increase 2.0% to £8.36. The 18-20-year olds will increase by 1.7% in 2021 to £6.56 per hour. In anticipation of the cost pressures in social care arising from this increase, a further £3.964m has been allocated to the Department's base budget to be applied to adult social care services commissioned from independent sector providers.
16. With the exception of the Ageing Well banded Care Homes in Nottinghamshire the inflationary increase relates directly to the increase in NLW contributions so the proposed percentage uplifts by service vary from 1.56% up to 2.45% according to the proportion of the current fee that is directly staff related.

Ageing Well Residential and Nursing Care Home Provision

17. The Council has a proactive approach to ensuring that it meets its legal duty in taking account of the cost of care and ensuring a sustainable market across the whole County. It currently has a fee structure that is based on five quality bandings that are determined by an annual quality audit of the homes. This method of payment includes an inflation-linked fee increase to be applied annually using indices that were agreed as a part of a previous 'Fair Price for Care' exercise. This increase is paid to all banded Ageing Well care home providers.
18. In addition to this since 2016 additional increases have been approved in line with the cost of the National Living Wage.
19. It is proposed that a 2.49% increase is applied across all Ageing Well care home provision within Nottinghamshire. This is the combination of the increase relating to the increase in the NLW for staffing and an increase relating to other inflationary cost pressures in accordance with the Fair Price for Care indices. The table below outlines the current weekly fee levels and the proposed weekly fee levels to be applied from April 2021:

Care Home Banding	Proposed Fee 2021/22 Care Home (current fee)	Proposed Fee 2021/22 Care Home including DQM Payment** (current fee)	Proposed Fee 2021/22 *Nursing care (current fee)	Proposed Fee 2021/22 *Nursing care including DQM Payment (current fee)
Band 1	£505 (£493)	£520 (£508)	£549 (£536)	£561 (£547)
Band 2	£561 (£547)	£619 (£604)	£629 (£614)	£678 (£662)
Band 3	£596 (£582)	£651 (£635)	£662 (£646)	£713 (£695)
Band 4	£610 (£595)	£663 (£647)	£676 (£660)	£727 (£709)
Band 5	£628 (£613)	£684 (£667)	£696 (£679)	£744 (£726)

*For all care homes with nursing, the above fee levels are net of Funded Nursing Care contribution which was set at £183.92 per person per week in April 2020. The Clinical Commissioning Groups (CCGs) fund and administer this element of the fee.

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

20. There was a planned programme to review the Quality Audit Tool (QAT) in 2020 following the implementation of a new tool in 2019, but due to the pandemic this was delayed and will now commence in April 2021. The planned review will be collaborative including partners from the Clinical Commissioning Group (CCG), Care Quality Commission (CQC) and more importantly the Providers. The evaluation will be completed in August 2021.
21. The review of the quality bandings/DQM commenced late 2019 in partnership with the Nottinghamshire Care Association and other providers. A plan was established to review current processes with the market in early 2020, unfortunately this was put on hold and there is a plan to re-commence the review in April 2021 with any changes to be implemented April 2022.
22. The Ageing Well care homes contract specification review commenced in late 2019. There were four provider events in 2019 to support providers with the procurement process and to also feedback on the planned changes to the specification/contract terms and conditions. The procurement process for early 2020 was delayed due to Covid. It is hoped that the procurement process commences in April 2021 for the new contracts to be issued in 2021. The Council still plans to use the standard NHS Contract, as it has done for Home Based Care, with a specification designed to meet local need. In using this standard contract, it will be less burdensome on providers as

there is greater consistency and expectations from commissioners when we work together. There is a report on the agenda of this meeting of the Committee seeking approval for commencement of the tendering process for Ageing Well care homes.

Living Well residential and nursing care home provision

23. Fee levels for Living Well residential and nursing care home provision are negotiated and commissioned via the Dynamic Purchasing System (DPS) with the care home providers on an individual basis based on the specific needs of the service user. In many cases, the fees have previously been determined through the use of the 'Care Funding Calculator' which is a widely recognised tool, used by many health and social care commissioners as it enables value for money considerations and provides a useful means of benchmarking the cost of complex care across the region.
24. Since 2016 additional increases have been approved in line with the cost of the National Living Wage.
25. It is proposed that a 1.66% increase is applied to all Living Well care home provision to cover the increase in the National Living Wage except in the following circumstances where the uplift will be decided on an individual basis:
 - a) Out of Area packages under £3,000 per week, which will be increased in line with the uplift applied in the relevant Local Authority area
 - b) Packages negotiated in the three months prior to the Committee decision. For these packages an uplift will not be automatically applied as the fees will reflect up to date costings. Where this is not the case providers can contact the department with the appropriate evidence that an uplift is required in order to meet the NLW requirements.
 - c) Packages over £3,000 per week. For these packages an uplift will not be automatically applied as fees should already be covering an enhanced pay level for the staff required to deliver these specialist services. Where this is not the case providers can contact the department with the appropriate evidence that an uplift is required in order to meet the NLW requirements.

Home based care, Housing with Care and Supported Living services

26. Home based care, Housing with Care and Supported Living services are subject to market testing through competitive tender processes on a regular basis, usually every 3 – 5 years. Tendering provides the Council with the opportunity to test the market through an open and transparent competitive process in order to seek best value from providers.
27. Following the completion of the tender for Home based care and Housing with Care services in 2018/19, new contracts were awarded to a number of 'Lead providers' (with the exception of one scheme that was procured separately and has a different provider), each covering a large geographical area based on district council boundaries. 'Additional providers' are also contracted to supply care to supplement the lead

providers. There are also a small number of spot contracts from legacy arrangements that are reducing over time.

28. In October 2020 a procurement exercise was completed and 23 domiciliary care providers were awarded supplementary contracts. These additional providers were sought to support the on-going demand for home care in Nottinghamshire. There are now 49 providers that have contracts with Nottinghamshire County Council.
29. In addition, the Dynamic Purchasing System (DPS) can be used to procure individual packages of care.
30. The above contracts do not require the Council to apply an annual inflationary increase.
31. Since 2016 increases have been approved in line with the cost of the National Living Wage.
32. It is proposed that a 1.56% increase is applied to 'Lead', 'Additional' and 'Supplementary' contracted Home-based care and Supported Living services and 1.80% is applied to Housing with Care services. Legacy arrangements will be negotiated in line with the Lead and Additional provider rates.

Day Care Services

33. The Council has established matrix rates for internal day services, based on the following categories, reflecting their levels of need. It is proposed that a 1.65% increase is applied to all externally commissioned day services. The table below outlines the current weekly matrix levels and the proposed weekly fee levels to be applied from April 2021:

	2020/21	2021/22
Complex needs	£37.63 per session	£38.25 per session
High level needs	£19.41 per session	£19.73 per session
Medium level needs	£13.74 per session	£13.97 per session
Low level needs	£9.47 per session	£9.63 per session
1:1 support	£12.10 per hour	£12.30 per hour

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

Shared Lives Services

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

care costs by the County Council. The table below shows the gross payment made up of these elements:

Service User need level	Current gross payment to shared lives carers per week 2020/21	Proposed gross payment to carers per week in 2021/22
Basic	£236.20	£239.88
Low	£353.60	£359.12
Medium	£492.21	£499.89
High	£644.55	£654.60
Complex	£922.89	£937.29

37. It is proposed that the current rates are increased by 1.56%. In addition to this it is recommended that the contribution to food and bills which is paid by the service user is increased per night to £9.20 per night (£64.40 per week). The proposed increase to the nightly charge is based on the fact that Universal Credit will increase by 0.5% in April 2021.

Direct Payments

38. Since 2016 the rates for Direct Payments have been increased in line with National Living Wage.
39. It is proposed that a 2.45% increase is applied to Direct Payment personal assistant (PA) packages. A Direct Payment is where the service user receives an amount of money directly from the Council for their care costs. They then employ personal assistants directly to support them. This increase will take the basic rate for 2021/22 to £12.24.
40. The amount of increase applied for Direct Payments provided through home care agencies or Supported Living providers may vary depending on the providers' existing hourly rates, so where a home care provider's rate is above the rate of the Lead or Additional provider operating in the same geographical area, the Council will not automatically apply the rate increase. Any increase to be applied will be determined on a case by case basis depending on the needs and circumstances of the individual service user, at point of review.

Sleep-in provision

41. In order to ensure that the National Living Wage and overheads can be paid for all hours covered by sleep-in provision, it is proposed to increase the rate by 2.17% to £99.43 per night.

Proposals for charges – non-direct care provision

Transport

42. It is proposed that a 0.5% increase in transport charge from £9.50 to £9.55 in line with inflationary cost increase from April 2021.

Assistive Technology – Service Charge/Call monitoring

43. It is proposed to increase the charge by 0.5% from £2.00 to £2.01 per week. Mobile telecare devices will be provided in some limited circumstances from April 2021, which will carry an additional charge of £1.50 per week (£3.50 total) to recover the additional service charges incurred with these devices.

Assistive Technology – 24 Hour Home Care Response service

44. It is proposed to increase the charge by 0.5% from £9.55 to £9.60 per week in line with the annual inflation increase from April 2021.

Deferred Payment Scheme

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

Appointeeship charge

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

Deputyship charge

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

Fee Type	Cost
Application Fee	£385
Work up to date of Order	£745
Work up to 1 st anniversary	£775
Work up to 2 nd and subsequent anniversaries	£650
Property Fee, due on anniversary of Order and on completion of sale of property	£300
Annual Report Fee, due on submission of report	£216
Tax Return Fee	Use accountants
Winding Up Fee	£375
Short order	3.5% of net assets (if net assets are below £16,000)
Travel Cost	£40/hr

Brokerage charge

48. It is proposed that a 0.5% increase will be applied to the current brokerage charge of £10.39 to £10.44 for a four-weekly charge equating to £135.75 per annum.

Other Options Considered

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

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

Implications for Service Users

53. The Council has a statutory duty to ensure there is 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

54. £6.126m has been added to the Department's budget for 2021/22 and any costs over and above this will need to be met from within the departmental budget.
55. The ongoing cost pressures arising from the impact of the NLW have been built into the Council's Medium-Term Financial Strategy as approved by Full Council in February 2021.

Human Resources Implications

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

Public Sector Equality Duty Implications

57. This allocation of fee increases to meet NLW and NMW cost pressures should help to ensure that the services continue to be sustainable and that providers remain financially viable following the further increase in the NLW for over 23s from £8.72 to £8.91 per hour and increase in NMW for 21-22 year olds from £8.20 to £8.36 and for 18-20 year olds from £6.45 to £6.56 per hour.

RECOMMENDATION/S

That the Committee:

- 1) approves the proposed distribution of £6.126m of fee increases to independent sector social care and support providers across the different adult social care services related to the further increase in the National Living Wage from 5th April 2021
- 2) approves the increase in Ageing Well Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation
- 3) approves the fee increases for Living Well residential and nursing home care placements
- 4) approves the fee increases proposed for Home Care, Housing with Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision
- 5) approves the increases in charges for other non-direct care provision.
- 6) approves that all the fee increases be effective from 5th April 2021 to align with the payment cycle for the new financial year.

Melanie Brooks
Corporate Director, Adult Social Care

For any enquiries about this report please contact:

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Constitutional Comments (LW 03/03/21)

58. Adult Social care and Public Health Committee is the appropriate body to consider the content of the report.

Financial Comments (KAS 01/03/21)

59. The financial implications are contained within **paragraphs 54 and 55** of the report. £6.126m has been included within the Department's budget for 2020/21 and any costs over and above this will need to be met from within the departmental budget.

Background Papers and Published Documents

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

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

[Annual budget 2021/22 – report to Full Council on 25th February 2021.](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH759 final



29 March 2021

Agenda Item: 14

REPORT OF THE DIRECTOR FOR TRANSFORMATION AND SERVICE IMPROVEMENT

EXTENSION OF TEMPORARY POSTS IN THE DATA INPUT TEAM

Purpose of the Report

1. The purpose of this report is to seek approval for the Adult Social Care and Health Department to continue to fund 5 full time equivalent (FTE) temporary Business Support Administrator (Grade 3) posts in the Data Input Team, for a period of 12 months from 1st April 2021 to 31st March 2022.

Information

2. The Data Input Team sits in the Council's Business Support function within the Chief Executive's Department. This team provides business support solely to the Adult Social Care and Health Department, in order to commission packages of care and support on the Council's social care case management system, Mosaic.
3. The Data Input Team has a permanent staffing establishment of 10 FTE Business Support Administrator posts. Where peaks in activity have occurred, the Adult Social Care and Health Department has funded additional temporary posts within the Data Input Team in order to undertake this work, to support operational teams and ensure the timely and accurate commissioning of packages of care and support.
4. In addition to the 10 FTE of staff within the permanent Data Input Team structure there are currently 5 FTE of temporary Business Support Administrators, whose contracts are due to expire on 31st March 2021.
5. As a result of Covid 19, the Data Input Team has continued to experience a high workload. The reasons for this include the move to ensure that social care staff were available to support discharges from hospital seven days a week during the early stages of the pandemic; the need to modify the work flow in Mosaic in order to support the department's emergency response to the pandemic; and in line with national guidance, the need to review all packages of care and support that were funded by Health between 19th March and 31st August 2020.

6. The Adult Social Care and Public Health Service Improvement Programme for 2021/22 to 2023/24 was approved by the Adult Social Care and Public Health Committee on 11th January 2021. The Programme includes a Simplifying Processes project, the purpose of which is to make sure that the department's processes are easy to use, fit for purpose and support a strengths-based approach. The Simplifying Processes project's overall aim is to reduce the amount of time staff spend completing forms and processing information and increase the time spent having strengths-based conversations with people. It is anticipated that as an outcome of this work the time taken to commission packages of care and support in the Mosaic case management system will reduce.
7. Funding the 5 FTE temporary Business Support Administrator (Grade 3) posts within the Data Input Team for a further period of 12 months will allow the department to fully implement the benefits of the Simplifying Processes project. The cost of the extension of the posts, which will be funded through departmental reserves, is £131,062.

Other Options Considered

8. An alternative option would be to allow the current temporary contracts to expire on 31st March 2021. However, this approach would compromise the quality of information in the Mosaic system, which in turn would have a detrimental impact on the accuracy of the invoices sent to the people the Council supports who contribute towards the cost of their support; the department's ability to pay providers in a timely way; and on the department's budget monitoring capability.
9. Extending the temporary posts for a period of six months only has also been considered, however, it is unlikely that the full benefit of the Simplifying Processes project will have been realised within that time scale.

Reason for Recommendation

10. Funding the 5 FTE temporary Business Support Administrator (Grade 3) posts within the Data Input Team for a further period of 12 months will allow the department to manage the current high workload being experienced by the team, while the benefits of the Simplifying Processes project are being fully implemented.

Statutory and Policy Implications

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

Financial Implications

12. The cost of extending the funding for the 5 FTE temporary Business Support Administrator (Grade 3) posts within the Data Input Team for 12 months from 1st April 2021 to 31st March 2022 is £131,062.

13. The extended posts will be funded from departmental reserves.

Human Resources Implications

14. The Business Support function will look to extend the temporary contracts of 5 FTE of the temporary Business Support Administrator posts already working in the Data Input Team for an additional period of 12 months until 31st March 2022. Extending the temporary posts for a further period of 12 months may mean that the postholders have more than two years' service with the Council and will therefore have accrued certain employment rights which will need to be managed in line with the Council's employment procedures. Where any temporary Business Support Administrator colleagues have already acquired an alternative post the Business Support function will recruit to the remaining Data Input Team posts on a temporary basis.

Smarter Working Implications

15. Although the post holders would ordinarily be office based, due to the current emergency response to the pandemic the expectation is that post holders will continue to be home working based.

Implications for Service Users

16. Continuing to fund the 5 FTE temporary Business Support Administrator posts in the Data Input Team, for a period of 12 months from 1st April 2021 to 31st March 2022, will allow the department to ensure the timely and accurate commissioning of packages of care and support for the vulnerable people the Council supports.

RECOMMENDATION

- 1) That Committee approves the extension of the funding for 5 FTE Business Support Administrator (Grade 3) posts in the Data Input Team, in the Council's Business Support structure within the Chief Executive's Department, for a period of 12 months from 1st April 2021 to 31st March 2022 at a cost of £131,062.

**Grace Natoli
Director for Transformation and Service Improvement**

For any enquiries about this report please contact:

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Constitutional Comments (EP 11/03/21)

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

Financial Comments (OC20 17/03/21)

18. The financial implications are summarised in **paragraph 12**. The extension of 5 FTE Band 3 DIT posts for 12 months is at a cost of £131,062. This will be funded by departmental reserves.

HR Comments (SJJ 15/03/21)

19. The HR implications are detailed in **paragraph 14**.

Background Papers and Published Documents

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

[Adult Social Care and Public Health Service Improvement Programme for 2021/22 to 2023/24 - report to Adult Social Care & Public Health Committee on 11th January 2021](#)

Electoral Divisions and Members Affected

All.

ASCPH760 final



29 March 2021

Agenda Item: 15

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

MARKET MANAGEMENT POSITION STATEMENT

Purpose of the Report

1. To inform Committee about the work undertaken by the Quality and Market Management Team (QMMT) during the Covid-19 pandemic in response to the Local Authority's statutory duty to ensure that there is a robust and sustainable social care market available for people who live in the County.
2. To provide Committee with an update about social care services that have had their contract with the Council suspended; this information is contained in the **Exempt Appendix**.

Information

3. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an Exempt Appendix. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any person (including the Council).

Financial support to Providers

4. Since the establishment of the Infection Control Fund (ICF) grant in early 2020 there has been a further allocation of monies (ICF Grant: Round 2) made available for providers in September 2020. The same conditions remain with this allocation in that the providers must ensure they complete a monthly return on the spend of their allocation and also complete the NHS Capacity Tracker (for care homes and domiciliary care agencies).
5. In addition to the ICF grants, the Government has announced a further £249 million funding that will be allocated to local authorities for sharing with providers. There are two grants which will assist providers with Covid-related expenses in respect of the Covid testing regime and also to support with the workforce. These grants will be shared with providers on the same basis as the ICF grant meaning providers have to apply for their allocation with

the expectation they will evidence how their allocations have been spent on a monthly basis. All three of these grant allocations need to be spent by the end of March 2021.

6. The QMMT continues to support providers in accessing funds for Covid-related expenses. Currently there is still the monthly claims process (Sustainability Grant) available for providers to claim additional costs that are not covered by the three grants.

Covid 19 Taskforce

7. In November 2020 the system experienced a second significant increase in the number of Covid 19 outbreaks in care homes with the additional impact on the community-based services workforce. In response to this worsening situation it was decided that a multi-agency approach was needed to try to manage/support the social care market in Nottinghamshire and Nottingham.
8. The Taskforce was implemented overnight and included representatives from the QMMT, Clinical Commissioning Group (CCG), Infection Prevention Control, Nottingham City Council, Public Health, Care Quality Commission (CQC) and Notts Healthcare Trust. The purpose of this group was to meet on a daily basis to discuss support for those social care services that were experiencing difficulties due to Covid 19. The Taskforce has evidenced really positive outcomes in that the system partners have worked together to provide support/guidance and plans to support the services which have experienced very difficult times.
9. For services where there has been a significant outbreak an Outbreak Control Team (OCT) meeting is implemented by the Taskforce. OCTs are joint meetings led by Public Health with attendees from Infection Control colleagues and QMMT with the purpose of trying to ascertain how the outbreaks have spread, assistance with control measures and to support providers, where needed, with any further training requirements to ensure no further outbreaks happen. To date, there have been over 20 OCT meetings held for Nottinghamshire services.
10. Prior to the Christmas period, the Taskforce was able to reduce to twice weekly meetings due to the levelling off of outbreaks. Unfortunately after the Christmas and New Year period, there was again a further significant increase in the number of reported outbreaks, not seen at this level since the beginning of the pandemic, which meant mobilising the Taskforce back to daily meetings. The Taskforce continues to support over 30 services on a daily basis, which for some services will mean a minimum of daily telephone calls or visits to the service if the levels of concern or support are required.

Workforce Taskforce

11. At the peak of the outbreaks there were over 100 services experiencing Covid outbreaks, with some of these outbreaks causing significant impact to the workforce. In response to this an internal Covid 19 taskforce of staff was established. This taskforce was formed from a variety of staff from teams within Adult Social Care who volunteered to be part of this group of staff, who at very short notice would be asked to work in an external care home to ensure safe delivery of care for a period of time. The workforce taskforce is on standby to be called on if a care home's own workforce contingency plans fail meaning that urgent

support is needed. To date this team has not been called on as providers' own contingency plans have worked.

QMMT Working 7 days

12. Since March 2020 the QMMT has supported the social care market to ensure that there is on-going delivery of safe care. The support from the QMMT is available 7 days a week, with the team making contact or visiting services outside of the normal working hours. There are officers from the team on duty over the weekend and this will continue until April 2021 when the situation will be reviewed.

Home Care – Early Deterioration in Home Care (Better Care Fund)

13. In September 2020, the Early Deterioration in Home Care Project was set up following a successful bid for Better Care Fund monies by Fosse Healthcare and joined with a similar project proposed by the Nottingham and Nottinghamshire Clinical Commissioning Group.
14. The project is made up as follows:
 - Fosse Healthcare Limited
 - Birdie Care Services Ltd
 - Nottinghamshire County Council
 - Nottingham and Nottinghamshire CCG
 - East Midlands Academic Health Science Network
 - Primary Care Network in Newark
 - Nottinghamshire Alliance Training Hub.
15. The project was set up to explore the concept of how domiciliary care could contribute to the early identification of changes in service user's habits and routines that would identify a significant change in their health and wellbeing.
16. The ambition of the project is to demonstrate the benefits of new ways of working between adult social home care and healthcare, enabled by digital technology. The project team carried out market investigations to select and short-list a suitable digital solution that could support the home care workers and managers in the identification of early warning signs. Birdie Care Services Limited was selected through the process and joined the project team from January 2021.
17. Since January 2021, Fosse Healthcare care workers in the Newark District have been using a digital deterioration and escalation tool to recognise the Soft Sign changes of service users. Case studies to date have realised the benefits to service users in improved health outcomes through early recognition and crisis prevention. The clinical benefits are the consistent application of care planning and escalation and service users accessing the right services first time. Efficiencies in the system would be the reduction in ambulance calls outs and service users going to A&E.
18. The East Midlands Academic Health Science Network are working to secure an academic partner to deliver the evaluation. Robust evaluation will allow for an external evaluation which would provide objective analysis of outcomes and benefits for service users, home care providers, health systems and their constituent organisations. The evaluations will

cover acceptability, clinical safety and factors influencing successful deployment. Securing an academic partner will provide regional and national assurance and credibility and provide a further potential programme for spread and adoption locally and nationally.

19. In March 2021, the next phase of the project commenced with the introduction of a Level 2 Carer Worker. The Level 2 care workers are senior, trained care workers who will respond to initial soft sign concerns raised by the Level 1 care workers by taking additional observations with the service user. Drawing on the widely recognised RESTORE 2 methodology, they will take vital sign measurements (blood pressure checks, temperature etc.) resulting in the so called NEWS2 score, alongside a structured observation about the service user (using the SBARD Tool). They will record information on Birdie's digital care management app, and Level 2 care workers are then able to share it with Primary Care professionals (GPs, or 111 and East Midlands Ambulance Service where appropriate) to help them make earlier, more robust clinical decisions (including remotely) using this information. This approach has been developed and adapted with clinical input from a GP of the Newark Primary Care Network. This next phase of the project is intended to run for a pilot period of 4-6 months in order for the academic partners to undertake their evaluation.

Home Care – Collaborative Working between Home Base Care Lead Providers

20. Work has commenced with the Home Based Care Lead Providers to explore ways in which they can start to work together to collaborate and share best practice using a Trusted Partner Model. Introductory meetings have taken place and the lead providers have agreed to put in place a Memorandum of Understanding to support this mutual agreement. They have agreed to meet on a monthly basis, with all meetings being provider-led. The providers will share their work and discussions with the County Council at a strategic level.

Home Care – Hospital Discharge – Joint Covid Response

21. In response to the increase in the number of hospital admissions across Nottinghamshire, an emergency approach was developed to support the timely discharge of patients out of hospital. The workstreams lead to the development of a joint Covid response between QMMT, Commissioners, MIS (Maximising Independence Service) Reablement, and the Council's contracted Home First Response and Rapid Response Services.
22. The joint response partnership has been meeting on a daily basis since mid January 2021, to support the safe and timely discharge of patients in hospital across Nottinghamshire. The services have innovatively worked together to provide a care and support service, until another service can start or jointly provide care in a collaborative way, supporting around 60 people to date.

Quality Monitoring

23. The QMMT continues to provide support through the well-established quality monitoring processes. During the pandemic the QMMT has supported providers in ensuring their ability to maintain service continuity with robust contingency plans in place. A high level of contact with care homes, home care and supported living services remains due to the on-going outbreak management processes (in addition to the Taskforce).

24. There is now a slowing in the number of Covid outbreaks. At its peak in January 2021 there were over 100 services experiencing an outbreak, which meant reduced impact on service continuity. Covid has had and will continue to have an impact on services and the QMMT is beginning to see an increase in quality concerns, which means the focus of the team is to now support services to improve. During the pandemic the Care Quality Commission (CQC) stood down their normal inspection regime, focusing on Infection Control Inspections on care homes experiencing significant outbreaks.
25. The QMMT team has maintained the risk assessment of services over the last year based on quality data, Covid data, financial information and other intelligence that informed the level of monitoring/support needed. The team has carried out quality monitoring visits as and when required, with some services requiring significant support.
26. The CQC has not inspected in the last year as they would do and this has meant for some services their inspections are overdue. An overview of the current ratings for care homes in Nottinghamshire for the past two years are as follows:

CQC RATING	NUMBER OF SERVICES 2020	NUMBER OF SERVICES 2021
Outstanding	21	21
Good	197	194
Requires Improvement	51	53
Inadequate	2	4

27. Since the last report there has been an increase in the number of Inadequate rated services. The number of Outstanding care homes remained the same with a small reduction of Good rated services.

Contract suspensions

28. Sometimes it is necessary to suspend a contract with a provider. This means that they continue to provide the service but for a period of time the Council does not give any new work to the provider. This is usually due to concerns about poor quality and when this happens the service is monitored closely, usually through an Action Plan which is monitored to ensure that the required improvements are made and sustained before lifting the contract suspension is considered.
29. Services that have a contract suspension currently are as follows:

Type of service	Number of services	Contract Status	District
Care Home – Ageing Well	5	Suspended	Gedling, Ashfield Bassetlaw, Newark, Broxtowe
Care Home – Living Well	2	Suspended	Bassetlaw
Homecare	1	Suspended	Newark

30. Since the previous report to Committee in December 2020 there has been an increase in the number of contract suspensions.

Other Options Considered

31. No other options have been considered.

Reason/s for Recommendation/s

32. The report provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

Statutory and Policy Implications

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

Financial Implications

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

Implications for Service Users

35. The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they are funded by the Council or fund their own care either fully or in part. The market shaping duty also requires that the Council works collaboratively with relevant partners including people that use services and their families. The proactive approach of quality monitoring undertaken in Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service.

RECOMMENDATION/S

That:

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

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (CEH 02/03/21)

36. The report and recommendations fall within the remit of Adult Social care and Public Health Committee under its terms of reference.

Financial Comments (DG 02/03/21)

37. There are no direct financial implications arising from this report.

Background Papers and Published Documents

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

[Market management position statement – report to Adult Social Care and Public Health Committee on 7th December 2020](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH751 final



29 March 2021

Agenda Item: 16

REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

Information

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chairs and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified. The meeting dates and agenda items are subject to review in light of the ongoing COVID-19 period.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human

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

RECOMMENDATION/S

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

**Marjorie Toward
Service Director, Customers, Governance & Employees**

For any enquiries about this report please contact: Jo Toomey – jo.toomey@nottscgov.uk.

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
14 June 2021			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 3)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Review of workforce restructure in Adult Social Care	To update the Committee on progress with the new workforce model implemented in Sept 2020.	Service Director, Living Well/ Service Director, Ageing Well	Sue Batty/Ainsley MacDonnell
Day Opportunities Strategy	To present the draft Strategy for approval to consult.	Service Director, Strategic Commissioning and Integration	Mercy-Lett Charnock
Refresh of the Adult Social Care & Public Health Department's Digital Strategy for 2021-2024		Corporate Director, Adult Social Care and Health	Grace Natoli/ Jennifer Allen
Outcome of carers consultation		Service Director, Community Services (Living Well and Provider Services)	Dan Godley
Developing Short Breaks services and support for carers in Nottinghamshire		Service Director, Community Services (Living Well and Provider Services)	Dan Godley
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Corporate Director, Adult Social Care and Health	Gemma Shelton
12 July 2021			

