

# **Adult Social Care and Public Health Committee**

**Monday, 13 July 2020 at 10:30**

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

---

## **AGENDA**

- 1 To note the appointment by Full Council on 11 June 2020 of Councillor Tony Harper as Chairman, and Councillor Boyd Elliott and Councillor Francis Purdue-Horan as Vice-Chairmen of the Committee for the 2020-21 municipal year.
- 2 To note the membership of the Committee for the 2020-21 municipal year as follows: Councillors Joyce Bosnjak, Dr John Doddy, Boyd Elliott, Sybil Fielding, Tony Harper, David Martin, Francis Purdue-Horan, Andy Sissons, Steve Vickers, Muriel Weisz and Yvonne Woodhead
- 3 Minutes of the last meeting held on 16 March 2020 3 - 6
- 4 Apologies for Absence
- 5 Declarations of Interests by Members and Officers:- (see note below)  
(a) Disclosable Pecuniary Interests  
(b) Private Interests (pecuniary and non-pecuniary)
- 6 Response to COVID-19 in Adult Social Care and Public Health and Future Priorities 7 - 14
- 7 Support to Care Providers including Care Homes in Nottinghamshire 15 - 22
- 8 Review of the Better Care Fund Programme and Use of Better Care Fund Reserve for Short-Term Transformation Projects 23 - 38
- 9 Work Programme 39 - 42

## **Notes**

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	16 March 2020 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

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

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

**SUBSTITUTE MEMBERS**

Councillor Richard Butler for Councillor Andy Sissons  
Councillor Bruce Laughton for Councillor Dr. John Doddy  
Councillor John Longdon for Councillor Steve Vickers  
Councillor Liz Plant for Councillor Joyce Bosnjak

**OFFICERS IN ATTENDANCE**

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's  
Rebecca Atchinson, Senior Public Health and Commissioning Manager, Adult Social  
Care & Health  
Melanie Brooks, Corporate Director, Adult Social Care & Health  
Jonathan Gribbin, Director of Public Health, Adult Social Care & Health  
Ainsley Macdonnell, Service Director, Adult Social Care & Health  
Sarah Quilty, Senior Public Health and Commissioning Manager, Adult Social Care  
& Health

**1. MINUTES OF THE LAST MEETING**

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

**2. APOLOGIES FOR ABSENCE**

The following apologies for absence were received:

- Councillor Joyce Bosnjak (other reasons)
- Councillor Dr. John Doddy (other reasons)
- Councillor Andy Sissons (Medical/Illness)
- Councillor Steve Vickers (other reasons)

### **3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

None

### **4. VIOLENCE AGAINST WOMEN AND GIRLS**

Rebecca Atchinson introduced the report and responded to questions.

#### **RESOLVED 2020/010**

- 1) That the recommendations identified by public health for the authority be approved:
  - Ensure all vulnerabilities are considered and risks to prevent violence and provide support to women and girls are listed within domestic abuse and sexual abuse service specifications, future developments and within the Violence Reduction Strategic Needs Assessment.
  - Ensure that prevention services build upon the information in the evaluation report by promoting and targeting resources to schools and communities, recognising the positive impact services make on children and young people.
  - Write to the ICS highlighting the current challenges for survivors of domestic and sexual abuse accessing support from mental health services and notify the ICS of the end of the funding and potential increase in demand.
- 2) That no any additional work is required from officers arising out of the evaluation report
- 3) That the evaluation be approved and shared with the Home Office who provided the funding to Nottingham and Nottinghamshire.

### **5. NOTTS SUBSTANCE MISUSE TREATMENT AND RECOVERY SERVICE – VISION AND OUTCOMES FOR THE FUTURE**

Sarah Quilty introduced the report and responded to questions.

#### **RESOLVED 2020/011**

That there were no actions arising from the report.

### **6. DEVELOPING INTEGRATED MODELS OF URGENT AND EMERGENCY CARE**

Melanie Brooks introduced the report and responded to questions.

## **RESOLVED 2020/012**

That the establishment of the following posts be approved:

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

## **7. ADULT SOCIAL CARE PERFORMANCE AND PROGRESS UPDATE FOR QUARTER 3 2019/20**

Melanie Brooks introduced the report and responded to questions.

## **RESOLVED 2020/013**

- 1) That there were no further actions it requires in relation to the finance and performance information for the period 1 October 2019 to 31<sup>st</sup> January 2020
- 2) That the proposed new core metrics be approved as a framework for reporting performance against going forward.
- 3) That the closure of the Improving Lives Portfolio be agreed, pending year-end summary, and agrees to take updates on Service Improvement and Transformation and Change as part of quarterly performance reports in future.

## **8. CHANGES TO THE STAFFING STRUCTURE AT BROOKE FARM**

Ainsley Macdonnell introduced the report and responded to questions.

## **RESOLVED 2020/014**

That the following changes to the staffing establishment at Brooke Farm from 1<sup>st</sup> April 2020 be approved:

To disestablish the following:

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

To establish the following:

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

To make permanent the following temporary posts:

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

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

Melanie Brooks introduced the report and responded to questions.

### **RESOLVED 2020/015**

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

## **10. WORK PROGRAMME**

### **RESOLVED 2020/016**

That the work programme be agreed.

The meeting closed at 11.12 am.

**CHAIRMAN**

**13<sup>th</sup> July 2020****Agenda Item: 6****REPORT OF DIRECTOR OF PUBLIC HEALTH, SERVICE DIRECTORS,  
COMMUNITY SERVICES, AND DIRECTOR OF TRANSFORMATION AND  
SERVICE IMPROVEMENT****RESPONSE TO COVID-19 IN ADULT SOCIAL CARE AND PUBLIC HEALTH  
AND FUTURE PRIORITIES****Purpose of the Report**

1. The report accompanies presentations to the Committee on the departmental response to the COVID-19 pandemic, key decisions and actions undertaken during the emergency response period and future plans for recovery and transformation.

**Information****Public Health Service Priorities**

2. From a commissioning perspective, the main priorities for Public Health over the next three to six months are to stand up all services and implement recovery plans to resume all activity in a phased way, based on government guidance and the easing of national restrictions. This will incorporate the good practice and learning that has taken place during the emergency response phase.
3. Alongside commissioned activity, work is underway to develop and operationalise arrangements for Local Outbreak Control Planning. Current planning assumptions anticipate these arrangements will be required for the next 12 months. A reassessment of other Public Health priorities is therefore taking place and will be finalised when the resource requirements of Local Outbreak Control Planning are clearly defined. Other priorities include, for example, service recommissioning and the development of health impact assessments to inform system-wide planning.

**Public Health Funding**

4. The Department of Health and Social Care (DHSC) confirmed the Nottinghamshire Public Health ring-fenced grant allocation for 2020/21 at a value of £41,560,794. This represents an uplift of 3.8% compared with 2019/20 and is a modest reversal of the year-on-year reductions to the grant, in excess of £1m per year, which have been applied since 2015/16.

5. The uplift includes an adjustment to cover the estimated additional NHS Agenda for Change pay costs of eligible staff working in organisations commissioned by the Local Authority to deliver public health services. These costs were previously funded directly for providers from the DHSC. Although further work is required with providers to establish exact costs, it is estimated this will be in the region of £575,000 per year.
6. In response to the impacts of COVID-19, several immediate investments have been made from the Public Health Grant:

Service area	Summary	Cost (2020/21)
Mental health and wellbeing	Funding for 6 months to avoid the closure of the Tomorrow Project, a community and voluntary service providing support for individuals and communities to prevent suicide. A rapid review will identify the extent to which the service is unique in meeting needs relating to suicide crisis that are not met elsewhere in the system and how this service fits with mental health commissioned services.	£65,352
	Funding for 12 months to support Harmless, a community and voluntary service established to respond to the needs of people who self-harm or are at risk of self-harm and suicide. The funding will support the continued delivery of training sessions which aid identification of mental health issues, promote self-management, sign post to additional support, and prevent escalation of mental ill health.	£30,000
	Funding for 6 months to support additional capacity of Kooth, an online counselling and emotional wellbeing platform for children and young people, following an increase in the number of referrals during lockdown.	£8,400
Domestic abuse	Funding for 6 months to establish additional domestic abuse emergency refuge accommodation, following emerging evidence of an increase in incidences of domestic abuse as a result of lockdown.	£120,000
Total		£223,752

7. After accounting for the total cost of these investments, and those associated with the NHS Agenda for Change pay uplift, it is forecast that £130,000 of uncommitted grant funding is available during the current financial year. A contingency of £300,000, held for emergencies, is also available if deemed appropriate.



8. More detailed forecasting is taking place to understand the level of likely demand for commissioned services in the medium and long term as a result of COVID-19. This will form part of funding proposals brought to a future meeting of the Committee.

### **Adult Social Care - Living Well and Provider Services priorities**

9. The priorities for Living Well services over the next six months are to develop a recovery plan that supports the implementation of the new Living Well model from 1<sup>st</sup> September.
10. The new model will embed a place based, multi-speciality approach to supporting adults with learning disabilities, mental health issues, Autism Spectrum Disorders and physical disabilities with a focus on a strengths-based approach to maximise independence.
11. Partnership working will be a key element to the new model and the intention is to align the Living Well teams with key partners such as health, housing and the voluntary sector through local Primary Care Networks, alongside their Ageing Well colleagues. This will help to build relationships across organisations and professional groups of staff to develop an integrated community offer that delivers a person-centred, holistic approach to continuous lifetime care.
12. The experience during the COVID-19 pandemic has been that partnerships and relationships have grown and strengthened and there are opportunities to build on this, but consideration will need to be given as to how to bring new teams together and develop partnerships remotely whilst adhering to social distancing requirements.
13. There are a few exceptions to place based multi-speciality teams, where teams will remain as single countywide functions, as follows: AMHP (Approved Mental Health Professionals) team, Preparing for Adulthood team, Complex Lives team and the Flexible Response team, although partnership working will be equally important.
14. The priority for Provider services over the next six months is to develop a recovery plan that sets out how we will support older, disabled and vulnerable adults and their carers whilst social distancing measures are still in place and the use of our buildings remains compromised.
15. Work to assess need and risk of all individuals usually supported will need to be undertaken to determine the nature of support required and how best to offer safe and consistent support.
16. Provider services have had to significantly change their operating model during the COVID-19 pandemic and respond to emerging needs that may not have previously been business as usual. For example, short breaks services have taken admissions of older adults from hospital for short term care. This has not only provided an invaluable resource but has also added to the skill set of the staff team and consideration is being given to how the Council can further develop services in light of this experience.
17. Key areas for further strategic work over the next 6 to 12 months are as follows:
  - Mental Health

- Autism Spectrum Disorder
- Transforming Care
- Preparing for Adulthood
- Housing
- Employment
- Technology Enabled Care
- Service and Market Development including a commissioning review of day services and short breaks services and expansion of the Shared Lives scheme.

## **Ageing Well Service Priorities**

18. The main priorities for Ageing Well services over the next six months are to develop and implement a recovery plan that locks in the benefits of the COVID-19 emergency hospital discharge arrangements, alongside implementing the Maximising Independence Service and the rest of the Workforce Remodel on 1<sup>st</sup> September 2020.
19. Alongside this we will be developing a vision for quality community services for older people. This will build on learning from the Community Volunteer Hubs established via the Humanitarian Assistance Group. It will aim to increase the opportunities and benefits of older adults engaging and accessing support from their local communities, whilst increasing strength-based approaches that in turn reduce reliance on formal services, including residential and nursing care. This work sits within the development of the cross cutting corporate transformation programme, as well as the development of multi-disciplinary teams and community assets within the Integrated Care Partnerships and Primary Care Networks.

## **Hospital Discharge and Re-ablement**

20. On 19<sup>th</sup> March, an instruction was issued from the Government to Clinical Commissioning Groups and Local Authorities to prioritise hospital discharge and nationally discharge some 20,000 people to ensure capacity existed to support patients with COVID-19. This required the rapid establishment of two virtual, seven day a week 'Integrated Health and Social Care Community Discharge Hubs' operating from 8am to 8pm to take all referrals from hospitals. Staff in the Hubs make the decisions about what the right community care services are for anyone requiring support when well enough to leave hospital.
21. The national requirements also set a three hour time limit (instead of the previous 48 hours) for people to leave hospital once clinicians have assessed them as 'medically fit for discharge'. It also required local authorities to work in partnership with community health colleagues to put in place a model called 'Discharge to Assess' (D2A). This means that an initial discharge plan is made about what support a person needs to return home on that day and is followed up rapidly with a home visit to assess for future re-ablement and longer term needs. Staff have fed back positively about the benefits of assessing people when back in their home environment, because it improves the ability to promote independence and positively manage risk. The majority of people are returning to their own homes after hospital and the period of time people wait to be discharged has been reduced and retained to an excellent level of performance.
22. The changes required the Council and Community Health Teams to redeploy staff into the Hubs and also into rapid community response re-ablement and homecare. To establish

the 'Discharge to Assess' model, the Council created a new internal homecare service as part of its existing START Re-ablement Service, to be the default pathway for social care out of hospital. This increased the number of people that the service could work with each day from 90 to 140 and was achieved by temporarily redeploying staff from day services and a successful recruitment campaign for new temporary staff.

23. The same guidance set out that the costs of all new packages of care that support hospital discharge and avoidance would be met via the NHS. A process is in place for commissioning this care and support and recharging health for these costs. It is anticipated that this funding will continue until the end of July, potentially longer.
24. Recovery plans are being developed jointly with health. For adult social care, it is currently anticipated that the workforce remodel includes sufficient staffing for the integrated Hubs within their current operating hours, which has been reduced since initial implementation in line with national guidance. The reduction mirrors the availability of hospital staff to make clinical decisions and organise referrals, the majority of which still come through Monday to Friday with minimal to zero referrals at weekends. This is an area for further work to agree the future model with hospital trust colleagues.
25. As part of recovery planning, an assessment of the population re-ablement needs of people leaving hospital and living in the community is being developed jointly with health partners. This is initially focusing on maintaining the new D2A model as staff who have been temporarily redeployed are now gradually needing to return to their original posts, alongside rising demand of business as usual work coming through from the hospitals. D2A has been piloted in some areas of the County, but never fully rolled out until the COVID-19 emergency. The work will establish if there are gaps in home and accommodation based re-ablement capacity and consider options for this. In the medium term the population needs assessment will inform Ageing Well's future vision and model for both home and accommodation based re-ablement. The work is being done jointly with health colleagues and will be brought to Committee as appropriate.

## **Recovery and Transformation**

26. As shown above, Adult Social Care and Health has continued to provide services to those who need them most, albeit sometimes in a different way or a different setting, throughout the pandemic period.
27. In line with government guidance, current working arrangements remain in place, such as working remotely where possible, and where this is not working to social distancing guidelines and making appropriate use of Personal Protective Equipment.
28. In preparation for exiting the emergency phase, planning is underway on how to restore some services at the appropriate time, and the opportunity to transform, whilst taking into account government guidance and assessing risk to ensure people are protected. The department continues to adjust when needed to ensure the safety of people receiving social care support, staff and partners.
29. The recovery planning is taking three phases – review, assess and plan and transform. The departmental recovery plan will be finalised in July.

## **Other Options Considered**

30. There are no other options considered as the report and presentations provide an update on the work undertaken and decisions made during the emergency response period.

## **Reason/s for Recommendation/s**

31. The report and presentations share with Members the work that has been taking place across Adult Social Care and Public Health whilst the department has been operating under an emergency operating model in response to national guidance, and in the absence of the Council's Committee meetings and Member scrutiny. The report also indicates priority areas of work and next steps for the future.

## **Statutory and Policy Implications**

32. 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**

33. The report on support to care providers, also on this agenda, highlights some of the costs to Adult Social Care and Health associated with responding to the pandemic. It is not possible to say with certainty what the overall costs to the department of dealing with the pandemic will be at this time. A further report on the departmental budget and the impact for the future budget will be brought to Committee in due course. The investment of the Public Health grant in specific services and support in immediate response to issues raised by the pandemic is identified in **paragraphs 6 and 7**.

## **Human Resources Implications**

34. Staff have been redeployed into critical services and emergency models within the department as required to respond to the pandemic.

## **Implications for Service Users**

35. Safeguarding people at increased risk as a result of the pandemic, providing continuity of care for people supported by the Council and meeting the needs of people who did not require support prior to the pandemic have been the department's priorities.

## **RECOMMENDATION/S**

- 1) That Members consider whether any further information or actions are required in relation to the department's response to the COVID-19 pandemic and decisions made during the period March to June 2020.

**Jonathan Gribbin**  
**Director of Public Health**

**Sue Batty**  
**Service Director**  
**Community Services – Ageing Well**

**Ainsley MacDonnell**  
**Service Director**  
**Community Services – Living Well**

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

**For any enquiries about this report please contact:**

Jennie Kennington  
Senior Executive Officer  
T: 0115 9774141  
E: [jennie.kennington@nottsc.gov.uk](mailto:jennie.kennington@nottsc.gov.uk)

### **Constitutional Comments (AK 24/06/20)**

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

### **Financial Comments (KAS 26/06/20)**

37. The financial implications are contained within paragraph 33 of the report.

### **Background Papers and Published Documents**

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

None.

### **Electoral Division(s) and Member(s) Affected**

All.

ASCPH715 final



**13<sup>th</sup> July 2020****Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE  
AND HEALTH****SUPPORT TO CARE PROVIDERS INCLUDING CARE HOMES IN  
NOTTINGHAMSHIRE****Purpose of the Report**

1. The report provides an overview of the support provided to care providers, including care homes, in Nottinghamshire during the pandemic period and decisions taken by the Corporate Director for Adult Social Care and Health on behalf of the Council under emergency powers, and the implications of these.

**Information**

2. A major incident was declared by the Strategic Co-ordinating Group of Nottingham and Nottinghamshire Local Resilience Forum (LRF) on Friday 20<sup>th</sup> March 2020.
3. Meetings of Nottinghamshire County Council's Risk, Safety and Emergency Management Board (which is responsible for co-ordinating the Authority's arrangements for emergencies and business continuity incidents) began on Monday 3<sup>rd</sup> February 2020. A variety of corporate and departmental business continuity plans were enacted from this time.
4. Adult Social Care and Health activated its Risk, Safety and Emergency Management Group which led the departmental response to emerging risks and issues, Government guidance and instruction, and multi-agency actions agreed by the LRF.
5. Daily reporting took place with the Chairman of Adult Social Care and Public Health Committee in the absence of Committee meetings.
6. Ensuring continuity of care and support for people was a key priority for the department and the core focus of the Adult Social Care and Health Incident Cell planning. Emergency operating models for the department were agreed and were published on the Council's website. A core component of this was the support for the social care market, including care homes, home care and community providers. Whilst national attention has largely focussed on care homes, the department has addressed the care market risk more broadly.

7. The Council has also worked very closely with health partners and from May 2020, the work has been led through the Local Resilience Forum Care Homes and Home Care Cell, which is chaired jointly by a representative of the Council and the Nottingham and Nottinghamshire Clinical Commissioning Group. A range of measures has been put into place to ensure continuity of care, address infection control risk, and work to sustain the market in terms of both quality and financial stability.

### **Recruitment of relief staff and internal service development**

8. The key risk facing Adult Social Care in mid-March was the risk of workforce absence due to illness or caring responsibilities. This applied to both internal services and social care providers with models showing risk of absence of 30-40% of staff which would present significant risk to service continuity.
9. The Council has to date recruited 221 care and support workers to join a temporary relief register and 44 people were in post or in training as at 21<sup>st</sup> May. This group of staff are available to be redeployed alongside Health staff to providers facing workforce shortages. Currently staff are deployed within Adult Social Care services to provide additional capacity.
10. The new guidance on hospital discharge, the need to discharge people recovering from COVID-19 safely and additional homecare capacity needed in the emergency operating model for day services required additional capacity in existing Council provided Short-term Assessment and Reablement (START) services. This expanded from supporting 90 people a day to supporting 140 people a day and has been achieved through a mixture of temporarily redeployed staff and new temporary staff recruited to our Supply Register.
11. Bishop's Court was temporarily reopened to support safe hospital discharge pathways. This service capacity is in place until August 2020 and a decision is yet to be made as to when this will be stood down.
12. The costs attached to this are set out in a summary in the financial implications section of the report (**paragraph 39**).

### **Financial Support**

13. In the budget on 11<sup>th</sup> March 2020, the Government announced £1.6 billion funding to go to local authorities to help them respond to COVID-19 pressures across all their services, including increasing support for the adult social care workforce and for services helping the most vulnerable people. Nottinghamshire County Council received £22 million. On 18<sup>th</sup> April a further £1.6 billion was announced nationally in order to meet additional pressures and continue delivery of frontline services. The Council's share of this funding was £14.6 million.
14. A further key risk of the incident was the financial pressure on social care providers created by the additional costs of responding to COVID-19. On 23<sup>rd</sup> March a set of financial principles was agreed within the Council and subsequently published on the Council website in order to support the stability and sustainability of the sector. In addition to this



an annual uplift in fees was paid from 6<sup>th</sup> April 2020 to take account of the National Living Wage increase.

15. These principles are:

- payment on planned activity so that providers know what their income will be
- payment of a cash advance to care homes and Supported Living providers equivalent to 5% for two weeks of their contract value on 27<sup>th</sup> April to assist with cash flow
- implementation of the Care Service Sustainability Fund, a monthly claims process for COVID-19 related costs. This is available to reimburse providers for increased costs for PPE, wages, training and additional costs the provider has incurred.

16. The provider claims process was created to ensure the costs of COVID-19 went to those providers that incurred the greatest burden. Nationally and regionally, the approaches to supporting the market vary widely. The approach taken by Nottinghamshire County Council is consistent with the guidance that was issued by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association on 8<sup>th</sup> April [on commissioning principles](#).

17. The process is not intended to meet the loss of income that providers may face due to reduced demand for their services or excess deaths of residents. There is flexibility in the process to meet extraordinary COVID-19 related costs that a provider may face. This can be reviewed on a case by case basis.

18. The costs attached to this are set out in a summary in the financial implications section of the report (**paragraph 39**).

## **Implementation of national guidance and NHS funding of care**

### **Hospital Discharge**

19. On 19<sup>th</sup> March, an instruction was issued from the Government to Clinical Commissioning Groups and local authorities to prioritise hospital discharge and nationally discharge some 20,000 people to ensure capacity existed to support patients with COVID-19. This set a three hour time limit for local authorities to work in partnership with community health colleagues to discharge patients who are 'medically fit for discharge' through a Discharge to Assess model.

20. The same guidance set out that the costs of all new packages of care that support this work would be met via the NHS. For Nottinghamshire, this gave rise to the following service changes:

- Hospital Social Workers moved to community teams
- re-Opening of Bishop's Court
- extension of the START service
- two virtual integrated health and social care discharge hubs linked to the Community Support Hub.

21. A process is in place for commissioning this care and support and recharging health for these costs.

22. The costs attached to this are set out in a summary in the financial implications section of the report (**paragraph 39**).

### **Care homes support**

23. Through May, the infection risk and higher death rate of care home residents was recognised, and this led to numerous documents issued to local authorities, Clinical Commissioning Groups (CCGs) and care homes directly.
24. This guidance sets a range of measures to be put into place:
- workforce support
  - training for infection control
  - clinical support
  - care home testing.
25. The work to implement this guidance has been led in partnership with both CCGs and the City Council through the Local Resilience Forum.
26. The Minister for Care wrote to Local Authority Chief Executives on 14<sup>th</sup> and 22<sup>nd</sup> May with a set of requirements for the Council to demonstrate how it is meeting the guidance. The letters, which are available as background papers, included a requirement to provide information through a template and a covering letter by 29<sup>th</sup> May to the Department of Health and Social Care and to publish a statement setting out how the local health and care system was responding to the incident in care homes.
27. On 29<sup>th</sup> May this was published on the County Council website:  
<https://www.nottinghamshire.gov.uk/care/coronavirus/guidance-for-employees-employers-and-businesses>

### **Adult Social Care Infection Control Grant**

28. The Infection Control Grant for providers was confirmed in the letter from the Minister of State for Care outlining the care home support package on 22<sup>nd</sup> May 2020. Nottinghamshire County Council will receive £11.455m.
29. There are significant requirements and national reporting requirements for the grant. The conditions require that the Council passes 75% of the funding direct to providers who are registered with the Care Quality Commission. The grant is intended to support providers to restrict their workforce in order to manage infection and to support the results of whole care home testing. These measures include:
- restricting staff to one location
  - paying for staff to self-isolate
  - paying for locum staff
  - accommodating staff in the local area.
30. The Council will retain 25% to deliver the infection control strategy for the rest of the care market (home care and supported living). The strategy is in development within the Local

Resilience Forum. The use of the grant will cover workforce costs in a similar way to that of care homes.

31. There is significant risk that the grant will be insufficient to meet the workforce costs that a provider faces if the service experiences an outbreak of COVID-19.

### **Social care provider risks and issues**

32. Within Adult Social Care, the rights of people within care homes and those receiving care more generally and the particular risk that COVID-19 presents has been a core focus from the start of the incident. It is expected that this will continue in coming months and existing measures to manage risk will need to remain in place. This includes:
  - daily reporting from providers to inform risk assessment for PPE stock and workforce
  - engagement with the Council's Principal Social Worker for adults and Nottinghamshire Adult Safeguarding Board to address human rights issues presented by care homes restrictions and measures
  - continued practical support managed through the LRF
  - financial support for COVID-19 related costs.
33. The COVID-19 pandemic has impacted on providers in a variety of ways. These include:
  - staffing shortages due to shielding, self-isolation and illness
  - the impact of social distancing on providing face to face services and in particular services for groups, such as day services
  - high costs of PPE, including cleaning equipment.
34. For many care homes there has been a considerable reduction in admissions. Admissions to care homes from the community have almost entirely ceased as families are reluctant to move their family member at this time. In addition, some care homes have sustained COVID-19 outbreaks with high mortality rates and the associated emotional stress for staff teams and residents. Rates of admission are likely to be considerably lower than normal for many months to come. All of this means a loss of income for many care home providers, and potential closure for some.
35. Across most of the County, there has been considerable over capacity in older people's care homes for some time. The Council will need to carefully monitor and manage the impact of the pandemic within the next few months as care home failure, and closure, has serious implications for residents and their families, the business, the staff, and the Council. Work is taking place to consider the sustainability of Nottinghamshire care homes in the short, medium and long term in order to shape the Council's response and to develop a mechanism to determine and evaluate risk in relation to care home failure.

### **Other Options Considered**

36. This report provides an update on work undertaken with care providers during the pandemic period, and ongoing work and its implications, consequently there are no other options considered.

## Reason/s for Recommendation/s

37. The report shares with Members the work that has been taking place with care providers whilst the Council has been operating under an emergency operating model in response to national guidance, and in the absence of the Council's Committee meetings and Member scrutiny. The report also indicates priority areas of work with the sector as the Council continues to respond to the pandemic but also considers next steps for the medium term future.

## Statutory and Policy Implications

38. 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

39. The table below provides a summary of the known costs incurred to date in relation to support provided by the Council to care providers. As of today's date it is not possible to project costs going forward as there is still uncertainty about how long COVID-19 and infection control measures will be in place.

<b>Known costs - actions to support incident response</b>	<b>Costs to 31<sup>st</sup> May 2020</b>
Paying for care providers for 100% of commissioned packages (estimate based on last year's slippage rates)	£3.5m
Financial support to all social care providers (5% cash advance plus care services sustainability fund paid claims)	£0.6m
Personal Protective Equipment (PPE) – for all care providers (including Council services)	£2.8m
<b>Total costs to date</b>	<b>£6.9m</b>

40. There will be further costs as the Council has committed to paying providers for commissioned care packages until the end of June when it will be reviewed, and the Care Services Sustainability Fund is still open and processing provider claims for additional costs.
41. There will also be additional staffing costs if the Council deploys any of the temporary care and support workers that have been recruited and there may be an ongoing impact of paying for care packages currently funded by the NHS.
42. The Council has also incurred additional costs in supporting providers in other ways such as Council staff working seven days from 8am-8pm; advice, support and daily bulletins; administering and brokering commissioning and paying providers and recharging Health for all packages related to hospital discharge or admission avoidance.

## **Implications for Service Users**

43. As identified in **paragraph 32**, the rights and protection of people receiving care within care homes, and in receipt of care more generally, have continued to be a key area of focus within the department, and the monitoring and management of risks to people's wellbeing will continue to be at the forefront of the department's response.

## **Human Resources Implications**

44. To support the emergency models staff redeployment and recruitment was undertaken as stated in **paragraphs 8-12** of the report. The response to the pandemic and the changes in ways of working from staff in the department and newly recruited temporary staff has been excellent.

## **RECOMMENDATION/S**

- 1) That Members consider whether any further information or actions are required in relation to decisions taken by the Corporate Director for Adult Social Care and Health on behalf of the Council under emergency powers in the period of March – June 2020.

**Melanie Brooks**

**Corporate Director, Adult Social Care and Health**

**For any enquiries about this report please contact:**

Jennie Kennington

Senior Executive Officer

T: 0115 9774141

E: [jennie.kennington@nottsccl.gov.uk](mailto:jennie.kennington@nottsccl.gov.uk)

## **Constitutional Comments (EP 11/06/20)**

45. Under the Scheme of Delegation to Officers Corporate Directors have authority to exercise the powers of the County Council in the event of an emergency or disaster, including making or approving any arrangement for the protection of persons or property, and will report back to the next appropriate committee or meeting of Council in the event that this authority is exercised. The Adult Social Care and Public Health Committee is the appropriate body to consider the content of this report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

## **Financial Comments (KAS 08/06/20)**

46. The financial implications of supporting care providers as at 31<sup>st</sup> May are set out in **paragraph 39** of the report. At this stage it is not possible to say what the total cost will be as it is unknown how long these measures will be required for. However, the Council has currently committed to continue paying for commissioned packages until the end of June and this is under review.

47. At this time no end date has been put on the Care Services Sustainability Fund which enables providers to claim for additional costs incurred as a result of COVID-19.
48. This report only contains the costs to date of the financial support given out to providers. It is not a complete list of the additional costs incurred by the department or Council as a result of COVID-19.
49. Once identified all the financial implications will be factored into the ongoing budget monitoring.

### **HR Comments (SJJ 08/06/20)**

50. The recruitment to the temporary relief staff was undertaken to include all the appropriate recruitment checks in line with the Council's recruitment policy including the Disclosure and Barring Service (DBS), which introduced free-of-charge applications and a new fast-track Barred List check service. Staff were given the appropriate training and induction. Staff who had requested voluntary redundancy at Bishop's Court were asked to remain in post and their notice period was extended with no impact on their redundancy settlement. Existing departmental staff were deployed to work in other services with the appropriate training and support being provided.

### **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.

Outbreaks of COVID-19 in care homes, Letter from Public Health England, 22<sup>nd</sup> April 2020

Roll Out of Whole Care Home Testing, Letter from Rosamund Roughton, Director General, Adult Social Care, Department of Health and Social Care, 13<sup>th</sup> May 2020

Support for care homes - Letter from Minister of Care, 14<sup>th</sup> May 2020

Adult Social Care Infection Control Fund Ring-Fenced Grant 2020 Local Authority Circular, published 22<sup>nd</sup> May 2020

Adult Social Care Infection Control Fund – Letter from Minister of Care, 22<sup>nd</sup> May 2020

Announcement on funding and responsibilities for Test and Trace service, 22<sup>nd</sup> May 2020  
<https://www.gov.uk/government/news/300-million-additional-funding-for-local-authorities-to-support-new-test-and-trace-service#history>

### **Electoral Division(s) and Member(s) Affected**

All.

ASCPH714 final

13<sup>th</sup> July 2020

Agenda Item: 8

**REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH****BETTER CARE FUND PROGRAMME: USE OF RESERVE TO FUND SHORT-  
TERM TRANSFORMATION PROJECTS WITH WORKFORCE IMPLICATIONS****Purpose of the Report**

1. To seek approval from Committee for the workforce implications of proposed transformation projects to be funded from the Better Care Fund reserve.

**Information**

2. The Better Care Fund programme (BCF) was established in June 2013 within the Government's Spending Review. It was described as creating a national £3.8 billion pool of NHS and Local Authority monies intended to *"join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible"*. The programme was created to *"improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life"*.
3. The BCF pooled budget is made up of a number of existing funding streams to Clinical Commissioning Groups (CCGs) and Local Authorities, anticipated annual grants, alongside recurrent capital allocations. Each organisation has a specified minimum allocation that they have to contribute to a BCF pooled fund.
4. The value of the BCF pooled budget in 2019/20 was £92.2m for Nottinghamshire.
5. The partners involved in the BCF programme are:
  - Nottinghamshire County Council
  - All District and Borough Councils in Nottinghamshire
  - Clinical Commissioning Groups (Bassetlaw, Nottinghamshire and Nottingham).
6. For further background about the BCF programme, please see **Appendix 1** "Simple Guide to the Better Care Fund".



7. The Pooled Budget is fully allocated each year. When the full amount of allocated spend for Adult Social Care and Public Health (ASCPH) is not utilised within any financial year, the spare funding is held in a Better Care Fund reserve. There are various reasons why the actual spend may not equal the allocated spend. For example, the service or project may not be fully staffed during the year or the original cost predictions may have been too high. A reserve of £2.6 m has built up over the last two years. Reserves can only be used for one-off areas of spend.

### **Proposed usage of the BCF Reserve with workforce implications for ASCPH**

8. The Nottinghamshire Health and Wellbeing Board is responsible for approving the use of the Better Care Fund, including any reserve, but any workforce implications for Adult Social Care and Public Health need to be approved by the ASCPH Committee.
9. A list of proposed transformation projects was developed in 2019/20 by the Adult Social Care and Health department before the COVID-19 emergency to utilise the reserve of £2.6m. Only four of the projects involved a workforce change for ASCPH. The workforce change for one transformation project was approved by Committee in March 2020. However, the request to approve the workforce changes for the remaining three projects could not be submitted to the April Committee as planned, since this Committee did not go ahead due to the COVID-19 emergency. These projects are listed in **Appendix 2**.
10. All three listed projects are designed to deliver short-term transformation that will enable social care to manage demand, meet its responsibilities, support the NHS to reduce its pressures and stabilise the social care market. The projects have been considered by the ASCPH Senior Leadership team in light of the COVID-19 emergency to ensure that they are still relevant and supportive of the direction that the department wishes to take as services move into a recovery phase. None of the spend will fund operational service delivery and no projects will exceed 12 months. All projects will be monitored and evaluated so that any service implications and lessons learnt can be considered towards the end of each project.
11. NHS colleagues from Nottingham and Nottinghamshire Clinical Commissioning Group and Bassetlaw Clinical Commissioning Group indicated in March 2020 that they supported the use of the Council's BCF reserve for the purposes set out in **Appendix 2**. The proposals will be presented to the Health and Wellbeing Board later in July 2020 for their approval.
12. Committee is asked to approve the following recommendations:
  - a) Project 1 - the temporary 1 fte Programme Manager Partnerships (Band F) post within the Integrated Strategic Commissioning and Service Improvement Directorate to be extended until the end of September 2020, to allow for further review of the future requirements for this role.
  - b) Project 2 - the temporary 0.8 fte Business Support Officer (Grade 3) post to be extended to the end of September 2020, to support recruitment and retention initiatives for front line roles in social care. In addition to working on recruitment for the Supply Register, this post is supporting the development of a new Relief Care Worker Register for Residential services and the Short Term Assessment and Reablement Team (START).
  - c) Project 8 – a 0.8 fte Commissioning Officer (Band B) post to be established for 12 months to implement the Dementia Advance Care Planning and Support project.



## Other Options Considered

13. In addition to the proposed projects on **Appendix 2**, other projects were put forward for consideration by the Corporate Director in January 2020. These other projects have either been rejected or proposed for funding from other sources, such as cost pressures or funding from health.

## Reason/s for Recommendation/s

14. The Committee is requested to approve the workforce implications resulting from the proposed list of transformation projects shown at **Appendix 2**. These posts will deliver short-term transformation that will enable social care to manage demand, meet its responsibilities, support the NHS to reduce its pressures and stabilise the social care market.

## 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 cost of the workforce implications is £99,000. This is available within the NCC BCF reserve.

## Human Resources Implications

17. HR implications are that there will be the following workforce changes:
  - a) the temporary 1 fte Programme Manager Partnerships (Band F) post within the Integrated Strategic Commissioning and Service Improvement Directorate to be extended until the end of September 2020, to allow for further review of the future requirements for this role.
  - b) the temporary 0.8 fte Business Support Officer post (Grade 3) to be extended to the end of September 2020, to support recruitment and retention initiatives for front line roles in social care.
  - c) a 0.8 fte Commissioning Officer post (Band B) to be established for 12 months to implement the Dementia Advance Care Planning and Support project.

## Implications for Service Users

18. The outcomes of the projects which have workforce implications will benefit:
  - people who have both health and social care needs, where those services need to operate seamlessly together

- people who need support and services from adult social care
- people who have dementia and the people who care for them.

## RECOMMENDATIONS

That Committee approves the following workforce changes:

- 1) the temporary 1 fte Programme Manager Partnerships (Band F) post within the Integrated Strategic Commissioning and Service Improvement Directorate is extended until the end of September 2020, to allow for further review of the future requirements for this role.
- 2) the temporary 0.8 fte Business Support Officer (Grade 3) post is extended to the end of September 2020, to support recruitment and retention initiatives for front line roles in social care. In addition to working on recruitment for the Supply Register, this post is supporting the development of a new Relief Care Worker Register for Residential services and START.
- 3) a 0.8 fte Commissioning Officer (Band B) post is established for 12 months to implement the Dementia Advance Care Planning and Support project.

**Melanie Brooks**

**Corporate Director, Adult Social Care and Health**

**For any enquiries about this report please contact:**

Wendy Lippmann

Programme Manager, Partnerships

T: 0115 9773017 M: 07753 6255 84

E: [wendy.lippmann@nottsccl.gov.uk](mailto:wendy.lippmann@nottsccl.gov.uk)

### **Constitutional Comments (LW 24/06/20)**

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

### **Financial Comments (OC20 26/06/20)**

20. The cost of £99,000 will be funded from the BCF Reserve:
  - 1 fte Programme Manager Partnerships (Band F) £39,977, 6 months extension.
  - 0.8 fte Business Support Officer (Grade 3) £10,414, 6 months extension
  - 0.8 fte Commissioning Officer (Band B) £39,072 post is established for 12 months and £9,900 of non pay cost.

### **HR Comments (SJJ 18/06/20)**

21. The temporary contracts for the current incumbents in the posts of Programme Manager and Business Support Officer will be extended and the temporary Commissioning Officer post will be recruited to on a fixed term contract.

## **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.

[Developing integrated models of urgent and emergency care – report to Adult Social Care and Public Health Committee on 16th March 2020](#)

[Review of the Better Care Fund Programme and use of the Better Care Fund reserve for short-term transformation projects - report to Health and Wellbeing Board on 1 July 2020.](#)

## **Electoral Division(s) and Member(s) Affected**

All.

ASCPH716 final



### Simple Guide to the Better Care Fund (BCF) in Nottinghamshire, January 2020

1. Introduction – history and the current funding streams
2. What each area has to do to be granted the funding
3. Governance
4. What services are funded by the programme, by organisation and ICP

## 1. Introduction

### 1.1 History

The Better Care Fund (BCF) was announced in June 2013 within the Government's Spending Review. It was described as creating a national £3.8 billion pool of NHS and Local Authority monies intended to :

- support an increase in the scale and pace of integration
- promote joint planning for the sustainability of local health and care economies

However, the funds that had to be put into the pooled arrangements were not new. This was money that was already funding frontline services in health, social care and local government. Therefore, there was only a limited sense of having a new opportunity to start doing things differently in partnership.

The national requirement was to put a “minimum” amount per CCG and Local Authority into this pooled fund. Partner organisations have the power to put additional funds into the pool.

Since 2013, the focus of the BCF has developed as more funding streams have been added to support social care and allocations have been increased for DFGs. The nature of the national targets have been changed slightly and the NHS targets themselves have been increased each year.

### 1.2 Current position in 2019/20

The BCF pooled budget is made up of a number of existing funding streams to Clinical Commissioning Groups (CCGs) and Local Authorities, anticipated annual grants, alongside recurrent capital allocations. Each organisation has a specified minimum allocation that they have to contribute to a BCF pooled fund.

The funding streams are :

#### a) CCG funding for

- community services (primary, mental health, community or social care)
- local authority delivery of reablement
- carers to receive breaks from caring and other support

- b) **Protecting social care** – to help adult social care manage demand and fund services for people with social care needs
- c) **Care Act 2014 implementation** – to enable adult social care to fund the cost of meeting the new responsibilities of this legislation
- d) **Disabled Facilities Grants** – capital funding for Housing Authorities to provide adaptations to homes and discretionary schemes that meet the aims of the BCF and support people to stay living independently at home creating a “joined up approach”. Innovative approaches are welcome. The provision of information and advice about housing issues can also be funded.
- e) **Improved BCF** – funding to meet adult social care needs, reduce pressure on the NHS (including hospital discharge), and stabilising the social care provider market
- f) **Winter Pressures grant** – originally provided in Winter 18/19 to Adult Social Care to support increased demand over the winter, but then made recurrent from April 2019 (same amount over the full year)

## 2. What the BCF area has to do to be awarded the funding

Every year, the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government publish a “Policy Framework” for the Better Care Fund, called the “Policy Framework”. In addition, these two organisations and NHS England “BCF Planning Guidance” each year. Both documents are developed in partnership with ADASS and the LGA.

Key messages from the Guidance and Policy Framework for 2019/20 are :

- a) It is expected that local areas will be considering how provision across health, local government, social care providers and the voluntary sector can support the shared aims of providing better care at or close to people’s home and a clear focus on prevention and population health management.
- b) The BCF will continue to provide a mechanism for personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital.
- c) There are 4 national conditions that must be in place to receive the funds :
  - ***There must be an agreed Countywide plan*** (most recently to 31 March 2019) signed off by the local Health and Wellbeing Board. Local plans must align with the BCF national conditions and demonstrate measurable progress in respect of key outcomes.
  - ***Investment to maintain provision of social care services*** must be agreed
  - ***A specific proportion of the funding must be invested in NHS commissioned out-of-hospital services***

- ***There must be a plan in place to manage transfers of care out of hospital, based on the “High Impact Change Model”.*** This Model describes 8 themes that are important for having effective patient discharge from hospital. BCF areas must assess themselves against this model as there are 5 stages of maturity. They must be planning to increase their maturity over time. Areas should be at the 3<sup>rd</sup> level “Established” across all 8 themes as a minimum.

d) As long as these conditions are satisfied, the BCF partners can use the available funding as they choose but must be able to show how the spending is helping them to meet the 4 national targets set out below.

e) The 4 national targets are :

1. ***Level of emergency/unplanned admissions to hospital*** – per 100,000 population
2. ***Annual rate of admissions to residential and nursing homes for older adults*** (aged 65+)
3. ***Effectiveness of reablement services*** (proportion of older people discharged from hospital who receive reablement services and are still at home, 91 days after discharge)
4. ***Delayed transfers of care*** – how many days of delay in hospital were experienced by people after they were well enough to be discharged

These targets have stayed the same since the BCF was established to allow comparison of progress over time.

The level of Targets 1 and 4 are set nationally. Targets 2 and 3 are set by the local area.

f) Expected output measures must be shown in the BCF plan.

Service	Unit
Domiciliary care	Packages/hours of care
Reablement/rehabilitation	Packages/hours of care
Bed-based intermediate care Step up/step down	Number of beds
Residential placements	Placements
Personalised care at home	Packages

g) The DFG grant must be spent in accordance with the BCF plan. In two-tier areas, decisions around the use of DFG funding will need to be made with the direct involvement of both tiers working jointly to support integration ambitions.

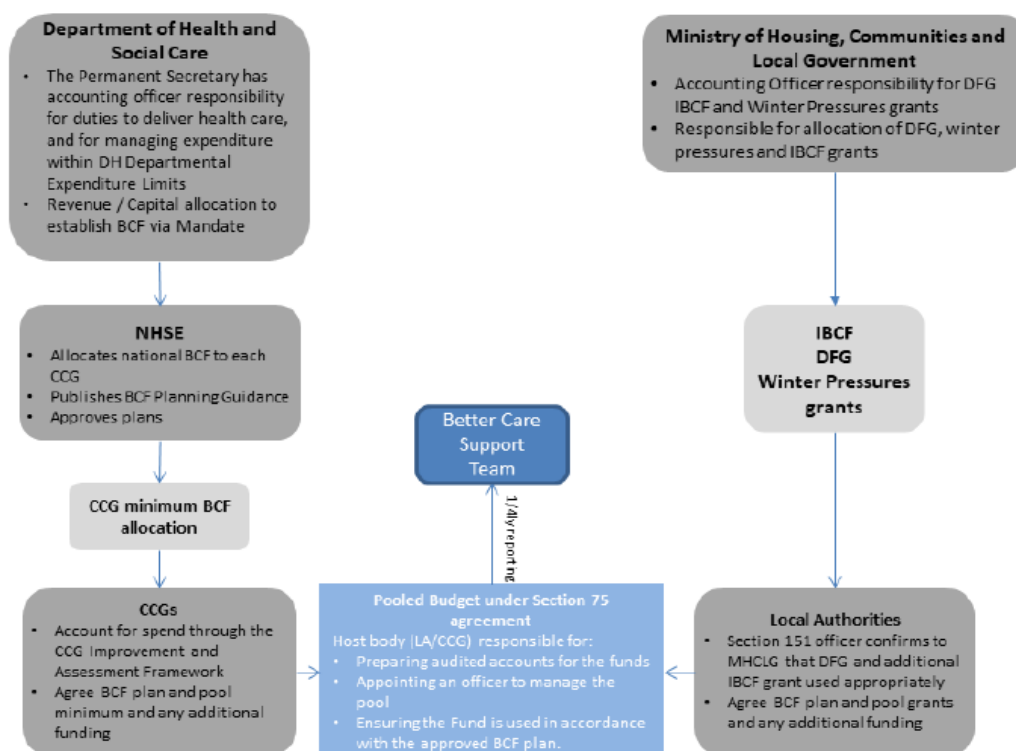
h) As part of their programme to join up services and improve delivery of services to meet the 4 national targets, it is expected that BCF areas will also want to use their plan to :

- a. Develop delivery of 7-day services across health and social care
- b. Improve data sharing between health and social care

- c. Ensure a joint approach to assessments and care planning
  - d. Address health inequalities in their area and reduce inequalities for people with protected characteristics under the Equality Act 2010.
- i) Local areas should also ensure that the financial planning and overall approach to integrated care within BCF plans is aligned to their local ICS plans, as these plans are also required to plan for the integration of service delivery across local systems.

### 3. Governance – how the BCF programme is managed and changed

#### 3.1 The national funding cycle

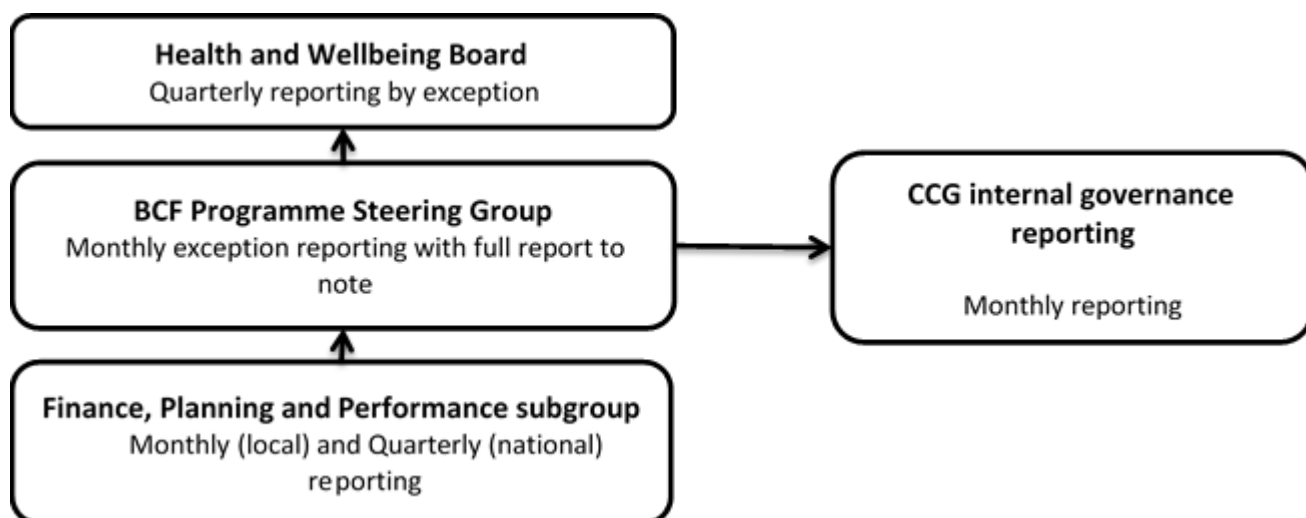


#### 3.2 Local oversight and monitoring

1. The Health and Wellbeing Board is accountable for the administration and agreement of the BCF. A governance structure has been put in place to undertake work on behalf of the Board.
2. The purpose of the BCF Steering Group is to provide system leadership to ensure delivery of the BCF plan to improve outcomes for the people of Nottinghamshire. The Steering Group reports to the Health and Wellbeing Board, with the main focus being upon delivery assurance and proactive performance management of the agreed County-wide plan.



3. The purpose of the BCF Finance, Planning and Performance subgroup is to report and monitor progress in implementation of the BCF plan in terms of scheme delivery, delivery of the national and local performance and finance metrics, and delivery of the pooled budget. The group monitors risks to delivery and identify mitigating actions at unit of planning level.



Note – the BCF Steering Group has been meeting quarterly during 19/20. The Finance Planning and Performance sub-group has been meeting every 6 weeks rather than monthly.

### 3.3 Changes to the Plan

The BCF Plan has to be agreed each year by all the partners and approved by the Health and Wellbeing Board. The timing of this is dependent on when the national guidance is received for developing the Plan. Usually the Plan for the following year is developed between January to March and submitted to the Health and Wellbeing Board between April to June. This is the main point at which investment and scheme arrangements are changed.

If local areas want to change or decommission schemes, or invest in new schemes during the year, the plan must be jointly agreed and resubmitted to the Health and Wellbeing Board. Then it must be resubmitted nationally with an explanation of the changes.

## 4. BCF Funding and local service provision – 2019/20

### 4.1 Overall funding

Running Balances	Income £ m
Minimum CCG Contribution	55.3
iBCF	26.5
DFG	6.9
Winter Pressures Grant	3.5
Additional LA Contribution	£0
Additional CCG Contribution	£0
<b>Total</b>	<b>£92.2</b>

Required Spend	Minimum Required Spend £ 000s
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£15,703
Adult Social Care services spend from the minimum CCG allocations	£21,452

The minimum CCG contribution includes funds that allocated to NHS services (community, mental health and primary care) as well as funds that are passed to the County Council to make up the following funding streams :

Protecting Social Care	£ 17.9m
Care Act Implementation	£ 2.2m
Support for carers	£ 1.3m

Therefore in total, the County Council has £ 51.4m to spend using BCF funds (ie the above 3 funding streams from the CCG, iBCF and the Winter Pressures grant). The CCGs have £ 33.9m to spend and the District and Borough Councils have £ 6.9m to spend.

## 4.2 Services being funded by Nottinghamshire County Council

See Appendix 1

## 4.3 Services being funded by the Clinical Commissioning Groups

### Bassetlaw

Theme	Description	Value £ 000s
Discharge/Assessment Inc. Intermediate Care	Rapid Response, Falls Team, Discharge Team at Bassetlaw Hospital, ICELS (community equipment and aids), Intermediate Care, Discharge to Assess schemes, Mental Health intermediate care, Prevention LES, Care of the Elderly scheme	3437
Neighbourhood Teams and 7 Day Access To Services	Community staffing in Integrated Neighbourhood Teams, social prescribing, other costs within the Nottinghamshire Healthcare NHS Trust block contract, Care Home LES	1068
Mental Health Liaison	MH liaison staff to support people in crisis to avoid hospital admission and street triage scheme	466
Respite Services	Funding of Bluebell Wood short breaks home	21
Improving Care Home Quality	QIF scheme	31
Telehealth	Packages of telehealth for individuals	20
Total		5043

*LESs are Local Enhanced Service arrangements, generally between the CCG and a GP. They are effectively a mini contract with quite a tight objective.*

*QIF is the Quality Initiative Fund. This scheme is to incentive primary care to work with Care Homes to help ensure residents do not attend hospitals unnecessarily.*

## **Nottingham and Nottinghamshire**

See Appendix 2

### **4.4 Services being funded by the District and Borough Councils**

The DFG funding is capital money which can be used for a variety of purposes including :

- a) Major adaptations to the person's home (eg to introduce a level access shower, downstairs wet room or toilet, lifts). Normally schemes would not exceed the £ 30k level but Councils have a discretionary power to fund an additional amount, currently agreed as £ 10k. Beyond this level, the County Council has a statutory duty to meet additional costs. Some schemes for disabled children are very expensive eg £ 60-90k.
- b) Minor adaptations including stairlifts, ceiling track hoists, ramps
- c) Contribution to the countywide HPAS service (Handy Persons Adaptations Scheme)
- d) Assistive Technology schemes
- e) Warm Homes on Prescription schemes
- f) Independent Living capital builds
- g) Other relevant capital schemes eg dementia bungalows, temporary accommodation for hospital discharge patients with housing needs

This table shows planned expenditure for 19/20, including carry forward from 18/19.

<b>District</b>	<b>DFG Schemes</b>	<b>HPAS</b>	<b>WHOP</b>	<b>AT</b>	<b>Independent living</b>	<b>Other</b>	<b>Total</b>
Ashfield	807	75	141				<b>1023</b>
Bassetlaw	810	95	50			225	<b>1180</b>
Broxtowe	802	70	35			271	<b>1178</b>
Gedling	959	85	90	10		135	<b>1279</b>
Mansfield	1210	102	100	40		35	<b>1487</b>
N & S	851	83	105	50	39		<b>1128</b>
Rushcliffe	547	54	54		12		<b>667</b>
<b>Total</b>	<b>5986</b>	<b>564</b>	<b>575</b>	<b>100</b>	<b>51</b>	<b>666</b>	

Please note that this information has been provided by the relevant partners or gleaned from existing spreadsheets.

W. Lippmann  
Programme Manager, Partnerships  
17.1.20

Ref	Theme	Bid Name	Description of proposal	Which Nottinghamshire residents will benefit from this project ?	Cost 1 year £ 000s
1	Supporting integration and partnership working	Partnerships Programme Manager Post	Work with partner agencies to implement a revised BCF Programme of transformational change which enables the NHS, social care and district councils to provide services in ways that are not being addressed by other initiatives. Work with joint commissioners in CCGs to explore the opportunities for joint commissioning across health and ASCPH. Manage the staff within the Partnerships Team.	All residents who have both health and social care needs, where services need to operate seamlessly together	40
2	Managing social care demand	Temp BSO to support recruitment & retention initiatives.	Temporary Business Support Officer post to support Recruitment and Retention initiatives for front line roles in social care. Agreed to use BCF reserve to fund the 3 m extension of this post until the BSO review is completed. We want the post to be funded recurrently within the Departmental budget.	All residents who need support and service from ASCH front line staff	10
3	Supporting the NHS to manage pressures and managing social care demand	Dementia Advance Care Planning and Support.	Using a co-production approach, implement a standardised countywide package for people living with dementia and their carers to engage with advance care planning, map dementia pathways and make recommendations for improvement.	All residents who have dementia and their carers	49

99

17.6.20



**13 July 2020****Agenda Item: 9****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: Sara Allmond – [sara.allmond@nottscg.gov.uk](mailto:sara.allmond@nottscg.gov.uk)

### **Constitutional Comments (HD)**

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

### **Financial Comments (NS)**

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

### **Background Papers and Published Documents**

- None

### **Electoral Division(s) and Member(s) Affected**

- All



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

<b>Report Title</b>	<b>Brief Summary of Agenda Item</b>	<b>Lead Officer</b>	<b>Report Author</b>
<b>14 September 2020</b>			
Budget and performance update	To update the Committee on the department's current financial situation and the impact of the response to COVID-19 and current performance across services.	Corporate Director, Adult Social Care and Health	Melanie Brooks/Kath Sargent/Matt Garrard
Recovery Plan	To share the recovery plan for Adult Social Care and Public Health and progress to date with Committee.	Director of Transformation and Service Improvement	Grace Natoli
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	Cherry Dunk
Approval for tender for Direct Payments Support Services	To request committee approval for procurement process to commence.	Corporate Director, Adult Social Care and Health	John Stronach
Public Health Grant Proposals	To seek approval for proposals related to the Public Health Grant	Director of Public Health	Will Brealy
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Children's Integrated Commissioning Hub Staffing	To seek approval for changes to the Children's Integrated Commissioning Hub Staffing	Director of Public Health	Katharine Browne
<b>12 October 2020</b>			
Progress of framework agreement for equipment based major adaptations in people's homes	Report on progress with implementation of new framework.	Corporate Director, Adult Social Care and Health	Cate Bennett

