

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

**Monday, 07 January 2019 at 10:30**

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

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## **AGENDA**

- |    |  |         |
|----|--|---------|
| 1  | Minutes of the last meeting held on 10 December 2018   | 5 - 10  |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Supported Employment Services  | 11 - 18 |
| 5  | Connecting the National Adult Social Care Recruitment Campaign with a Local Recruitment Campaign   | 19 - 30 |
| 6  | Adult Social Care and Health – Update on Departmental Initiatives  | 31 - 40 |
| 7  | Use of Capital for the Award of Grants for Bespoke Support Accommodation Requirements  | 41 - 46 |
| 8  | National Children and Adult Services Conference - 14-16 November 2018  | 47 - 50 |
| 9  | Adult Social Care and Public Health - Events, Activities and Communications  | 51 - 54 |
| 10 | Establishing an Integrated Care System Board for Nottingham and Nottinghamshire  | 55 - 64 |

11	Quality Auditing and Monitoring Activity - Care Home and Community Care Provider Contract Terminations and Suspensions	65 - 72
12	Work Programme	73 - 78
13	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**

- |    |   |
|----|---|
| 14 | Exempt Appendix to Item 11 - Quality Auditing and Monitoring Activity |
|----|---|
- 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 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 10 December 2018 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Stuart Wallace (Chairman)  
Tony Harper (Vice-Chairman)  
Steve Vickers (Vice-Chairman)

Nicki Brooks  
Boyd Elliott  
Sybil Fielding  
David Martin

Francis Purdue-Horan  
Andy Sissons  
Muriel Weisz  
Yvonne Woodhead

**OFFICERS IN ATTENDANCE**

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's  
Sue Batty, Service Director, Adult Social Care & Health  
Nathalie Birkett, Group Manager, Adult Social Care & Health  
Melanie Brooks, Incoming Corporate Director, Adult Social Care & Health  
Jonathan Gribbin, Director of Public Health, Adult Social Care & Health  
Abby Jakeman, Senior Media Officer, Chief Executive's  
Dawn Jenkin, Consultant in Public Health, Adult Social Care & Health  
Paul Johnson, Service Director, Adult Social Care & Health  
Jennie Kennington, Senior Executive Officer, Adult Social Care & Health  
Rebecca Larder, Greater Nottingham Director of Transformation, NHS  
Mark McCall, Service Director, Adult Social Care & Health  
Ainsley MacDonnell – Service Director, Adult Social Care & Health  
Paul McKay – Deputy Director, Adult Social Care & Health  
Jane North, Programme Director – Transformation, Adult Social Care & Health  
David Pearson, Corporate Director, Adult Social Care & Health  
Catherine Pritchard, Consultant in Public Health, Adult Social Care & Health  
Kath Sargent, Senior Finance Business Partner, Chief Executive's  
Tristan Snowdon-Poole, Public Health and Commissioning Manager, Adult Social Care & Public Health

**1. MINUTES OF THE LAST MEETING**

The minutes of the meeting of Adult Social Care and Public Health Committee held on 8 October 2018 were confirmed and signed by the Chair.

**2. APOLOGIES FOR ABSENCE**

None

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

None.

### **4. PUBLIC HEALTH OUTCOMES IN NOTTINGHAMSHIRE**

Councillor Tony Harper and Jonathan Gribbin introduced the report and responded to questions.

#### **RESOLVED 2018/100**

That an update report be received in the next 12 months and that this be included in the work programme.

### **5. PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT JULY TO SEPTEMBER 2018**

Councillor Tony Harper and Nathalie Birkett introduced the report and responded to questions.

#### **RESOLVED 2018/101**

That there were no actions arising from the report.

### **6. USE OF PUBLIC HEALTH GENERAL RESERVES**

Councillor Stuart Wallace and Jonathan Gribbin introduced the report and responded to questions.

#### **RESOLVED 2018/102**

- 1) That additional uses of Public Health reserves from the list in Appendix 2 of the report be approved, including approval to implement agreed proposals and commence related procurement
- 2) That the following fixed-term posts be established:
  - a) Fixed term 1 FTE Public Health Support officer at Band B, for a period of 2 years from the date of appointment
  - b) Fixed term 0.5 FTE Public Health Intelligence Analyst at Band B, for a period of 12 months from the date of appointment

### **7. PROGRESS REPORT ON THE NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM (ICS) WORK STREAM: 'PREVENTION, PERSON AND COMMUNITY CENTRED APPROACHES'**

Councillor Stuart Wallace and Jonathan Gribbin introduced the report Jonathan and Jane North responded to questions.

#### **RESOLVED 2018/103**

That there were no actions arising from the report.

## **8. PROGRESS AND NEXT STEPS WITH THE TRANSFORMATION OF THE COUNCIL'S REABLEMENT SERVICE**

Councillor Steve Vickers and Sue Batty introduced the report and responded to questions.

### **RESOLVED 2018/104**

That the performance targets and associated savings, as set out in paragraph 8 of the report be approved, to be delivered by the project to transform the Council's Reablement Service as part of the Improving Lives Programme.

## **9. ADULT SOCIAL CARE AND HEALTH PERFORMANCE FOR QUARTER 2**

Councillor Steve Vickers and Sue Batty introduced the report and responded to questions.

### **RESOLVED 2018/105**

That there were no actions arising from the report.

## **10. PROGRESS REPORT ON BUDGET, SAVINGS AND IMPROVING LIVES PORTFOLIO**

Councillor Stuart Wallace and Jane North introduced the report and responded to questions.

### **RESOLVED 2018/106**

That an update report be received in the next three to six months, and that this be included in the Committee work programme.

## **11. INDIVIDUAL CONTRIBUTIONS TOWARDS THE COST OF CARE AND SUPPORT**

Councillor Stuart Wallace and David Pearson introduced the report and responded to questions.

The motion was put to the meeting and after a show of hands the Chairman declared it was carried.

The requisite number of Members requested a recorded vote and it was ascertained that the following 6 Members voted '**For**' the motion:

Boyd Elliott  
Tony Harper  
Francis Purdue-Horan

Andy Sissons  
Steve Vickers  
Stuart Wallace

The following 5 Members voted '**Against**' the motion:

Nicki Brooks  
Sybil Fielding  
David Martin

Muriel Weisz  
Yvonne Woodhead

The Chairman declared that the motion was carried and it was:

**RESOLVED 2018/107**

That the phasing, as detailed in paragraphs 8 to 13 of the report, of the implementation of the Council's policy for calculating the individual contributions that a person in receipt of adult social care services can afford to make towards the cost of their care and support be approved.

**12. UPDATE ON IMPLEMENTATION OF THE NEW HOME BASED CARE SYSTEM AND SUPPORT SERVICES**

Councillor Steve Vickers and Paul Johnson introduced the report and responded to questions.

**RESOLVED 2018/108**

That the implementation of the 'Contributions towards a Personal Budget Guidance' to the Home First Response Service in-line with the Council's current charging policy and recent changes to the Short Term Assessment and Reablement service be approved.

**13. UPDATE ON THE DEVELOPMENT OF AN INTEGRATED CARE SYSTEM IN SOUTH NOTTINGHAMSHIRE, NOTTINGHAM AND MID NOTTINGHAMSHIRE**

Councillor Stuart Wallace and Sue Batty introduced the report and responded to questions.

**RESOLVED 2018/109**

- 1) That the proposed next steps for the Council to explore with partner organisations, as outlined in paragraphs 20 and 21 on the report, be approved.
- 2) That a further report be brought to the Committee before the end of March 2019 setting out the options for the Council in relation to continued membership of the Better Together Alliance in Mid Nottinghamshire.
- 3) That a further report on the Integrated Care Partnership for South Nottinghamshire and Nottingham be brought to the Committee in June 2019 detailing the options and recommendations, and that Members are kept up to date with progress through the dedicated Members Reference Group for Health Integration.

**14. ESTABLISHING AN INTEGRATED CARE SYSTEM BOARD FOR NOTTINGHAM AND NOTTINGHAMSHIRE**

The item was withdrawn at the meeting

**15. WORK PROGRAMME**

**RESOLVED 2018/110**

That the work programme be accepted with the additions agreed earlier in the meeting.

**16. EXCLUSION OF THE PUBLIC**

**RESOLVED 2018/111**

That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

**17. EXEMPT APPENDIX TO ITEM 9: ADULT SOCIAL CARE AND HEALTH PERFORMANCE FOR QUARTER 2**

**RESOLVED: 2018/112**

That the information in the exempt appendix be noted.

The meeting closed at 12.29 pm.

**CHAIR**



7 January 2019

Agenda Item: 4

## **REPORT OF THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE AND DIRECT SERVICES**

### **SUPPORTED EMPLOYMENT SERVICES**

#### **Purpose of the Report**

1. The report has been requested by the Committee and gives an update on the ongoing development of supported employment services and initiatives across different areas of the Council which support adults and young people with additional needs and/ or disabilities into paid employment, work experience or training.
2. The report seeks Committee support in further promoting and encouraging the creation of supported employment opportunities both within the Council and externally with local employers.

#### **Information**

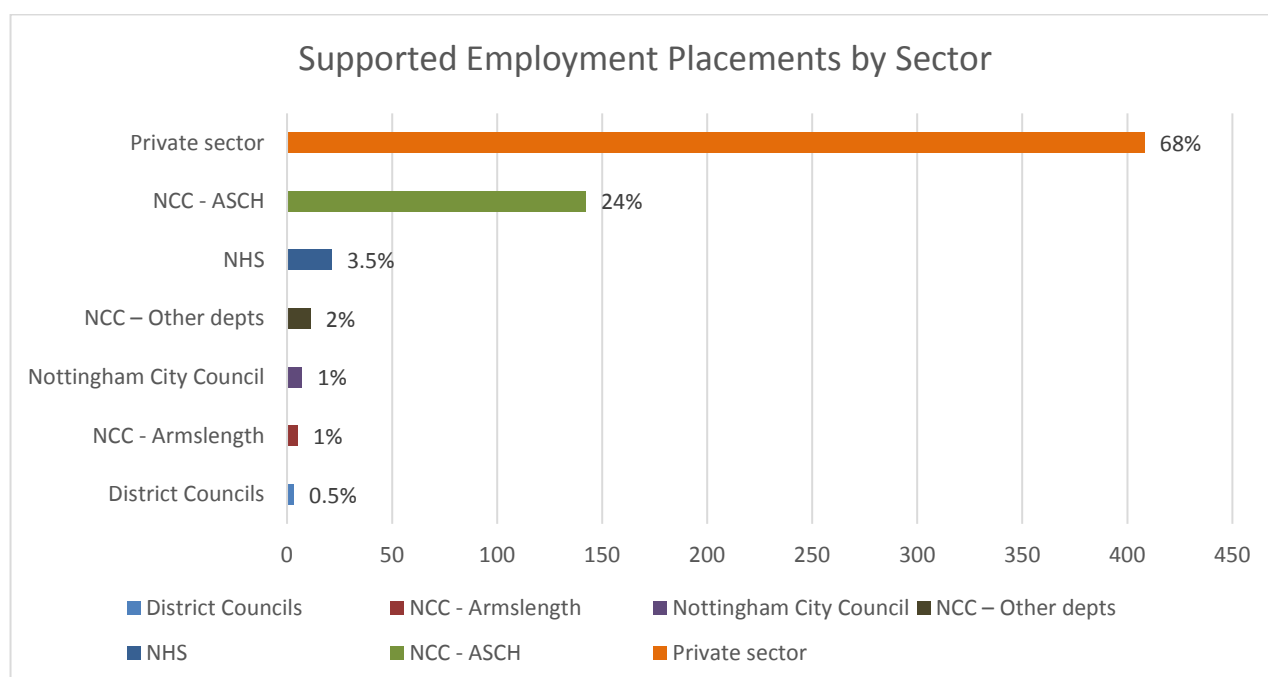
3. The report gives an overview of the range of activity taking place within various departments to support adults and young people with disabilities or additional needs into employment.
4. Adult Social Care, Children and Families and corporate colleagues are engaged in either directly providing employment support or providing the right culture and/ or infrastructure within the Council to grow opportunities.
5. Information about a number of initiatives are detailed in **paragraphs 6 to 26** followed by a summary of current performance in **paragraphs 27 to 34**.

#### **iWork**

6. The iWork team supports people with learning disabilities, Asperger's and autism into paid employment. Support is tailored to the individual and the specific employment opportunity with the objective of jobseekers being able to function independently in the workplace. Voluntary and work experience placements are supported by iWork staff as part of the journey into paid employment. The team continues to support people after they have started in a role to help ensure they stay in post, working with the individual and their employer as needed. iWork has supported a total of 740 people into employment (both paid and voluntary) since its creation. The team is currently actively supporting 385 people in some form of employment activity, with 216 (56%) in some form of paid work - 146 in permanent

jobs, 59 in temporary jobs, and a further 11 in a paid fixed term role or apprenticeship. The remaining 169 people (44%) are at various stages of referral, profiling, training, application or work trial.

7. The iWork team works closely with the Council's own services – County Enterprise Foods, County Horticulture and Solutions4Data to establish employment opportunities for individuals, however most of their work is currently with external organisations and local businesses of varying sizes and across different sectors, encouraging and supporting companies to offer employment to people with a learning disability, Asperger's or autism with a view to developing natural support within the workplace.
8. The table below shows the split of supported employment placements across different sectors.



9. As can be seen from the data, the majority (68%) of iWork placements are with private sector employers across a range of industries. Nottinghamshire County Council provides 27% of the supported employment placements, although 24% of these placements are within adult social care managed provision such as County Enterprise Foods and County Horticulture with only 3% of supported employment opportunities being in other Council departments or arm's length services.

### **Employment Hub/ County Horticulture**

10. In September 2015, Committee approved the development of the Employment and Skills Training Hub within the Council's County Horticulture Service. This forms part of the wider service which currently supports 46 service users across two sites at Brooke Farm in Linby and Balderton. In addition, there are a further 15 placements available within the Employment Hub for adults with learning disabilities to gain skills in horticulture, retail, food preparation and hygiene, food service, office administration and employability skills.

11. At present, 13 people are attending the Employment Hub, predominantly at the Brooke Farm site with two people attending the Balderton venue. Three people are in their second year of the programme and it is likely that, due to their learning needs, they will require the full three years attendance in the Hub before being ready for employment. Initial reviews take place at the three month period of attendance as to their expectations and aspirations for employment, with ongoing review continuing throughout the programme. To date there have been 23 incoming referrals, of which 19 were accepted onto the programme and four were declined. Seven people have exited, two of whom have found employment, one paid and supported by the Council's iWork team and the other to a voluntary position with a local charity. The remainder left for a variety of personal reasons, including lack of interest and commitment, high absenteeism, travel and financial issues.
12. In April 2018, Committee approved capital investment to develop the Brooke Farm site, including an improved retail offer new café facility which will further increase the number and range of employment and training opportunities available.

### **County Enterprise Foods**

13. County Enterprise Foods (CEF) was established in 1987 with the objectives of both producing meals for its own meals at home service and providing employment opportunities for people with disabilities who may find it difficult to find work in mainstream employment settings.
14. Over 30 years later, the service continues to deliver against these objectives with 32% of the CEF workforce being supported employees with either physical or learning disabilities, working in all areas of production from food preparation and cooking to packaging.
15. In addition to supplying the Council's own meals at home service, the service also supplies five external contracts which constitutes 51% of production. CEF has recently recruited to a sales development role with the intention of increasing sales and service take up which will help to sustain the future of CEF and continue the provision of supported employment opportunities.
16. The CEF model is recognised nationally with the CEF Team Manager winning Catering Manager of the Year 2018 at the National Association of Care Catering awards where another member of the team was a runner up in the National Care Catering Hero Award. The team has previously also been regional finalists in the Great British Care Awards. The award and nominations have helped to raise the profile of the service in the industry.

### **Solutions4Data**

17. Solutions4Data is a Department of Work and Pensions (DWP) accredited supported business within the Council which provides bulk scanning, copying and printing services internally within the Council with some services also provided to Nottingham University, Nottingham City Council and other public sector organisations or partners.
18. The service currently employs six people with a range of disabilities in ring fenced supported employment placements that are part funded by DWP and managed by the Shaw Trust under the Work Choice Scheme. The Work Choice Scheme offers people with disabilities

the opportunity to train, gain skills and work experience with a view to participants moving forward and securing permanent employment in the future.

### **Supported Internships**

19. Employment and training, apprenticeship and internship opportunities are considered for all young people referred to the Transitions team and recent work to review the post-16 curriculum indicates that there is a growing understanding of the importance of promoting employment pathways as an alternative to more traditional forms of support.
20. Supported Internships, aimed at young people aged 16-24 years, are one way of achieving this. Interns are based with an employer and gain work experience over the course of a year, whilst also continuing to receive education. The programmes are very structured and the aim is that people will be in a good position to secure paid employment at the end of the internship year.
21. The Council is hoping to use the majority of its Supported Internship grant from central government to engage more employers in work experience and Supported Internship programmes to increase employment opportunities and the acquisition of vocational skills. Strategically work is also taking place through D2N2 to develop a closer alignment between skills supply and labour market demand - this model must also be applied to shaping provision for young people with special educational needs and disabilities if employment opportunities are to be increased and sustained. The number of Supported Internship placements currently stands at 30.
22. A particular initiative to note is Project Search, located on site at Nottingham City Hospital (where one of the iWork support workers is permanently based) as they deliver a supported internship programme in partnership with Nottingham University NHS Trust, Foxwood Special School and Landmarks Specialist College.
23. Students spend their academic year and daily class time on site with their first hour spent in a classroom developing vocational specific skills, including CV writing, social skills, job application, food hygiene, hand hygiene and some basic maths and English in accordance with the curriculum requirements of the school. They then spend the next four hours of the day on their internship, working within departments of the hospital, at both City and Queen's Medical Centre. Departments might include linen services, cleaning, retail, catering, patient catering, the Busy Bees Nursery, logistics, grounds maintenance, IT, estates and facilities, admin, stores and the post room. They then return to the classroom for their last hour of the day for a debrief and review of their placement. The interns rotate through three placements for each of the three academic terms, unless they settle in an area where they want paid work.
24. The level of support is tapered and eventually withdrawn to enable the individual to work as independently as possible. If at any point the students are ready for paid work and an opportunity arises, they are supported through the recruitment process. Approximately 70% of those who sign up to Project Search end up in full time employment.

## **Wider County Council Developments**

25. As one of the largest local employers, Nottinghamshire County Council seeks to act as a community leader in promoting employment opportunities for people with a range of disabilities. Recent reports to Personnel Committee on 3<sup>rd</sup> October and 28<sup>th</sup> November 2018 referenced a number of initiatives including an update on ongoing actions towards a higher level of Disability Confident accreditation. To achieve this the Council has to demonstrate practical support and commitment to enabling people with disabilities to access employment and to achieve their full potential in work.
26. Approval has been sought to have a more cohesive programme of career outreach work, work experience, internships and apprenticeships, particularly in support of Looked After Children and Care Leavers, but this approach can be readily adapted to include other young people who may wish to access employment opportunities through a Supported Internship.
27. Some of the work undertaken to date as part of the graduate programme has included the offer of internships as part of the Leonard Cheshire Challenge 100 programme, which the Council has successfully engaged with for a second year. However it is recognised and understood that not everyone will have the required level of qualification to access these opportunities. Supported Internships provide the opportunity for young people with education, health and care (EHC) plans to access employment opportunities alongside any extra support they require.
28. Colleagues from a range of services across the Council have met to develop a common understanding of what can be offered and agree how commitment to the programme can be grown to ensure that any such placements are meaningful and a genuine platform from which to access permanent paid employment.

## **Adult Social Care Outcomes Framework (ASCOF) Performance**

29. Despite the initiatives described in the body of the report, the Council's performance against the ASCOF indicator "*Proportion of adults with learning disabilities in paid employment*" continues to be a challenge and an area for ongoing improvement.
30. Nottinghamshire performance currently sits at 2.7% against the East Midlands average of 4.3% and the national average of 5.8%.
31. However, there are a number of factors related to how this performance indicator is measured that means that the Council actually supports a greater number of people into paid employment or onto pathways to employment than can be counted towards the indicator. The criteria is that the people who can be counted towards the ASCOF indicator must have **a primary support reason of learning disability support must be known to the council** (see definition below) and must be **in paid employment**.
32. Not everyone that the Council supports into paid employment will meet the ASCOF criteria. Only a proportion will have 'learning disability support' as their primary support reason and people with Asperger's, autism or other disabilities would be screened out of the count.
33. The definition of individuals 'known to the council' is restricted to those adults of working age (with a primary support reason of learning disability support) who received long term

support during the year in the settings of residential, nursing and community but excluding prison.

34. The Council's Adult Social Care strategy focuses on supporting and enabling people to be as independent as they possibly can be and to reduce reliance on statutory services. The most likely people to be in paid employment are those with lower level needs or higher levels of independence who are not in receipt of the type of long term support described.
35. Additionally, the measure is focused on 'paid' employment. Voluntary work, work training activity and internships are excluded from the measure. The reality is that for many people with a learning disability, a significant period of "job readiness" will be required before they are confident enough or have the right skill set to secure paid employment.
36. The Council has undertaken a number of actions to improve the performance indicator, such as ensuring that the recording of employment status is a mandatory field in Mosaic and capturing performance information about both those people who can be counted towards the indicator and those who the iWork team support that we are unable to count.
37. If all of the 216 people supported by iWork who are in paid employment (as described in **paragraph 6**) could be counted towards the ASCOF indicator, then the Council's performance would be 10.3%.

## Next Steps

38. Developments in relation to the Council's supported employment offer are ongoing with clear action plans in place with regards to young people in transition, supported internships and further development of employment focused direct services such as iWork, County Enterprise Foods and County Horticulture.
39. Although there are several existing supported employment initiatives within the Council and a wide network of local employers who are positive in providing supported employment opportunities to young people and adults with disabilities or additional needs, further work is needed to expand the range of opportunities within the authority as only 3% of supported employment opportunities are in Council departments outside of adult social care, as described in **paragraphs 8 and 9**.
40. Support from Members of the Adult Social Care and Public Health Committee in positively promoting and encouraging the creation of supported employment opportunities both within the wider Council and elsewhere would be welcome, either through contact with Member colleagues or through links with local employers and businesses within their constituencies.
41. In relation to improving the Council's performance in relation to the "*Proportion of adults with learning disabilities in paid employment*", it has been established that the Council would need to support an additional 34 people, who meet the criteria of the ASCOF indicator, into paid employment to meet the regional average and a further 32 beyond this to be in line with the national average.
42. As part of the ongoing development of the iWork service, it is planned to review whether this target of 66 additional people could be supported by the existing team of 9 FTE staff or

whether additional resources would be required. If there are additional resource requirements, a further report will be brought to the Committee at a future date.

### **Other Options Considered**

43. There are no other options considered as the report is providing a summary of the work being undertaken to support people with disabilities or additional needs into employment.

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

44. The report provides the Committee with an overview of the work undertaken and provides an opportunity for the Committee to consider any further actions it requires.

### **Statutory and Policy Implications**

45. 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**

46. There are no specific financial implications relating to this update.

### **Implications for Service Users**

47. The work being undertaken to support adults and young people with disabilities and additional needs into employment is a positive driver towards independence, choice and control.

## **RECOMMENDATION/S**

That:

- 1) Committee considers whether there are any further actions it requires in relation to the ongoing development of supported employment services and initiatives across different areas of the Council which support adults and young people with additional needs and/ or disabilities into paid employment, work experience or training.
- 2) Committee members promote and encourage the creation of further supported employment opportunities both within the Council and externally with local employers.

**Ainsley MacDonnell**  
**Service Director, North Nottinghamshire and Direct Services**

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

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**Constitutional Comments (KK 19/12/18)**

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

**Financial Comments (KAS 21/12/18)**

49. As stated in paragraph 46 there are no financial implications arising from this report.

**Human Resources Implications (GME 21/12/18)**

50. The HR implications are contained in paragraphs 25 to 28. As a Disability Confident Employer, the Council has a publicly stated duty to support and maintain people with disabilities to access and maintain employment. Increasingly we are developing an across Council approach to ensure we maximise all opportunities and ensure that we promote ourselves as an inclusive employer.

**Background Papers and Published Documents**

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

Consultation about the future of the County Horticulture Service – report to Adult Social Care and Health Committee on 7<sup>th</sup> September 2015

Adult social care and commercial development – outcome of consultation – report to Adult Social Care and Public Health Committee on 16<sup>th</sup> April 2018

Update on Nottinghamshire County Council's Participation in the Leonard Cheshire Change 100 Internship Programme 2018 – report to Personnel Committee on 3<sup>rd</sup> October 2018

Progress on Disability Confident Accreditation – report to Personnel Committee on 3<sup>rd</sup> October 2018

Work Experience and Apprenticeships for Looked After Young People and Care Leavers – report to Personnel Committee on 28<sup>th</sup> November 2018

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

All.

ASCPH615 final

7 January 2019

Agenda Item: 5

## **REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE**

### **CONNECTING THE NATIONAL ADULT SOCIAL CARE RECRUITMENT CAMPAIGN WITH A LOCAL RECRUITMENT CAMPAIGN**

#### **Purpose of the Report**

1. To seek Committee approval to connect the National Adult Social Care Recruitment Campaign with a local recruitment campaign and proceed with a range of events and activities to boost recruitment to key roles.

#### **Information**

##### **National Recruitment Campaign for Adult Social Care – findings from a scoping study**

2. The national difficulties experienced over recent years in recruiting and retaining sufficient frontline care workers to meet rising demand across all sectors of the social care market is well known. In response to this, from November 2017 to February 2018, a national evidence review and consultation exercise was undertaken by Skills for Care. This established the main challenges faced by the social care sector when recruiting, as follows:
  - perception of low pay (80%)
  - not enough people applying for vacancies (70%)
  - perception of poor terms and conditions of employment (69%)
  - poor public perception of adult social care locally (61%)
  - lack of awareness of different roles and opportunities (56%)
  - candidates' expectations do not match the reality of the work (40%)
  - applicants do not have genuine interest in the roles (33%) or lack the right values (27%).
3. The outcome of the Skills for Care consultation was that 94% of survey respondents strongly supported a national campaign. 98%-99% of respondents agreed with the stated aims of the campaign as set out at **paragraph 7** below.
4. In September 2018 the Department of Health and Social Care announced that they would therefore progress the campaign in two pilot sites (Gloucestershire and Tyne and Wear Councils) over the autumn, quickly evaluate and if successful, seek to roll out to local authorities early in the New Year. The pilot will focus on frontline social care workers, with the aim to widen out to other roles if successful.

## **Difficulties in recruiting and retaining staff to support people in Nottinghamshire**

5. A workforce intelligence data report was published by Skills for Care in June 2018, assessing vacancy rates for the whole of adult social care across all sectors, including not for profit, private, public and people employed as well as personal assistants. The report estimated that the turnover rate in Nottinghamshire was 30.1%, which was slightly lower than the East Midlands average of 33.1% and similar to England at 30.70%. It also estimated that in Nottinghamshire, 9% of roles in adult social care were vacant at any one time, which equates to approximately 2,000 vacant posts.
6. Current vacancies in the Council's Short Term Assessment and Reablement Service (START) run at an average rate of 7%. These vacancies need to be filled quickly, along with the short term posts to provide extra capacity over the winter.

## **The Objectives of the National Recruitment Campaign**

7. The objectives of the national campaign are:
  - raise awareness of the sector so that the public understands the importance of the adult social care workforce
  - increase interest in a job in adult social care among target audiences by 10% by April 2019
  - increase the number of applications into social care jobs by 10,000 by April 2019
  - equip smaller and medium-sized providers with tools for successful proactive recruitment to increase the number of vacancies advertised online on job boards by 25%
  - showcase the range of roles within the adult social care workforce, increase awareness that jobs are available and increase the interest in applying and advocacy from friends and family members in supporting a friend or family member in applying.
8. The proposal is that the campaign needs to raise the variety and breadth of adult social care roles and career options. A toolkit, including an evaluation methodology, is being developed nationally that can be tailored to local delivery.

## **Connecting the national campaign with a local campaign in Nottinghamshire**

9. The Council's Adult Social Care 2018 – 2020 Workforce Plan identified some Council social care posts that are hard to recruit to and retain people in and are also key to delivering the objectives of the Adult Social Care Strategy. The short term nature of recent national funding has led to a high proportion of short term posts in the Adult Social Care Department. This has exacerbated recruitment and retention difficulties because temporary posts are not as attractive to external candidates and also because temporary staff apply for permanent posts when they become available. In response to these hard to recruit to/retain posts, in January 2018, Committee approved a recruitment campaign and the Department has already started targeted work to attract more people into some key posts including frontline Re-ablement Workers in the Council's in-house team, Occupational Therapists (OTs) and Community Care Officers.

10. A number of actions are underway and/or are being planned as part of shaping the local campaign to recruit staff to key roles in the Council's adult social care frontline teams including:
- developing a more targeted approach to recruitment that does not solely rely on advertising on the Council's website. A direct marketing approach coupled with strong online presence is now being established to provide better opportunities to engage with potential candidates during the process.
  - communications activity, including marketing materials for recruitment events, job centres, universities and colleges; videos highlighting key roles; social media activity; email and digital screen promotion; development of web pages and promotion through the local media.
  - stronger promotion of the Council as Employer of Choice, focusing on highlighting what Nottinghamshire offers as an employer to attract and retain its employees.
  - it is planned to broaden the Department's existing adult social care supply register (for Community Care Officers and Occupational Therapists) to a wider range of roles, including Re-ablement Workers and Social Workers. The supply register provides an alternative option to the Council's preferred agency supplier, which works particularly well for more specialist roles.
  - work is being done with Derby, Lincoln and Sheffield Universities who only run the OT course in East Midlands to encourage students to consider applying to the supply register initially as Reablement Support Workers to support them to gain the necessary experience into OT work.
11. The Optimum Workforce Partnership and the Council's Quality and Market Management Team have been working closely with independent sector providers to help with their recruitment and retention difficulties. Joint work with independent sector providers has identified key factors in ensuring that the Council can support and enable the home care market to become viable and sustainable. There have been recruitment events and the use of videos to promote care roles and career pathways during roadshows.
12. Planned activities to support the independent sector with recruitment are underway, including:
- facilitating regular Care Provider Forums to share ideas and practices
  - engagement in the East Midlands Workforce Network's 'Homecare' work stream to share practice on what has worked across the region
  - promoting value based recruitment and different models of care delivery through service specifications and contracts which give staff greater job satisfaction and promote sustainability within the social care market
  - using the Quality Market Management quality audit process to ensure staff training and development are embedded within provider policies and practices
  - reviewing the existing 'Fair Price for Care' framework for care home fees to ensure it supports a sustainable social care market

- supporting providers to submit NMDS-SC (National Minimum Data Set) data in order to build robust baseline information across the sector and support future workforce planning
- the independent sector has had a schedule of briefings about what it is like to work in the sector and promotional videos created by the Council's Communications teams to run in libraries and bus stations. More needs to be done, so work is underway for the Council to work collaboratively with the independent sector during the local recruitment campaign.

## National campaign

13. The National Recruitment Campaign is timely and will enable the Council to build on its local campaign. National roll out will have a particular focus on the national pilot priority of recruiting and retaining frontline care staff across all sectors. Further details about the national campaign can be found at **Appendix A**. The full national toolkit is due to be made available during January 2019, at which point an assessment will be made of which national aspects to use that best complement the work already underway in Nottinghamshire. The national campaign does not include a national television/media advert. The plan for Nottinghamshire's campaign runs up to April 2019 and the outcomes of this will be evaluated in order to inform ongoing work to reduce the number of vacant posts.
14. Social care providers in the independent sector will be engaged and a series of local recruitment activity and events will be run, including displays in local libraries, social care career days/presentations, school and university career events attended, and recruitment seminars in the community. Messages will be sent out through a variety of partners' publications, websites, radio and social media to raise awareness of a career in social care and where to get further information. There will be opportunities for Elected Members and local staff will be involved in the campaign.
15. A local evaluation will utilise the learning from the national methodology, in addition to the Department's existing outcomes/targets:
  - increased number of recruitment events attended or supported
  - increased number of expressions of interests recorded
  - % of expressions that lead to completed, returned applications
  - % of expressions that lead to joining Adult Social Care
  - increased number of candidates being shortlisted
  - increased number of candidates passing interviews and assessments
  - comparison of success rates according to gender, ethnicity and disability
  - 90% of shortlisted packs completed within 10 working days
  - 90% of pre-commencement health, DBS and reference checks completed within 10 working days of selection interview
  - increased number of job applications from core provider homecare organisations
  - increased number of social care frontline staff recruited onto the Supply Register.

## **Other Options Considered**

16. Not to undertake recruitment events, activities and publicity relevant to adult social care local campaign would result in lack of awareness or understanding of opportunities, roles and career pathways available in adult social care. It would be a missed opportunity not to be able to connect with the national campaign at a local level and benefit from the publicity and engagement with local communities to consider Adult Social care as a job/career choice. Also loss of good candidates who would have liked to work for the Council. Similarly a missed opportunity to showcase the Council as an employer of choice and not able to support and work collaboratively with the independent sector on community engagement and recruitment.

## **Reasons for Recommendations**

17. To ensure that people in the community are aware of potential jobs for people with the right values in adult social care and to increase applications from new entrants to the sector and to hard to recruit roles at the front line. Also to support and work with the independent sector to successfully recruit into social care frontline roles.

## **Statutory and Policy Implications**

18. 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**

19. Funding for the national recruitment campaign was approved by Adult Social Care and Public Health Committee on 12 November 2018 as part of the winter plan. The funding will cover costs of a temporary Programme Officer, local advertising and marketing materials, venues for job fairs and use of local media.

## **RECOMMENDATIONS**

- 1) That Committee gives approval to connect the National Adult Social Care Recruitment Campaign with a local recruitment campaign and proceed with a range of events and activities to boost recruitment to key roles.

**Sue Batty**  
**Service Director, South Nottinghamshire**

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### **Constitutional Comments (KK 04/12/18)**

20. The proposal in this report is within the remit of the Adult Social Care and Public Health Committee.

### **Financial Comments (CT 11/12/18)**

21. The financial implications are contained within paragraph 19 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.

The health and development of the Adult Social Care and Public Health workforce – report to Adult Social Care and Public Health Committee on 8<sup>th</sup> January 2018.

Proposals for allocation of additional national funding for adult social care – report to Adult Social Care and Public Health Committee on 12<sup>th</sup> November 2018

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

All.

ASCPH611 final

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Department  
of Health &  
Social Care

## Adult Social Care Recruitment Campaign

2018-2019

Information Update: w/c 12<sup>th</sup> November 2018

This information summary aims to provide regular updates to representative bodies and local authorities on development of the Adult Social Care recruitment campaign so this can be cascaded through networks to providers and their staff. This issue provides an overview of the campaign and key timings.

The second section gives information to cascade to your networks to ensure providers are aware of the activity and how they can get involved.

### CAMPAIGN OVERVIEW

#### *What is the campaign aiming to do?*

DHSC are developing a national adult social care workforce recruitment campaign which aims to:

- Raise awareness and consideration of the sector as a prospective job route
- Drive applications to the sector from people with the right values
- Provide the sector with the knowledge and tools to support the campaign

The aim is to develop a communications model for 2018/19 which is scalable in the future and provides the sector with sustainable assets and tools which they can use going forward.

#### *How is it doing this and when?*

To identify what advertising and messages best drive awareness and applications across the sector, and how to most effectively engage employers/providers, localised 'test and learn' activity is running in Gloucestershire and Tyne and Wear between 31 October to 27 November. Evaluation will happen in early December and, pending results, inform a national roll out in early 2019 until April. Given timeframes, initial planning for this has begun.

#### *What channels will the pilot campaign use to drive people to consider applying?*

AIM	To raise awareness of ASC as a rewarding and varied job choice	To showcase the breadth of working in ASC and tackle perception barriers and questions associated with working in the sector	To facilitate people finding out more about specific jobs and applying for a role
CHANNELS USED	Local radio Website adverts Adverts on Facebook & Instagram Local PR: local TV, press & radio	Website adverts Adverts on Facebook & Instagram Local PR: local TV, press & radio	Paid search (Google) Social media adverts

**Website:** People are being directed to a website to find out more about working in the sector, and to be signposted to local vacancies. For the pilots:

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- **In Tyne and Wear** - a bespoke [webpage](#) adapted from the Think Care Careers website content. Users will be directed to DWP Jobs [‘Social Care Jobs’ in Tyne and Wear](#).
- **In Gloucestershire** - the [Proud to Care Gloucestershire](#) website carries the advertising images and is where users can apply for local jobs.

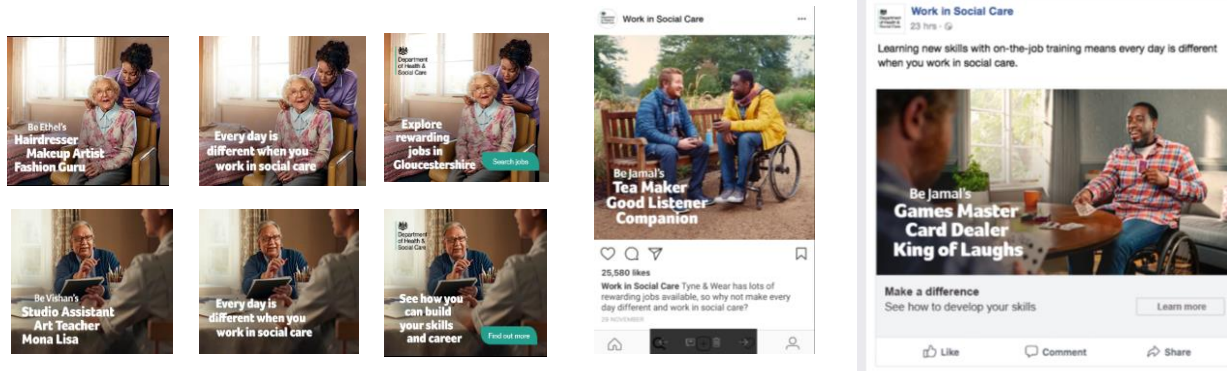
**Campaign Facebook page:** [www.facebook.com/everydayisdifferent](https://www.facebook.com/everydayisdifferent) has been created to promote the campaign and share case studies.

## What does the advertising look like?

The adverts in the pilot convey the following key messages under the headline “Every day is different when you care”:

1. Working in social care is varied and skilled, with training available to develop your career
2. Social care is the right fit for the person you are and the values you hold
3. Social care is rewarding as it changes lives for the better

As the campaign is designed to promote recruitment into the sector, the adverts show a variety of care workers, service users and settings (domiciliary care and care homes). Case studies will demonstrate more of the breadth of roles and care types across the sector.



## How will this change for the national roll out?

Pending the pilots' results, the national roll-out will scale up this pilot activity across more channels. It is likely that advertising will direct users to a central webpage (adapting the [www.everydayisdifferent.com](http://www.everydayisdifferent.com)) and re-directed out to find local jobs. Details will be provided as planning develops.

Additionally, a **Campaign Toolkit** is being scoped out for employers/providers which will:

- Summarise the campaign and how to support it (e.g. leaflets which they can put their own logo on)
- Provide tips on how to run their own local campaigns – whatever their size
- Show best practice on values-based recruitment and retention, and tools to help with this.

## How will this activity be evaluated?

- A quantitative survey amongst the target audience to measure awareness of, attitude to, and propensity to apply for a job in ASC.

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- Providers in the pilot areas have been asked to supply evaluation data on the number of enquiries, applications, interviews and appointments, and prospective applicants will be asked to participate in a survey to get their opinion on the campaign.

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## Timings summary

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- **Pilots:** November 2018
- **Pilot evaluation and roll out planning:** early December 2019
- **Sharing of pilot results and update on creative and media planning:** December 2019
- **Planning and media booking:** December 2018/January 2019
- **Promoting campaign and seeking provider support:** December 2018/January 2019
- **Roll out live including campaign toolkit:** late January/Feb 2019 – April 2019

## SECTOR ENGAGEMENT – ROLE OF REPRESENTATIVE BODIES AND LAs

This campaign will work best with employers/providers' help; this local support will really drive applications and fill vacancies. The more support we have locally, the more impact and evidence of success we will have.

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### How is DHSC cascading this information to employers/providers?

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The campaign will send information on the campaign to its Advisory Board, which consists of nationally representative bodies. DHSC ask these organisations to cascade this through their networks and to their members so employers/providers know what is happening and how to get involved. This group includes: Skills for Care, ADASS, LGA, Disability Rights UK, Care Providers Alliance, JCP, Individual Employers, Home Care Alliance, National Care Forum, CQC.

We encourage employers/providers to work with and keep an eye on communications from their local networks and representative bodies about the campaign.

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### How has trade media been used to raise awareness of the campaign?

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A trade press release was sent to trade media titles on 31<sup>st</sup> October promoting the pilots for the campaign. We will continue to promote the activity to the trade press and welcome your support in this – such as through providing quotes for press releases and promoting coverage to your networks/members.

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### How can representative bodies and Local Authorities get involved now and for the national roll out in early 2019?

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- **Let DHSC know of regional / area meetings** if you need specific briefings / materials on the campaign.
- **Share best practice** in your area with DHSC and **send us your feedback** on the campaign. You can email us and/or **join our platform** (Basecamp) which we've created to share development and seek input. Please email [Chloe.Nuttall-Musson@dh.gsi.gov.uk](mailto:Chloe.Nuttall-Musson@dh.gsi.gov.uk) if you would like to receive an invitation to join the platform.
- **Help us develop the Campaign Toolkit:** we want to get input from employers/providers who would be the end users as we develop this document. We are currently scoping out the content and format. Please email [Chloe.Nuttall-Musson@dh.gsi.gov.uk](mailto:Chloe.Nuttall-Musson@dh.gsi.gov.uk) if you would like to be involved.
- **Cascade the information below and reach out to employers/providers through your networks –** communications channels, at meetings and events.

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We will provide updates as the campaign develops. Local Authorities and employers/providers will not need to set up their own campaign website, but we welcome support in promoting this to local providers and aiding us with PR (e.g. through providing spokespeople).

## SECTOR ENGAGEMENT – WHAT TO CASCADE TO MEMBERS AND EMPLOYERS/PROVIDERS

### *Information to cascade to your networks and members*

We encourage Communications and Marketing Teams to use the suggested copy below and adapt as necessary to fit your own requirements. This will help raise awareness of the campaign and be clear in what our ask is of employers/providers. We will provide updated versions of these as the campaign develops.

#### Website copy – to post on your website e.g. if providing information to members

The Department of Health and Social Care are developing an adult social care workforce recruitment campaign to raise awareness of and drive recruitment into the sector, and help equip the sector with the knowledge of how to support the campaign and boost its recruitment marketing.

Test advertising is being run in Gloucestershire and Tyne and Wear this November. Pending the results, this will inform a national roll out of the campaign in early 2019.

The advertising is formed around the concept 'every day is different when you care'. This is running across websites, radio, social media and local press. See more at [www.everydayisdifferent.com](http://www.everydayisdifferent.com)

DHSC need the support of local employers/providers so please get in touch with them to:

1. **Advertise your vacancies:** on DWP Jobs [here](#), on local jobs boards and your own websites. We need as many jobs online as possible to drive people towards.
2. **Help us with PR:**
  - a. **supply us with case studies and spokespeople** which we can promote on social media, the website and with media engagement. Please email [casestudies@morecarejobs.co.uk](mailto:casestudies@morecarejobs.co.uk).
  - b. **support the Facebook page** [www.facebook.com/everydayisdifferent](https://www.facebook.com/everydayisdifferent): like the page, share content and add your own experiences. Encourage staff to do the same, particularly with those who they think would be suitable working in ASC, as we know referrals are a positive driver for retention.
3. **Share your learnings:** what's work / not in your own recruitment marketing? Tell us at [casestudies@morecarejobs.co.uk](mailto:casestudies@morecarejobs.co.uk)
4. **Help us with evaluation:** this is crucial in helping us assess campaign impact. A **simple wall chart** is available which acts as a daily diary for participating employers to note daily enquiries applications and interviews. A **postcard and PDF inviting potential employees** to a half hour telephone interview for which they will be paid £50 is also available. The final piece of the jigsaw is **30 minutes of providers' time** to talk about any changes you have seen during the pilot. To help, please email [kalina@morecarejobs.co.uk](mailto:kalina@morecarejobs.co.uk).

#### E-newsletter/bulletin copy – suggested shorter content for your communications to your networks if it could link to the above website copy.

The Department of Health and Social Care are developing an adult social care workforce recruitment campaign to raise awareness of working in the sector and drive recruitment and help equip the sector with the knowledge and tools to be more effective in how it recruits and retain staff.

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Test advertising is being run in Gloucestershire and Tyne and Wear this November. — This includes local radio, website adverts, social media and local press coverage. Pending the results, this will inform a national roll out of the campaign in early 2019.

Follow [www.facebook.com/everydayisdifferent](https://www.facebook.com/everydayisdifferent) to find out more. Please like the page and share the content. DHSC needs your help to make the campaign a success. Please get involved by supplying them with:

- **case studies** which they can use on social media and in press engagement
- **information on how many people are applying for jobs** in your organisation

Please email [casestudies@morecarejobs.co.uk](mailto:casestudies@morecarejobs.co.uk) to get involved.

**Social media support** – suggested posts below. Please support the campaign's new Facebook page at [www.facebook.com/everydayisdifferent](https://www.facebook.com/everydayisdifferent)

## Suggested Tweet/Facebook post:

Working in adult social care is varied, rewarding and makes a huge difference to people's lives every day. Look out for new local adverts from [@DHSCgovUK](#) [Twitter] / [@everydayisdifferent](#) [Facebook] which showcase the exciting variety and opportunities available in social care [#everydayisdifferent](#)

## Suggested Tweet/Facebook post:

Local care providers please get involved with [@DHSCgovUK](#) [Twitter] / [@everydayisdifferent](#) [Facebook]'s adult social care recruitment campaign – looking for case studies and evaluation data - visit [@everydayisdifferent](#) [Facebook] to find out more"

## In summary:

### For representative bodies and LAs:

To help us with the campaign toolkit and/or to join the Basecamp platform, email [Chloe.Nuttall-Musson@dh.gsi.gov.uk](mailto:Chloe.Nuttall-Musson@dh.gsi.gov.uk)

### For employers/providers:

To enquire about and send in case studies/suggest spokespeople, email [casestudies@morecarejobs.co.uk](mailto:casestudies@morecarejobs.co.uk)

To participate in evaluation of the campaign, email [kalina@morecarejobs.co.uk](mailto:kalina@morecarejobs.co.uk)

Visit [www.everydayisdifferent.com](http://www.everydayisdifferent.com) and follow [www.facebook.com/everydayisdifferent](https://www.facebook.com/everydayisdifferent) to find out more.



**7 January 2019****Agenda Item: 6****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH****ADULT SOCIAL CARE AND HEALTH – UPDATE ON DEPARTMENTAL  
INITIATIVES****Purpose of the Report**

1. The report requests approval for a range of initiatives, developments and changes to proposed savings targets taking place in the department with a view to improving the efficiency and cost effectiveness of services, improving outcomes for people who use the services, and achieving savings for the Council.

**Information**

2. The report covers developments in the Council's provision of day services. It also updates the Committee on a review of contracts for the provision of adult social care services, savings from revised contractual arrangements and proposed changes to the management of the Optimum Workforce Leadership Team. There are requests for the approval of temporary resources to support work taking place on the integration of health and social care IT, and the development of Assistive Technology. The report provides a brief update on a change in the profile and savings target of two current departmental savings projects that will be reported to the Improvement and Change Sub-Committee in January.

**Review of support provided within day services**

3. An initiative is underway to review the care and support packages of service users who attend day services provided by the independent sector, or who attend the Council's day services, and receive one to one support in these settings. This may be provided by either the external day service they attend, or a Care Support and Enablement (CSE) provider, or by the service user's Personal Assistant (PA). The initiative aims to explore opportunities to reduce the use and level of additional support, where it is appropriate to do so, whilst maintaining or improving the quality of service provided.
4. This work will be delivered in phases over the next few years.
5. The first phase of this work started in November 2018 with the intention that it will be completed by the end of March 2019. This involves undertaking individual service user reviews to determine the purpose of the one to one support or involvement of the PA and

the potential consequences of removing this. The reviews will identify if the individual still requires the higher level of support. Where it is identified that this is not now required, or not required at the same level, in order to meet someone's assessed needs - as it may be that the Council is paying for day service delivery and one to one or PA support - the care package would be adjusted. Any changes to the care and support provided to a service user would be undertaken through careful planning and discussion with them and their families/carers, whilst ensuring that their needs will still be appropriately met. It is estimated that this work could deliver savings of £135,000 in 2019/2020 from reviews undertaken in internal and external day services.

6. The further phases of this work are expected to take place over the next few years, and any further potential for savings will be assessed and presented to the Committee in due course. These will involve a whole service review approach to see if support can be delivered more flexibly and cost effectively to meet each individual's needs and the demands on these services, whilst reducing the level of one to one and additional support where it is appropriate to do so. This would also involve the department's Strategic Commissioning colleagues.

### **Review of external contracts**

7. The department has undertaken a review of adult social care contracts with independent and voluntary sector providers that are due to end, or are due to be reviewed (with a view to an extension) during 2019/20. As a result of this work, the potential to deliver savings against a small number of contracts, where the services relate to preventative support, has emerged. Discussions have taken place with the providers in question around ensuring better utilisation of the service and capacity offered within the contracts. Discretionary consultation with the providers affected and other public service partners will be undertaken as this work is progressed.
8. The department is confident that this level of savings can be achieved, through re-negotiation of the contract award, without any significant impact on service users, due to current under-delivery in relation to these services and the availability of alternative provision in certain areas of the County that is meeting this type of need. This work has identified potential savings which, subject to the outcome of the contract re-tenders or negotiations, could deliver savings up to a total of £125,000.

### **Savings from revised contractual arrangements**

9. The Adult Social Care and Health department commissions ex-NHS Campus supported living services for people with learning disabilities and complex needs. There are associated costs from this transfer to the independent sector which will be reduced through targeted reviewing and contract monitoring. It is anticipated that £50,000 can be saved as a consequence by the end of the current financial year.

### **Social care and health IT integration**

10. The Health Integration ICT Programme was approved by Adult Social Care and Health Committee in July 2017, funded by the Improved Better Care Fund (iBCF) for three years. The programme aims to use technology to make it faster and simpler for operational health and social care staff to access information held on each other's electronic record systems,

to improve decision-making and support planning. In addition, the programme is developing automated workflows to save manual processing time and provide information updates in real time to the relevant staff.

11. Initial developments started at King's Mill Hospital and have now extended to Newark Hospital, Mansfield Community Hospital, Bassetlaw Hospital and Queen's Medical Centre. Outside of the acute hospital environment, another work stream will enable Rushcliffe Older Adults Assessment team staff to access a system-wide portal into health systems from December 2018. Once this phase has been evaluated, access will be extended to other teams operating throughout the County. At a later date in 2019, an agreed set of social care information will be accessible to health colleagues via the portal. Success with these projects has attracted national attention and grant funding from NHS Digital and the Local Government Association.
12. The Council needs to ensure that these technological developments are implemented successfully across adult social care and health through robust business change work during 2019/20 and also to ensure that the expected benefits from these developments are fully realised. In order to support this aspect of the Health Integration ICT Programme, the Committee is asked to approve the establishment of a temporary 1 FTE Programme Officer (Band B) post from April 2019 to the end of March 2020 (at a cost of £46,678 including on-costs). The post's duties will include support to the roll out of the Health and Care Portal (CareCentric) to all adult social care teams in 2019, and preparatory work for the Notts Healthcare Trust electronic referrals project to commence from April 2019. There is a detailed programme plan for this work and it is anticipated that this post will support earlier achievement of the milestones regarding roll out to all staff teams. This post will be based within the Adult Social Care and Health Transformation Team and will report to the Project Manager for Health Integration ICT. The post will be funded from the existing allocation of Improved Better Care Fund already agreed in July 2017.

### **Assistive Technology project – change to staffing structure**

13. A Community Care Officer post (Grade 5) in the Assistive Technology project was originally approved for two years by Adult Social Care and Public Health Committee on 11<sup>th</sup> December 2017. It has not been possible to recruit to this post, and a subsequent review of the project needs has highlighted that the work required would be better supported by the introduction of an additional Assistive Technology Advisor post (Grade 4). This post will be able to work alongside existing staff in social care assessment teams to provide specialist advice on assistive technology solutions, as well as supporting the increased referrals for assistive technology equipment as a result of this savings project.
14. It is therefore proposed that the Community Care Officer post is disestablished and a temporary Assistive Technology Advisor post is established from 1<sup>st</sup> February 2019 to the end of March 2020, funded from the previously allocated departmental reserves. As the new post is a Grade 4 position, the annual cost will be lower at **£28,297** per annum (including on costs).

### **Optimum Workforce Leadership**

15. Optimum Workforce Leadership (OWL) was formerly a part of the Workforce Planning Team when it was set up in 2005 and was funded by the Department of Health's Workforce

Development Grant. In 2014 the team became Optimum Workforce Leadership and changed the way that it worked, moving from offering free learning and development opportunities to supporting owners and managers of care services to be able to develop resources and access learning opportunities for them and their staff. This small team is currently based within Human Resources in the Chief Executive's department and there are currently three posts within the team - 1 FTE Strategic Business Manager (Band D), 1 FTE Workforce Planning Project Officer (Band A) and 1 FTE Training Co-ordinator (Grade 3). The annual cost of the team is £120,000 which has been previously funded by the Better Care Fund (BCF).

16. The work of OWL is currently overseen by the Optimum Stakeholder Board whose members include representatives from the Adult Social Care and Health Department, Nottinghamshire Care Association, countywide Clinical Commissioning Groups (CCGs), urgent and emergency care leads and CCG quality leads. Income from the team comes from membership fees and charging for some services, such as subscription to the online Social Care Information Learning Service. OWL is also supporting the integration with health agenda and the development of new worker roles and this work has been recognised both regionally and nationally. There has been a national pilot for eight Nursing Associates and four of these have been from care homes within Nottinghamshire. The team is also part of the Advanced Clinical Practitioner (ACP) Working Group which is developing ACPs for nursing homes who can work more closely with GPs to reduce unnecessary admissions to hospital.
17. The team also holds a number of forums and conferences for social care providers across the County and over the past two years the team has held their annual conference jointly with the Quality and Market Management Team (QMMT) to try to minimise duplication and also target and support social care providers jointly. The QMMT Provider Forums are co-produced with health and care providers and they are becoming a proactive forum for sharing good practice and issues that are common to the sector. Some of the areas of focus currently are recruitment and retention, which is both a local and national issue.
18. It is therefore proposed that the OWL team is moved in to the QMMT within the Adult Social Care and Health Department as the work of the two teams is aligned and it will support the department's statutory duty under the Care Act in terms of the social care workforce, market shaping and sustainability. It will also be an opportunity for the team to review its longer term service offer to social care providers across the County. The team will be funded from the Improved Better Care Fund from March 2019 to March 2020.

## **Changes to current projects' savings profile and targets**

### **Targeted Reviews project**

19. In March 2018 a change request was approved by the Improvement and Change Sub-Committee on the basis of moving £1.000m of savings set against the targeted reviews project from 2018/19 to 2020/21. This was done in response to the advice received from the external savings partner, Newton, who undertook a detailed diagnostic with the department in late 2017. Newton had advised that the project's former savings profile did not reflect sufficiently the likely pace of reductions to the care packages of adults aged 18-64 years, where savings would take longer to release as a result of the complexity in these cases. They also felt that the remaining reductions available from reviewing the packages

of older adults were expected to be lower and to take longer to realise than suggested in the original profile of the project. At the time, while the project was on track to deliver its original savings profile, there had been a fall in the level of saving per review, and it was felt that to stay on track would have required proportionately more reviews to be undertaken.

20. Since then, based on analysis of the project's trends over the period April 2017 to August 2018, the average weekly savings from reviews has continued to decrease (and the percentage of packages that are reduced at review is decreasing), but the number of reviews being undertaken is increasing. As a result, the project is currently reporting an over-achievement against the 2018/19 target (£2.010m) of £1.538m. In addition, there is already £0.982m savings achieved from activity undertaken this year that will contribute towards the project's savings target for 2019/20 of £2.000m.
21. Therefore, it is proposed that a further change request be presented to the Improvement and Change Sub-Committee to bring forward all £2.000m of the project's savings target set against 2020/21 into 2019/20. This change will also accord with an anticipated continued lowering of the average saving per review over the longer-term, plus a lowering of the number of packages requiring review, as a result of earlier intervention and support such as reablement and adoption of the 3 Tier Model.
22. The volume and level of savings will continue to be tracked and monitored closely to see if the actual delivery in future matches the revised profile.

### **Notts Enabling Service**

23. The Notts Enabling Service has been delivering savings linked to the implementation of the Adult Social Care Strategy since 2017. The team works with service users aged 18-64 years for short intensive periods with a view to maximising their levels of independence and in turn reducing the requirement for formal ongoing support.
24. The team has been in place since April 2017. At the Committee meeting in November approval was given for an extension of the team's staffing resources to March 2020. The proposal to extend the savings attached to the work of the Service is based on the additional resources. The estimated savings for the period 2019/20 to 2020/2021 are £1.003m.
25. In addition to the directly delivered savings, the team is also key to the delivery of the extension of the Transitions/Preparing for Adulthood project, which has been approved at a previous meeting of the Committee, and there are wider savings being supported by the work of the team across younger adults services.
26. Changes to the savings profile of these two existing projects will be submitted for approval to the Improvement and Change Sub-Committee in January 2019.

### **Other Options Considered**

27. The department could choose not to review the provision of services and support to service users and to maintain the existing situation. This would not be in line with the requirement to continuously review and improve services to the public, with a view to ensuring services are available to as many people as possible and are efficient and cost effective.

## Reason/s for Recommendation/s

28. With regard to the review of day services and external contracts, and the savings from revised contractual arrangements, the Committee is asked to approve work being undertaken to ensure that support is being provided at an appropriate level, services are operating effectively and savings are made where it is possible to do so. With regard to the social care and health ICT integration programme, additional resources are required to continue to embed and progress the innovative work undertaken to date. With regard to the targeted reviews project and the Notts Enabling Service, the report provides a brief update about the request to the Improvement and Change Sub-Committee for approval of changes to the savings profile.
29. The posts requested for approval in **paragraphs 12 to 14** are required to meet the operational needs of the projects mentioned, and to support the implementation of transformation and achievement of savings across the health and social care system.
30. The move of the Optimum Workforce Leadership Team to the Adult Social Care and Health department is recommended in order to align the work of the team more closely with the Quality Market Management Team in relation to the development and sustainability of the social care market.

## Statutory and Policy Implications

31. 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

32. These are as follows:

<i>Potential Savings</i>	£	Paragraph
Day Services Reviews	135,000	5
Review of External Contracts	125,000	8
Revised Contractual Arrangements	50,000	9

### *Costs/Changes to Funding:*

- to support the Health Integration ICT Programme, there would be the cost of a 1 FTE Programme Officer (Band B) post from April 2019 to the end of March 2020 at a cost of £46,678. The post will be funded from the existing allocation of Improved Better Care Fund already agreed (**paragraph 12**).
- Assistive Technology Project – disestablishment of a Community Care Officer post and the establishment of a temporary Assistive Technology Advisor post from 1<sup>st</sup> February

2019 to 31<sup>st</sup> March 2020, funded from the previously allocated departmental reserves. The annual cost will be lower at £28,297 per annum (**paragraph 14**).

- the Optimum Workforce Team (OWL), previously funded by the Better Care Fund, will now be funded by the Improved Better Care Fund from March 2019 to March 2020 (**paragraph 18**).

*Changes to Existing Savings Targets/Profiles:*

- Targeted Reviews – to bring forward all £2.000m of the project's savings target set against 2020/21 into 2019/20 (**paragraph 21**).
- Notts Enabling Service - estimated additional savings for the period 2019/20 to 2020/2021 are £1.003 (**paragraph 24**).

## **Human Resources Implications**

33. The human resources implications are identified in the relevant paragraphs.

## **Implications for Service Users**

34. Wherever service users and their families/carers are affected by the initiatives and projects within the report, this will be subject to discussion and careful planning with the individuals involved. The department endeavours to review the effectiveness and efficiency of its services to ensure that its resources are available to people who need support across the County.

## **RECOMMENDATION/S**

That Committee:

- 1) reviews and approves the initiatives, developments and changes to savings target profiles that are planned, and underway, and considers if there are any further actions to be taken in relation to these.
- 2) approves the establishment of 1 FTE Programme Officer (Band B) post from April 2019 to March 2020, to support the delivery of the Health Integration ICT programme (as shown in the table below).
- 3) approves the disestablishment of 1 FTE Community Care Officer (Grade 5) post and the establishment of 1 FTE temporary Assistive Technology Advisor (Grade 4) post from February 2019 to March 2020, funded from the previously allocated departmental reserves (as shown in the table below)
- 4) approves the move of the Optimum Workforce Leadership team from the Chief Executive's department to the Quality and Market Management Team within Adult Social Care and Health (posts listed in the table below).

Post title	End date
1 FTE Programme Officer (Band B)	March 2020
1 FTE Assistive Technology Advisor (Grade 4)	March 2020
Optimum Workforce Leadership Team <ul style="list-style-type: none"> <li>1 FTE Strategic Business Manager (Band D)</li> <li>1 FTE Workforce Planning Project Officer (Band A)</li> <li>1 FTE Training Co-ordinator (Grade 3)</li> </ul>	March 2020

**David Pearson CBE**  
**Corporate Director, Adult Social Care and Health**

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### **Constitutional Comments (EP 20/12/18)**

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

### **Financial Comments (CT 24/12/18)**

36. The financial implications are contained within paragraph 32 of the report.

### **HR Comments (SJJ 20/12/18)**

37. There are no direct/immediate HR implications for a number of the proposals. Where new temporary posts are created they will be recruited to on fixed term contracts in line with the Council's recruitment policy. The post holders in the Optimum Workforce Leadership team are aware of the proposal to move the team to the Quality and Market Management Team and their fixed term contracts will be extended. Trade Union colleagues have received a copy 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.

Proposals for the use of Improved Better Care Fund 2017-18 – report to Adult Social Care and Public Health Committee on 10 July 2017

Progress report on savings and efficiencies – report to Adult Social Care and Public Health Committee on 11 December 2017

Progress report on delivery of programmes, projects and savings – report to Improvement and Change Sub-Committee on 12 March 2018

Adult Social Care and Health – changes to staffing establishment – report to Adult Social Care and Public Health Committee on 12 November 2018

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

All

ASCPH617 final



7 January 2019

Agenda Item: 7

## **REPORT OF SERVICE DIRECTOR, STRATEGIC COMMISSIONING, SAFEGUARDING AND ADULT ACCESS**

### **USE OF CAPITAL FOR THE AWARD OF GRANTS FOR BESPOKE SUPPORTED ACCOMMODATION REQUIREMENTS**

#### **Purpose of the Report**

1. To seek approval for the award of two separate grants to enable properties to be secured for two individuals with complex needs relating to Learning Disability and Autism and Pathological Demand Avoidance (PDA) so that they can receive care in more appropriate and cost effective settings.

#### **Information**

2. The Committee is informed that the Council does not and will not own the properties discussed below but will have a legal charge to enable capital funding to be returned in circumstances such as property sale or breach of the funding agreement. Provision of the properties, located in the Gedling area, will enable significant savings in the cost of supporting these individuals.

#### **Department of Health and Social Care Funding**

3. The first property will be fully funded by the grant. In 2017 a bid was made to the Department of Health to secure £273,000 funding for the purchase of an individual property in order to be able to deliver appropriate care and support to an individual who was not able to share accommodation or support with others. The individual who the funding had been obtained for was subsequently unable to move into the community from hospital and therefore this funding was not spent in year. The Department of Health and Social Care has confirmed that they would expect the funding to be utilised for the procurement of a property to support an individual with similar needs. Another individual, who requires a single person service due to the complexity of his needs, has since been identified.
4. A tender process has been carried out to find a registered housing provider who will procure a property, make any adaptations required and then provide the housing management for the property.

5. The funding will be awarded to the provider as a grant up to the value of £273,000 for the purchase and necessary adaptations and furnishings. A nominations agreement will be entered into with the provider for five years, which allows the Council 100% nominations rights should the original tenant leave.
6. The funding is protected by a legal charge on the property purchased. Clawback of the property purchase price or sale at market value (whichever is the lower) is available to the Council in respect of certain events such as no completion of purchase and adaptations by a longstop date, misuse of funds, impropriety by the housing provider, failure to grant nominations rights, breach of contract or sale of the property.
7. The property would be solely owned by the Registered Housing Provider who will be responsible for all maintenance of the property and the housing management and therefore the rent will be payable directly to them from the tenant.

### **Shared ownership grant**

8. The second property requires a grant to enable a deposit. A grant of £19,400 is proposed to allow an individual with Autism and Pathological Demand Avoidance (PDA) to enter into a shared ownership agreement with a Housing Association.
9. The funding for this comes from release of a previous shared ownership tenancy, which the Council had an interest in. £30,000 was returned to the Council on sale of the property following the death of the tenant.
10. The current proposal enables the individual to have part ownership of a property suitable for their needs. The individual will obtain a mortgage for his share of the property (repayable with help from the Department of Work and Pensions) and the other part of the property will be owned by a Registered Housing Provider that will receive Housing Benefit to cover the cost of the rent.
11. A shared ownership arrangement has been deemed the best option for this individual as having control and responsibility over their own environment helps manage behavioural issues caused by having to abide by somebody else's rules and also means that they can have a property which is suited to their environmental needs, and allows them to develop their interests and hobbies.
12. The property would be owned by the individual and a Registered Housing Provider.
13. The grant would cover the deposit for the property which is £14,400 as well as £5,000 towards, brokerage, legal and estate agency fees. The grant would be repayable should the individual sell the property and the Council will have a legal charge to protect its interest.

### **Other Options Considered**

*Department of Health and Social Care Grant - Bespoke single person service - for person with severe autism*

14. Many other forms of social care and accommodation have been looked at and considered but the service user has a very clear need for an individual service, within a very specific

locality. Other forms of care have been explored at a cost over £5,000+ per week due to the high level of support and impact that this person would have in a shared setting.

15. Current accommodation has shown that in a single person environment, with a skilled and familiar support team, this person's needs can be met. The grant will enable the creation of a bespoke service in the right locality, that will meet his environmental challenges, potentially reducing the amount of support he requires, ultimately leading to savings in this person's support package. There will be an immediate saving of £576 per week on his current package which is covering rental void costs due to his currently being the only occupant of a four person service.

#### *Shared Ownership Grant*

16. Residential Care would not be appropriate due to the individual's resistance to this form of care. The cost of support would be in the region of £2,800 per week due to the individual's antipathy to this form of care and his likely level of challenge and disruption to other residents.
17. Due to the individual's high level of challenge, a place in a supported living plus service was tried. This cost £2,000 per week and only lasted 3 months. It caused a high level of distress and disruption to other vulnerable tenants and the individual had to be moved from the service into their own rented accommodation. This subsequently broke down due to the way in which the individual's condition determines their behaviour. As a tenant the individual still did not have full control over the property and did not recognise the authority of the landlord as valid. Savings against this individual's current temporary housing and support solution, which is a two person property, incurring a rental void cost will be approximately £18,000 a year. This is a saving on both housing cost and support as in the right environment his support costs will be lower.
18. In both cases, other housing with support options have been considered but due to the bespoke needs of the individuals, the solutions offered above have been deemed the most suitable.

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

19. Funding for the grant to purchase one property has been secured through a bid to the Department of Health for the purpose of ensuring suitable housing for a person with complex needs and if not spent will need to be returned to them.
20. Funding for the grant for the shared ownership property is from the return of a similar grant, issued over 10 years ago from Learning Disability Development Fund money which was central government grant to support developments in learning disability services and therefore spending it in the same way as the original money was spent would be appropriate.
21. In both cases, a range of alternatives have been tried and/or considered and the solutions proposed are considered the most likely to enable the individuals to be sustained long term outside of a secure hospital setting.

22. In both cases, savings on existing packages will be realised as a result of the more appropriate housing solutions proposed.

## **Statutory and Policy Implications**

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

## **Crime and Disorder Implications**

24. Potential to reduce instances of criminal damage and aggressive behaviour through provision of the right environment. Both these individuals have a risk of admission to a secure hospital if their needs are not appropriately managed within the community.

## **Data Protection and Information Governance**

25. Information regarding the individuals is only given to the housing provider and the support provider for the purposes of ensuring the right support is provided. This is covered in the contractual relationship with both parties.

## **Financial Implications**

26. Savings of £18,000 a year against a one off capital spend of £19,400 (funded from the return of a similar grant) for the shared ownership. This funding is protected by legal charge and repayable if the individual is in default of the contract or ceases to need to property.
27. Savings of £30,000 a year for the bespoke single person service based on rental costs alone. It is anticipated that there will be further savings in actual support costs over time as the individual feels more settled in his environment. Capital spend is from Department of Health and Social Care grant and therefore does not incur any cost to the Council. The Council's investment is protected by legal charge and the Council has claw back rights on the funding in the event of default by the housing provider or sale of the property.

## **Implications for Service Users**

28. In both cases the individuals are struggling to be appropriately supported in their current accommodation. It is anticipated that provision of the right environment will enable both individuals to have a higher degree of independence, reducing instances of challenging behaviour and allowing them to remain living within the community.

## **RECOMMENDATION/S**

That Committee:

- 1) approves the grant of £273,000 from the Department of Health and Social Care to be awarded to the preferred housing provider following the tender undertaken.
- 2) approves the grant of £19,400, recycled from previous grant monies, to the individual to allow the purchase of a shared ownership property.

**Paul Johnson**

**Service Director, Strategic Commissioning, Safeguarding and Access**

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### **Constitutional Comments (AK 17/12/18)**

29. The recommendation falls within the remit of the Adult Social Care and Public Health Committee.

### **Financial Comments (KAS 21/12/18)**

30. The capital funding earmarked to fund these two projects is approved within the current Adult Social Care and Public Health capital programme. All other financial implications are summarised within paragraphs 26 and 27 of the report.

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

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

None.

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

All Gedling Electoral Divisions.

ASCPH620 final



7 January 2019

Agenda Item: 8

## **REPORT OF THE PROGRAMME DIRECTOR, ADULT SOCIAL CARE AND PUBLIC HEALTH**

### **NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE: 14<sup>TH</sup> - 16<sup>TH</sup> NOVEMBER 2018**

#### **Purpose of the Report**

1. The report informs the Committee of the key messages from the National Children and Adult Services (NCAS) Conference which took place in Manchester between 14<sup>th</sup> and 16<sup>th</sup> November 2018.

#### **Information**

2. The County Council's representatives attending the conference were Councillor Stuart Wallace, Chairman of the Adult Social Care and Public Health Committee, Councillor Steve Vickers, Vice Chairman of the Adult Social Care and Public Health Committee, David Pearson CBE, Corporate Director of Adult Social Care and Public Health, and Jane North, Programme Director, Adult Social Care and Public Health.
3. The report is supported by the presentations which are available on the [conference website](#).
4. A fringe event called Social Care Future was a celebratory event which recognised the importance of social care in supporting people to live happy, healthy and independent lives. This event focused on how to co-produce a better future for social care by drawing upon people's experience of using health and social care. It was attended by Sarah Craggs and Mike Deakin, Person Centred Training and Development Managers, Sarah Wells (Commissioning Officer), and Eddie Morecroft and Sharon Walker (We can do it Training Community Interest Company) who both have experience of using social care services.
5. A range of issues and priorities in adult social care were reflected in the conference agenda. Major topics covered were: integration with health, transforming social care, prevention, strength based and asset based approaches. There were also some examples of innovative models of social care and health by local systems. For example, Southwark shared the key components for developing community hubs.
6. Glen Garrod, President of the Association of Directors of Adult Social Services (ADASS), raised the acute challenges faced in social care. He recounted the findings from the recent Autumn ADASS budget survey which found Directors' confidence in maintaining statutory services is becoming the exception. He said "*this is an untenable position when the lack of money means services decline, standards reduce and risks to people increase. This leaves*

*[Directors] in an invidious position. Despite the best effort by local councils to protect adult social care, austerity has gone too far and the consequences are not sufficiently well understood. The profile given to a delayed discharge has not been matched by what it must mean to have a backlog of assessments that stretch to four figures and the waiting times can be counted in months not weeks, where residents in care homes are obliged to move due to a lack of funds and our ability to protect people's liberty is severely impaired. Conference, this is just not acceptable."*

7. Glen Garrod went on to say 'Yet, we must all be ambitious for social care and the sort of country we want to live in.' He cited some examples of opportunities to improve outcomes for people thorough collaboration with health and housing, digital technology and personalisation.

8. Caroline Dinenage, the Minister of State for Care, received hearty applause when she said that social care has a value in its own right in keeping people independent and well, in addition to being critical for the sustainability of the NHS.

*'For too long... social care has been the poor relation of the health service. We know the two are umbilically linked; we know that one drives cost to the other. I am absolutely fed up with social care being described through the lens of the NHS; through the lens of saying what we can do to support it, what we can do to stop driving cost to it, but we have to be seen as equal partners with equal value in our own right.'*

9. Jane North, Programme Director, gave a presentation called 'Integration: it's not what you do; it's the way that you do it.' She presented on ground breaking findings that showed integrated care teams can improve outcomes and reduce costs, if the right conditions are in place. The findings from this evaluation were reported to Adult Social Care and Public Health Committee in March 2018. There was much interest from the conference in the toolkit developed to support best practice in developing integrated care teams.

10. Building upon the topical theme of integration, ['Shifting the Centre of Gravity: making place-based, person-centred health and care a reality 2018'](#) was launched at the conference. This publication draws upon the key findings and recommendations from the joint review of integration. It describes how local government and the NHS can work together at national and local level to develop person-centred and community based care and support, drawing on the progress made so far and the challenges that remain.

11. David Pearson, CBE, Corporate Director of Adult Social Care and Public Health, spoke at a plenary event titled 'The state of Adult Social Care Funding: securing short-term sustainability consequences.' In this session, the panel identified the priorities the Government must address in the long awaited Green Paper. David Pearson talked about 4 big strategic issues:

- a) sustainable funding for the existing means tested system
- b) the degree to which 'pooled risk' should be extended to current self-funders i.e. those with over £23,250
- c) reform in areas such as the workforce, regulation of the market, technology, Housing with Care, and integration with Health
- d) how social care should be funded in the future.

12. In addition to the need for more funding, David talked about the need to promote social care as an investible proposition, as the value of social care to the economy should not be underestimated. The total value of the adult social care economy is estimated to be a £46.2 billion contribution to the national economy as well as 2.6 million jobs.
13. Melanie Brooks, the incoming Corporate Director of Adult Social Care and Public Health, spoke at speaker's corner about transforming social care and the key components for an effective enablement service.

### **Other Options Considered**

14. No other options have been considered.

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

15. The report provides an opportunity for the Committee to consider any further actions arising from the key messages contained within the report.

### **Statutory and Policy Implications**

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

### **Financial Implications**

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

### **RECOMMENDATION/S**

- 1) That the Committee consider whether there are any actions it requires in relation to the key messages from the National Children and Adult Services Conference contained in the report.

**Jane North**  
**Programme Director**

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### **Constitutional Comments (EP 04/12/18)**

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

### **Financial Comments (OC 13/12/18)**

19. There are no financial implications contained within 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.

Evaluation of the impact of social care staff embedded within Integrated Care Teams – report to Adult Social Care and Public Health Committee on 12<sup>th</sup> March 2018

National Children and Adult Services Conference 2018 – report to Adult Social Care and Public Health Committee on 10<sup>th</sup> September 2018

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

All.

ASCPH614 final

7 January 2019

Agenda Item: 9

## **REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH**

### **ADULT SOCIAL CARE AND PUBLIC HEALTH - EVENTS, ACTIVITIES AND COMMUNICATIONS**

#### **Purpose of the Report**

1. To seek Committee approval to proceed with a range of events and activities within adult social care and public health and undertake promotional work to publicise activities as described in the report.

#### **Information**

2. Over the course of the year, the range of public events, publicity and promotional activities that may be undertaken by adult social care and public health are wide ranging and there are a variety of reasons for doing so, for example:
  - promotion of services to give information to people in need of social care and public health services and their carers
  - encouraging interest in recruitment campaigns for staff, carers and volunteers
  - engagement of communities with services in their locality
  - generation of income through public events.
3. Over the next quarter, adult social care and public health would like to undertake the events and activities detailed in **paragraphs 4 - 6**.

#### **Activities at Rushcliffe Day Service**

4. Rushcliffe Day Service in Bingham has been running activity sessions with local young children and older people with dementia. The sessions aim to break down the generational divide and boost the wellbeing of those involved.
5. The weekly 'Together Project' sessions have been taking place every Wednesday at the day service for the last 18 months and include around 25 older people and up to 15 children aged three to five years from Bingham Nursery. Sessions include activities such as singing, poetry, jigsaws and celebratory events.
6. The Day Service would like to invite the local media along to the session to find out how people are benefitting, and Committee is asked to approve this request.

## **Other Options Considered**

7. To not undertake events, activities and publicity relevant to adult social care and public health would result in lack of awareness or understanding of services available and lack of engagement with local communities.

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

8. To ensure that people in need of adult social care and public health services and their carers are aware of the range of services on offer; encourage engagement with local communities, increase income generation and highlight and share good practice.

## **Statutory and Policy Implications**

9. 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**

10. There are no financial implications for this activity.

## **RECOMMENDATION/S**

- 1) That Committee approves the plan of events, activities and publicity set out in the report.

**David Pearson**

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

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## **Constitutional Comments (LM 05/12/18)**

11. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

## **Financial Comments (DM 04/12/18)**

12. As confirmed in paragraph 10, there are no financial implications within 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.

ASCPH616 final



7 January 2019

Agenda Item: 10

## **REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH**

### **ESTABLISHING AN INTEGRATED CARE SYSTEM BOARD FOR NOTTINGHAM AND NOTTINGHAMSHIRE**

#### **Purpose of the Report**

1. This report seeks approval for Nottinghamshire County Council to be a partner of the new Integrated Care System Board, in line with the shadow Terms of Reference.

#### **Information**

##### **Background**

2. Nottingham and Nottinghamshire has been formally designated as an Integrated Care System (ICS). There are only 14 designated ICSs in England.
3. In brief, the purpose of an ICS is a system in which:

NHS commissioners and providers and Local Authorities, working closely with GP networks, and other partners including the Voluntary and Community Sector, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they use their collective resources to improve quality of care and health outcomes. They are expected to make faster progress than other health systems in transforming the way care is delivered, to the benefit of the population they serve.

4. The Nottingham and Nottinghamshire ICS is a partnership which will:
  - re-design and integrate clinical and care pathways to better meet the needs of the local population
  - develop population health management approaches that facilitate the integration of services
  - work with key system partners and stakeholders including patients and residents and their democratic representatives, health and care staff, local government and the voluntary sector to achieve these aims;
  - take collective responsibility for managing financial and operational performance, quality of care and health and care outcomes;

- implement new methods of payment that support integration of services and population health management approaches, whilst enabling delivery of a shared system control total;
  - create more robust cross-organisational arrangements to tackle the systemic challenges that the health and care system is facing;
  - act as a leadership cohort, demonstrating what can be achieved with strong local leadership, operating with increased freedoms and flexibilities
5. This report provides an update to the Adult Social Care and Public Health Committee following agreements reached at the October Sustainability & Transformation Partnership (STP) Leadership Board held on 12 and 13 November<sup>1</sup>, about the next steps in governance arrangements to transition into becoming an Integrated Care System (ICS).

### Next steps in developing the new architecture

6. The current STP Leadership Board has undertaken a number of development sessions, some of which have included non-executive director input from the Council. The STP elected members and non-executive directors advisory and oversight group has also participated in discussions about the new governance that we now need to adopt since Nottingham and Nottinghamshire has been designated as an ICS.
7. Making these proposed changes will bring about positive benefits for patients and citizens because they will result in better system management. Establishing an ICS Board and better system oversight should also mean hospitals and other key services are there for the people who really need them and be less likely to be overwhelmed by demand. Nottinghamshire County Council has a key role to play in a range of integrated arrangements, including; supporting avoiding hospital admissions, enabling effective discharge planning and the developing local integrated care teams.
8. The new governance 'architecture' is set out in **Appendix A**.
9. Progress is being made in developing all of these areas:
- It is intended to have a single Accountable Officer for the six Nottinghamshire CCGs. This, coupled with a project plan to develop a single CCG, signals a strong direction of travel for a single CCG for Nottinghamshire
  - A specific workshop on role, responsibility, function and next steps for Local Integrated Care Partnership (**LICP**) development was held on 11 September 2018
  - A specific workshop on role, responsibility, function and next steps for **ICP** development was held on 14 September 2018
  - A further two-day workshop took place on 12-13 November to further develop the detail for **ICP and LICPs**
  - A detailed programme plan has been established to ensure delivery of the necessary changes.
10. As a result of discussions at the STP Leadership Board and at the STP elected members and non-executive directors advisory and oversight group it was determined that it would be necessary to establish a **Strategic Board (the ICS Board - ICSB)** to oversee the

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<sup>1</sup> The workshop had representation from all statutory organisations

Nottinghamshire Integrated Care System. In the medium term, the **ICSB** will become part of the architecture itself. In the short term, it would be in shadow form to oversee the development and implementation of the new architecture.

11. The proposed purpose, scope and membership of the **ICSB** are shown in **Appendix B**. The ICSB will fulfil a different role to the current STP Leadership Board and membership needs to evolve to reflect this changed role and purpose, but crucially to also increase accountability and transparency through the direct inclusion of elected members and non-executive directors/Chairs.
12. This overhaul of membership will ensure:
  - 'Lay' and executive input from each statutory organisation with improved balance of lay input
  - Strengthened links with social care commissioning, provision and public health
  - Strengthened clinical representation.
13. The new ICSB would be set up and a review would be undertaken after six months to determine the effective functioning of the group. As the membership of the ICPs, LICPs and Partnership Forum become constituted, further rationalisation of the groups in the current STP governance structure is likely to be required. (The STP elected members and non-executive directors advisory and oversight group can be disestablished, for example).
14. The new arrangements were planned to come into effect from December 2018 (with the first meeting of the ICSB replacing the STP Leadership Board scheduled on 14 December 2018).

### **Other Options Considered**

15. The ICS Board terms of reference have been drafted to reflect the required standards set out in the ICS Memorandum of Understanding agreed between health and social care partners and NHS England and NHS Improvement.

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

16. To ensure that the Council has input to and oversight of progress with the ICS plan and outcomes for the health and social care system across Nottinghamshire.

### **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.

## **Financial Implications**

18. There are no financial implications for the Council.

## **RECOMMENDATION/S**

- 1) That the Committee gives approval for Nottinghamshire County Council to be a partner of the new Integrated Care System Board, in line with the shadow Terms of Reference.

**David Pearson CBE**  
**Corporate Director, Adult Social Care and Health**

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

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## **Constitutional Comments (SSR 30/11/18)**

19. The recommendation set out in the report falls within the scope of decisions which may be approved by the Adult Social Care and Public Health Committee.

## **Financial Comments (KAS 30/11/18)**

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

## **Background Papers and Published Documents**

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

None.

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

All.

ASCPH605 final



## Annex A

### Using the national ICS model of Neighbourhood / Place / System

1. **Primary Care Networks (PCNs)** will be the key delivery unit for integrated care at a **Neighbourhood** level. These PCNs would consist of primary care practitioners in the widest sense (not just GPs but also pharmacists, nurses, mental health staff, social care staff, occupational therapists and others) joining up to provide wrap-around care to people.

- PCNs would operate at a grouping that serve between approximately 30-50,000 people and will be based on the GP list of registered patients.
- For some services, it would be necessary to co-ordinate and aggregate the activities of these PCNs at a level greater than the 30-50,000 population but at a level less than the 250-500,000 population (Place). However the co-ordination, management and performance management of these PCNs would not require a “one-size-fits-all” and potentially inflexible solution.
- PCNs might need to cluster into larger groups, perhaps by using the frameworks of existing Federations or partnerships, where there was an issue that required them to work collectively. This sort of collaboration would be facilitated by the ICP in agreement with their PCNs.
- Whilst the proposed *activities* (which are yet to be finalised) of what has previously been described as Locality Integrated Care Providers (LICPs) would continue to be required, there was an agreement in the interests of efficiency and effectiveness not to proceed with these LICPs as a *hard organisational structure*.

2. Turning to a **Place** level, **Integrated Care Providers (ICPs)** will have responsibility for:

- Managing a capitated budget for all health and care in their area
- Delivering on the strategic objectives set by the ICS Board as tailored for their area
- Directing the resources needed to deliver this – increasingly moving to be a geographically oriented provider with a mixture of acute, community and primary provider within them.

The ICP would be made up of, and governed by, a partnership of the key constituent organisations including PCNs, acute, community, social care and mental health providers and potentially a wider group of stakeholders with interests in tackling the wider determinants of health. ICPs would have freedom within a framework to deliver on the objectives set by the ICS Board and would be the key drivers of the overall health and care delivery.



The ICPs would take up the functions and activities of co-ordinating and supporting all the partner organisations (including PCNs) as the main engine room for the delivery of the ICP objectives.

In line with the desire to allow for flexibility in the construction of the management of PCNs, it was recognised that there is a requirement to deliver a specific solution that respects the particular health and care needs of the citizens of the City of Nottingham. This therefore may have implications for the construction of ICPs and a meeting will be arranged to consider this further in the next 2 weeks.

3. At a **System** level, the **ICS Board** (which is proposed to be set up in shadow form by December this year and to come into full existence by April 2019) would have responsibility for:

- Setting the strategic direction of the system and articulating the outcomes expected and priority areas
- Allocate the capitated budget to the ICPs
- Increasingly take on the current assurance and performance management functions of NHSE/I.



## Annex B

### (Shadow) Integrated Care System Board

#### Purpose:

The role of the Integrated Care System Board (ICSB) is to provide leadership and development of the overarching strategy for the Nottinghamshire Integrated Care System. The ICSB will also provide oversight and facilitation of the transformation and design of the future state of health and care.

The ICSB will:

- Produce and champion a coherent vision and strategy for health and care in Nottingham and Nottinghamshire
- Develop and describe the high level strategic objectives for the system that are related to health and wellbeing
- Produce an outcomes framework for the whole geography to deliver increasing healthy life expectancy, addresses local variation and seeks to reduce health inequalities
- Work with the provider partnerships to determine the service offer to be expected of each.
- Undertake stakeholder engagement which will include engaging with staff, patients and citizens
- Develop a coherent approach to measuring outcomes and strategic objectives within the framework
- Ensuring the delivery of high quality outcomes, putting patient safety and quality first.
- Be responsible for the allocation of financial resources and the overall management of the system financial control total.

#### Meeting arrangements:

The ICSB will meet in shadow form on a monthly basis to consider progress and risks in the implementation of the Integrated Care System's aims and objectives and approve any mitigation measures and other action required to ensure success, in line with the approved programme.

#### Membership will comprise:

Voting Membership (one vote per organisation)	Notes
Chief Executive Nottinghamshire Healthcare NHS FT	To be confirmed
Chair or nominee Nottinghamshire Healthcare NHS FT	To be nominated
Chief Executive Sherwood Forest NHS FT	To be confirmed
Chair or nominee Sherwood Forest NHS FT	To be nominated
Chief executive Nottingham University Hospitals NHS Trust	To be confirmed



Chair or nominee Nottingham University Hospitals NHS Trust	To be nominated
Chief/Accountable Officer, CCGs	To be confirmed
CCG Chair	To be nominated
EMAS Chief Executive	To be confirmed
Nottinghamshire County Council CEO or nominee	To be nominated
Nottingham City Council CEO or nominee	To be nominated
Nottinghamshire County Council 2 elected members	To be nominated
Nottingham City Council elected member	To be nominated
NHSE/I representative	DCO / DID
<b>Non-voting members</b>	
ICS Chair	To be appointed
<b>In attendance</b>	
ICS Managing Director	Wendy Saviour
The ICP lead from Greater Nottingham ICP	To be confirmed If not already part of membership
The ICP lead from Mid Nottinghamshire ICP	To be confirmed If not already part of membership
Two clinical leads from Greater Nottingham ICP with one to represent primary care providers	To be confirmed If not already part of membership
Two clinical leads from Mid Nottinghamshire ICP with one to represent primary care providers	To be confirmed If not already part of membership
ICS Officer - finance director lead	Helen Pledger
ICS Officer - Clinical director	To be confirmed
ICS Officer - Nursing/Quality director	To be confirmed
ICS Officer – Public Health Director	To be confirmed
ICS Officer - Director of Communications and Engagement	Alex Ball

## Principles

Membership provides an improved balance of Executive/Non-Executive and Local Authority representation and better reflects the nature of the ICS in its partnership role. Each member is to have a nominated deputy who will be sufficiently senior to make decisions on behalf of the organisation.

These governance arrangements provide a fair approach to representation from individual organisations. No single member (or the organisation they represent) will have a right of veto over system-wide decisions. There will be one vote per statutory organisation with decisions made by a simple majority. Quorum will be reached with at least one member from each Nottinghamshire only based statutory organisation present (i.e. this specifically excludes EMAS).

The independent chair will not have voting rights. It is proposed that the vice chair is the chair of the CCG.



The recommendations that emerge from the priority work streams of the partnership can be passed en-route to the ICS Board through a number of advisory groups for assurance.

This includes assurance on clinical priority by the CRG, economic priority by the Finance Directors Group and commissioning feasibility by the Planning Group.



7 January 2019

Agenda Item: 11

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

### **QUALITY AND MARKET MANAGEMENT TEAM QUALITY AUDITING AND MONITORING ACTIVITY - CARE HOME AND COMMUNITY CARE PROVIDER CONTRACT TERMINATION/SUSPENSIONS**

#### **Purpose of the Report**

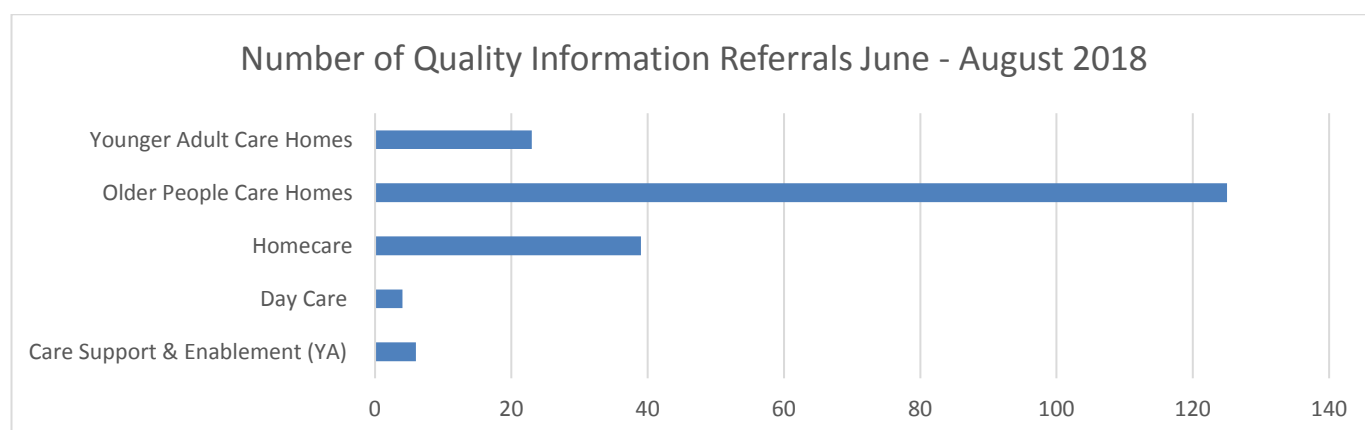
1. The purpose of this report is to provide information to the Committee about some of the work undertaken within the Quality and Market Management Team (QMMT) including:
  - the quality monitoring and market shaping activity across both residential and community care services across the County
  - advising the Committee about the services that currently have their contracts suspended by the Council so that the Committee can consider any issues raised and how it may wish to monitor progress.

#### **Information**

2. 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 particular person (including the Council).
3. One of the key roles of the team is to complete annual audits of externally provided care and support services and to undertake monitoring activities where concerns are raised about the quality of care. QMMT officers work closely with the Council's operational teams, safeguarding team, local Clinical Commissioning Groups, Healthwatch and the Care Quality Commission to share intelligence and work in a co-ordinated way to address concerns regarding the quality of care provision.

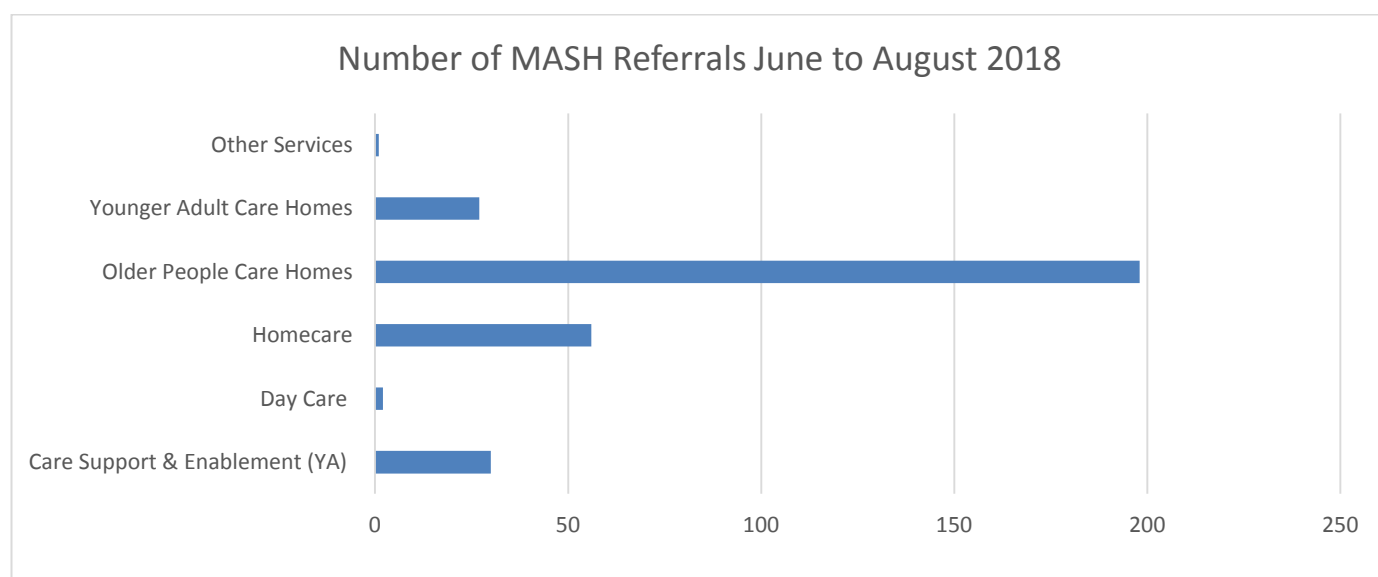
## QMMT activity and performance information

4. The QMMT has responsibility for monitoring both residential and nursing care homes and also community care services across the County for adults over the age of 18 years. In total there are over 360 providers delivering a range of services in Nottinghamshire. These include:
  - 286 care homes of which:
    - 118 are younger adults care homes
    - 168 are older adults care homes
    - 70 offer nursing care.
  - a range of other contracted services including:
    - Home care
    - Day care services
    - Care support and enablement services (supported living)
    - Extra Care/Housing with Care services.
5. The QMMT audits services on an annual basis and in addition to this carries out re-active quality monitoring visits. These visits normally take place in response to intelligence received by the team through the referrals process. The referrals can come from a number of sources including relatives, CQC, visiting professionals, whistleblowers and operational team colleagues. The QMMT receives a number of referrals and included below is a snap shot of the number of referrals received:



6. For June to August 2018 the QMMT received 197 'information referrals' with 125 of those for older person care homes. For the same period in 2017 the QMMT received 165 'information referrals' with the majority of 109 from older person care homes. This was 20% higher than referrals received in 2018.
7. The QMMT also receives notification of Multi Agency Safeguarding Hub (MASH) referrals in that these are used by the team as intelligence in respect of the quality in care homes. The QMMT supports the safeguarding process in terms of supportive visits when there is a

quality issue. The referrals and outcomes of investigations are used by the team to make a judgement about the quality. Below is the data for MASH referrals received by the QMMT:



8. MASH referrals for June to August 2018 were 315 in total with the majority being older person care homes and homecare. For March to June 2018 the total referrals were 254 which means that there has been a 25% increase from one quarter to the next. During this period there were two older adult and one younger adults service which were under a contract suspension and during this time there were a significant number of referrals made. It was found that a high proportion of the referrals were inappropriate and after consultation with providers additional training for managers and their staff was facilitated.
9. As a part of Making Safeguarding Personal (MSP) a new pathway has also been developed and since this time there has been a significant reduction in referrals. MSP has given the 'person' who the referral is being made about a voice in the process and with that involving them by asking them what outcome they want. This change of focus means that the outcome should be more meaningful to the individual and their circumstances. The QMMT continues to work closely with the Strategic Safeguarding Team, Health and the Police to target and proactively support providers to ensure that people across the County are safe and have appropriate support.
10. The QMMT is involved, along with operational colleagues, with services that close. In the last 12 months there has been an increase in care homes closing with the main reason for closure being financial viability. There have been six older person care home closures in the last 12 months with three for financial reasons, one with quality issues, one CQC enforced closure and one due to provider retirement. The location of the home closures is spread and not just in one locality.
11. The QMMT works closely with colleagues at Healthwatch with monthly information sharing meetings and also in support where there are concerns with the quality of services. Healthwatch has supported QMMT with three care homes that were under contractual sanctions in attending residents/relatives meeting. The purpose of Healthwatch attending these meetings is to offer those using the service an independent way to voice opinions about the services. Healthwatch produces a report following these visits with the feedback about the service and these are published on their website.

12. Regulated services are inspected and rated by the Care Quality Commission. A comparison of Nottinghamshire services against other East Midlands authorities is set out below:

**CQC ratings comparison – as at 3rd September 2018**  
**Ratings as a % of all rated services**

Authority (number of rated services)	Number of rated services	% Outstanding	% Good	% Requires Improvement	% Inadequate
Derby	109	1.8	72.5	23.9	1.8
Derbyshire	334	0.9	81.7	15.3	2.1
Leicester	180	2.8	83.3	13.3	0.6
Leicestershire	255	2.4	84.3	12.2	1.2
Lincolnshire	340	2.4	79.7	16.2	1.8
Northamptonshire	338	6.5	79.3	13.3	0.9
Nottingham	117	2.6	73.5	22.2	1.7
<b>Nottinghamshire</b>	<b>365</b>	<b>3.8</b>	<b>77.0</b>	<b>17.3</b>	<b>1.9</b>
Rutland	17	0.0	88.2	11.8	0.0
<b>East Midlands</b>	<b>2055</b>	<b>3.1</b>	<b>79.7</b>	<b>15.7</b>	<b>1.5</b>

13. Nottinghamshire has the highest number of services in the East Midlands and is broadly in line with the regional averages but has:
- a slightly higher % of 'outstanding' services (and the second highest number in the region)
  - a slightly lower number of services rated as 'good'.
  - a slightly higher % of services rated as 'requires improvement'
14. The Council also has a very proactive approach to quality monitoring and does target poor providers. It also works very closely with the CQC and shares information with them about the findings of the QMMT audits, quality monitoring visits and also quality referrals. The CQC has also changed their approach to inspection and where they inspect a service and the outcome is continually 'Requires Improvement' they do now seem to be rating such services as Inadequate.

**Review of the local 'Fair Price for Care' Framework for older adults care homes, including review of the Quality Audit framework**

15. LaingBuisson completed the care homes survey in mid-August and reported that they had received a 51% response to the survey which is far higher than previous responses to similar exercises. The aim of the review is to generate a full, transparent and up to date view of the costs incurred in the delivery of residential and nursing care services to help inform future fee levels. LaingBuisson will analyse all of the data in the questionnaire and this process will include benchmarking against local and national data. The report with the analysis of the information care homes have inputted is being drafted which will inform the Council what is a 'Fair Price for Care' in Nottinghamshire based on the outcome of the survey of older person care homes.

16. The outcome of the survey will assist in the comprehensive review of the Fair Price for Care framework, which is being led by the QMMT and in collaboration with the Nottinghamshire Care Association. The next steps in this process is to review the fees in light of the outcome of the report and to also review the way the Council pays care homes.
17. As part of the overall review of the Fair Price for Care framework, work is well underway in reviewing the existing quality audit tool. The tool provides a framework for assessing the quality of care provision in all services and, for older person care homes, also links this to fees.
18. Feedback from the engagement events with providers of all services has assisted the QMMT in updating the audit framework. The revised audit tool is being drafted and it is expected that this will be consulted on and trialled in various services prior to finalising.

### **Dementia Quality Mark (DQM)**

19. The QMMT audit care homes who apply to be assessed for the DQM. Providers who apply go through a two stage process and if successful at stage 1 an unannounced audit takes place at the home using the current framework. This process commenced in 2013 and the 2018-20 audits have just been completed. The outcome of the latest audit is that 35 homes will have the DQM mark for 2018 – 2020.
20. The number of homes that have achieved the DQM has been similar since commencement in 2013. Homes that have achieved the DQM status will receive an enhanced payment for residents who meet the criteria. The previous years' figures are below:

Year	Number of Care Homes
2013	31
2014	32
2016	34
2018	35

21. As part of the comprehensive quality audit review the DQM process/award will also be included.

### **Home based care services**

22. New contracts for home based care services became operational on 1<sup>st</sup> July 2018. These require providers to work in a different way and take a more person centred, enablement focused and flexible approach to the delivery of home care services to individuals. To support this, services have been commissioned with an outcome focus and a payment model that moves away from 'time and task' where providers are paid by the minute to one that offers providers greater financial incentive and security, which they can then pass on to their employees.
23. The new commissioning model is based around a Lead Provider supported by Additional Providers in six geographical areas, covering the whole County. Details of providers working in each area are set out below:

<b>Lot/area</b>	<b>Lead Provider</b>	<b>Additional Providers</b>
Bassetlaw	Comfort Call	Leda Home Care Gemini Exclusive Care Gracious Health Solutions
Broxtowe	Direct Health	Comfort Call Radis Fosse Healthcare The Human Support Group Caremark
Gedling	The Human Support Group	Direct Health Radis Caremark Agincare
Mansfield/Ashfield	Fosse Healthcare	Direct Health Radis Agincare Caremark Leda Home Care Allied Healthcare
Newark & Sherwood	Fosse Healthcare	Bhandal Care Allied Healthcare Gemini Exclusive Care
Rushcliffe	Agincare	Agincare Westminster Homecare Direct Health Gemini Exclusive Care Absolute Care

24. Community Partnership Officers (CPOs) within the team are assigned to each area and work closely with providers and operational teams as well as other stakeholders to support the implementation of these contracts and to ensure the successful transition of contracts.
25. Service users were kept informed of new arrangements and CPOs supported the successful transition to new contracts in line with the three month timescale.
26. New processes have been developed to support the introduction of Lead and Additional Provider contracts and a different commissioning model. Staff guidance has been written and training sessions have taken place throughout August and September to support and embed these processes. The CPO team has been available during this time to help identify and resolve issues as they arise and support both operational colleagues and providers.
27. Following the transition period, CPOs will now focus on ongoing contractual arrangements. A new performance reporting tool has been developed for CPOs to gather, analyse and monitor information from providers on a monthly basis. This, alongside other regular reports, will enable the team both to ensure that contractual requirements are being met and also offer support to providers who are experiencing problems or issues.
28. The Quality Audit programme for new home based care services will also begin in early 2019 and will align with the work outlined above to provide a rounded picture of individual services and the sector as a whole.

## **Other Options Considered**

29. No other options have been considered.

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

30. 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**

31. 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**

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

## **Implications for Service Users**

33. The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they be funded by the Council or whether they 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.

**Paul Johnson**

**Service Director, Strategic Commissioning, Safeguarding and Access**

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**Constitutional Comments (KK 03/12/18)**

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

**Financial Comments (DG 03/12/18)**

35. The financial implications are contained within paragraph 32 of this report.

**Background Papers and Published Documents**

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

None.

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

All.

ASCPH613 final

7 January 2019

Agenda Item: 12

## **REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES**

### **WORK PROGRAMME**

#### **Purpose of the Report**

1. To consider the Committee's work programme.

#### **Information**

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

#### **Other Options Considered**

5. None

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

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

#### **Statutory and Policy Implications**

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

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

## **RECOMMENDATION/S**

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

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

For any enquiries about this report please contact: Sara Allmond – [sara.allmond@nottsc.gov.uk](mailto:sara.allmond@nottsc.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 2018-19**

<b>Report Title</b>	<b>Brief Summary of Agenda Item</b>	<b>Lead Officer</b>	<b>Report Author</b>
<b>4 February 2019</b>			
Outcomes of the consultation on Protection of Property and Pets policy	Feedback on the outcomes of the consultation and recommendations for progression.	Service Director, Strategic Commissioning, Access and Safeguarding	Ellie Davies/Halima Wilson
Younger Adults Housing with Support Strategy, and development of Community Living Networks	To share progress on this Strategy and provide an update on development of Community Living Networks and seek approval from Committee.	Service Director, North Nottinghamshire and Direct Services	Jenni French/Mark Jennison-Boyle
Adult Social Care and Health – changes to staffing establishment	Request for approval of changes to staffing establishment in ASCH	Corporate Director, Adult Social Care and Health	Jennie Kennington
Nottingham and Notts Mental Health Strategy	Report outlining the work to progress a new MH Strategy.	Service Director, Strategic Commissioning, Access and Safeguarding	
Update on Chlamydia Screening for 15-24 year olds in Nottinghamshire	Update on progress made towards improving the detection rate, how this has been done and information, including the evaluation undertaken, about the online testing service.	Director of Public Health	Gill Oliver/Matthew Osborne/Daniel Flecknoe
Progress update on integration and partnerships in North Nottinghamshire	Update on the development of the South Yorkshire & Bassetlaw Integrated Care System and the Bassetlaw Accountable Care Partnership	Service Director, North Notts and Direct Services	Steve Jennings-Hough/Ainsley MacDonnell
<b>4 March 2019</b>			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Deputy Corporate Director	Celia Morris/ Matthew Garrard

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Ellie Davies
Recommissioning of Domestic Violence and Abuse Services	To seek approval to proposed commissioning intentions for this service	Consultant in Public Health	Gill Oliver
Deprivation of Liberty Safeguards Strategy		Service Director, Mid-Nottinghamshire	Annie Greer
<b>1 April 2019</b>			
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
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Progress on self-assessment and support planning	Update on the introduction and implementation of self-assessment and support planning for people who need services.	Transformation Programme Director	Asche Jacobs/Suzanne Kerwin
<b>13 May 2019</b>			
Adult Social Care and Public Health Departmental Strategy - Performance report	Update on performance relating to the department's contribution to commitments in the Council's Strategic Plan	Transformation Programme Director/Director of Public Health	Jennie Kennington/Kay Massingham
<b>10 June 2019</b>			
Single Homelessness support service - procurement	To seek approval to tender for the single homelessness support service	Consultant in Public Health	Dawn Jenkin / Susan March
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Deputy Corporate Director	Celia Morris/ Matthew Garrard

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Ellie Davies
<b>8 July 2019</b>			
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
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk

